



PATIENT

Tessa McLean

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

10Y

WEIGHT

8.2kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

RVTs

HOSPITAL NAME

Woodridge Veterinary
Clinic

REFERRING VET

Dr. Breanne
Couperthwaite

INVOICE

74355

DATE

3-25-26

PRESENTING CLINICAL SIGNS

- Tessa seen for annual exam March 20/26
- O mentioned increased panting lately that seems to occur randomly and does not appear to be exercise related.
- Not playing with toys as much and sleeping lots
- groans when going for walks and makes a weird noise sometimes (gag?); no coughing as per O.
- Appetite stable. U/BM normal; drinking normal.
- On cyclosporine 2%/Tacrolimus 0.03% eye drops OU for KCS

Abnormal PE/Chem/CBC/UA Results: PE: No heart murmur or arrhythmia on auscultation. Mildly increased bronchovesicular sounds bilat. but sounds referred from upper airways (stertor); increased respiratory effort (mild abdominal push). Rest of exam unremarkable other than bilat. pigmentary keratitis and KCS. Bloodwork: 1) CBC - mild stress lymphopenia, mild monocytosis (inflammation), mild thrombocytosis (increased prod - inflammation, infection, rebound, other) 2) Chemistry panel - unremarkable. 3) SDMA - WNL 4) TT4 - WNL

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The thorax has a breed specific barrel chested conformation.

Along the thoracic spine, multifocal spondylosis formation is seen.

The periarticular bones of both elbow joints present moderate osteophyte new bone formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Osteoarthritis elbow joint bilaterally
- Spondylosis deformans thoracic spine



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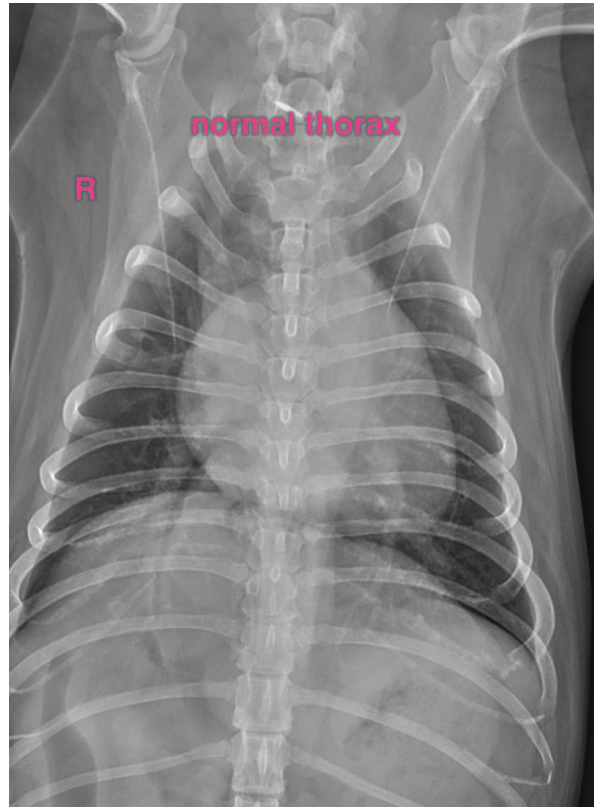
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the thorax reveals no abnormalities. Rule out upper airway pathology as cause for the presenting clinical signs as well. (e.g. BOAS).



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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