



**PATIENT**

Raiser Nicholais

**PRESENTING CLINICAL SIGNS**

progressive coughing. Concern for possible increased opacity in the cranial-most thorax. no heart murmur, no abnormal lung sounds on exam. P is currently on hydrocodone and still coughing.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE NECK & THORAX**

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

**BREED**

Terrier Mix

**RADIOGRAPHIC FINDINGS**

The osseous and surrounding soft tissue structures of the neck are within normal limits.

**SEX**

MN

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

12 Years, 8 Months

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

Multifocal mild peribronchial cuffing is noted throughout the lung field.

**HOSPITAL NAME**

Rockaway Animal Hospital

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.

**REFERRING VET**

Dr. Kahn

**RADIOGRAPHIC DIAGNOSIS**

- Mild bronchial pattern
- Chronic traumatic serial costal fracture 8<sup>th</sup> to 12<sup>th</sup> right rib – the fractures are in the remodeling phase
- No evidence of cranial mediastinal mass/pulmonary mass
- Normal neck

**INVOICE**

51312

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

4-2-22

The radiographic findings are suggestive for bronchitis. Primary inflammatory bronchitis (e.g. allergic. Lymphocytic plasmocytic, eosinophilic, mixed) and infectious bronchitis – viral, bacterial, parasitic – need to be considered.

Bronchoscopy including a broncho-alveolar lavage would be ideal for further evaluation as well as a fecal exam to rule out lung worm infection.



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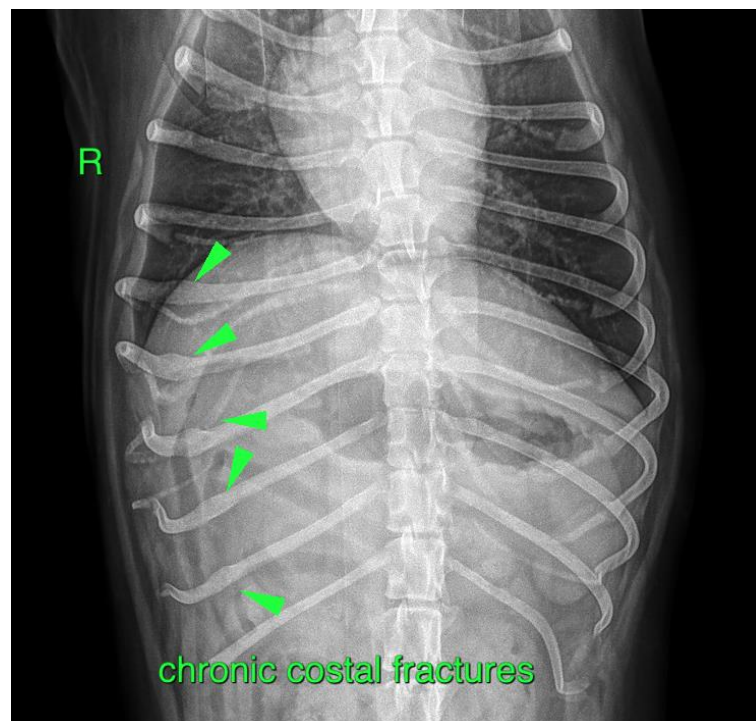
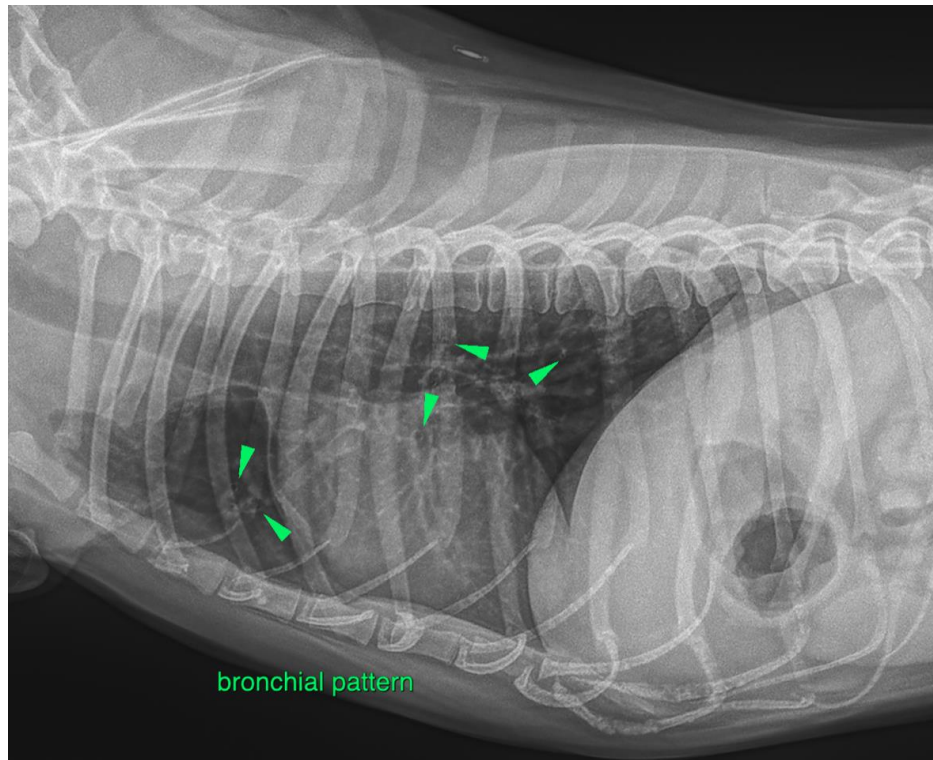
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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