



**PATIENT PRESENTING CLINICAL SIGNS**

Lucia Cralley  
**SPECIES** Canine  
**BREED** French Bulldog  
 P presented on emergency for apparent respiratory distress and 2x vomiting. A similar episode occurred in Nov 2021. P has had surgical correction of the soft palate and stenotic nares. P has a chronic, resonate, inspiratory stertor. O notes that P has had a history of chronic vomiting which seems to have improved, but not completely resolved, since changing foods (I believe this is now hypoallergenic). O notes that previous regimen of Doxyxyline and Temaril-P seemed to improve symptoms. P has had a history of allergies and is medicated with "Vitamin C, Joint supplement, Orange gummy for allergies, Benedryl PRN" per O  
 Abnormal PE/Chem/CBC/UA Results: - Significant inspiratory stertor - Increased respiration with mild abdominal component - No apparent discharge from nose and throat - No cyanosis noted within the oral cavity - Unable to thoroughly auscultate heart due to respiration - Respiratory effort improved with flow-by oxygen therapy and injection of torbelgesic.

**RADIOGRAPHIC STUDY OF THE THORAX**

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

Female

**RADIOGRAPHIC FINDINGS**

**AGE** The cranial thoracic spine presents with multiple hemivertebra and focal kyphosis level with T3/T4 and moderate spondylosis formation.

4 Years  
 The larynx presents stationary increased soft tissue opacification.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Boca Park Animal Hospital

The trachea is normal in diameter, the luminal outline of the trachea is smooth. The intrathoracic segment of the trachea presents a right sided bending – normal variant, especially in brachycephalic breeds.

**REFERRING VET**

Tifanie Silver

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

The lung parenchyma presents a generalized increased radiopacity in the lateral projections and expected opacity in the ventrodorsal imaging plane.

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

**DATE**

3-28-22

**RADIOGRAPHIC DIAGNOSIS**

- Mild unstructured interstitial lung pattern
- Stationary increased soft tissue opacification of the larynx
- Multiple hemivertebra
- Spondylosis deformans



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**SEX**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The unstructured interstitial pattern is very likely a sequela to the breed specific thoracic conformation of the patient. Although inflammatory lower airway disease might be triggered by the upper airway obstruction which appears to be the main concern here. In the current set of radiographs there is no evidence of sliding hiatal hernia. Reevaluating the upper airways is recommended for decision making if there are still surgical options.

Consider complementing palliative therapy by gastric protection therapy.

**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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