



PATIENT

Bailey Russell

SPECIES

Canine

BREED

Mal/Poo

SEX

MN

AGE

15Y

WEIGHT

16lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Angie Werth, LVT

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Dr. Kanne

INVOICE

74489

DATE

4-7-26

PRESENTING CLINICAL SIGNS

- 6 months history of coughing mostly when drinking water. Will sometimes bring up clear liquid or phlegm. Cough unchanged.

Abnormal PE/Chem/CBC/UA Results: New murmur noted on exam. Grade 3 of 6. Systolic and PMI left apex.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 8/9.

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.

In the left lateral view, mild dorsoventral flattening of the caudal cervical tracheal segment is seen.

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

In the VD view, level with the 9th right intercostal space, a well-defined, soft tissue opaque nodule is appreciated – not visible in the lateral view. The remainder of 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.

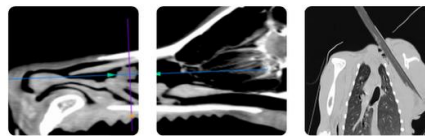
RADIOGRAPHIC DIAGNOSIS

- Solitary pulmonary soft tissue nodule right caudal lung lobe
- Obesity
- Mild tracheal collapse
- Osteoarthritis elbow joint bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated nodule can be caused by summation of normal anatomy or a cutaneous nodule. Potentials for a 'real' pulmonary nodule include granuloma, fibrosis, round pneumonia/mucus impaction, metastasis.

Weight management is beneficial as obesity is a known predisposing entity for cough.



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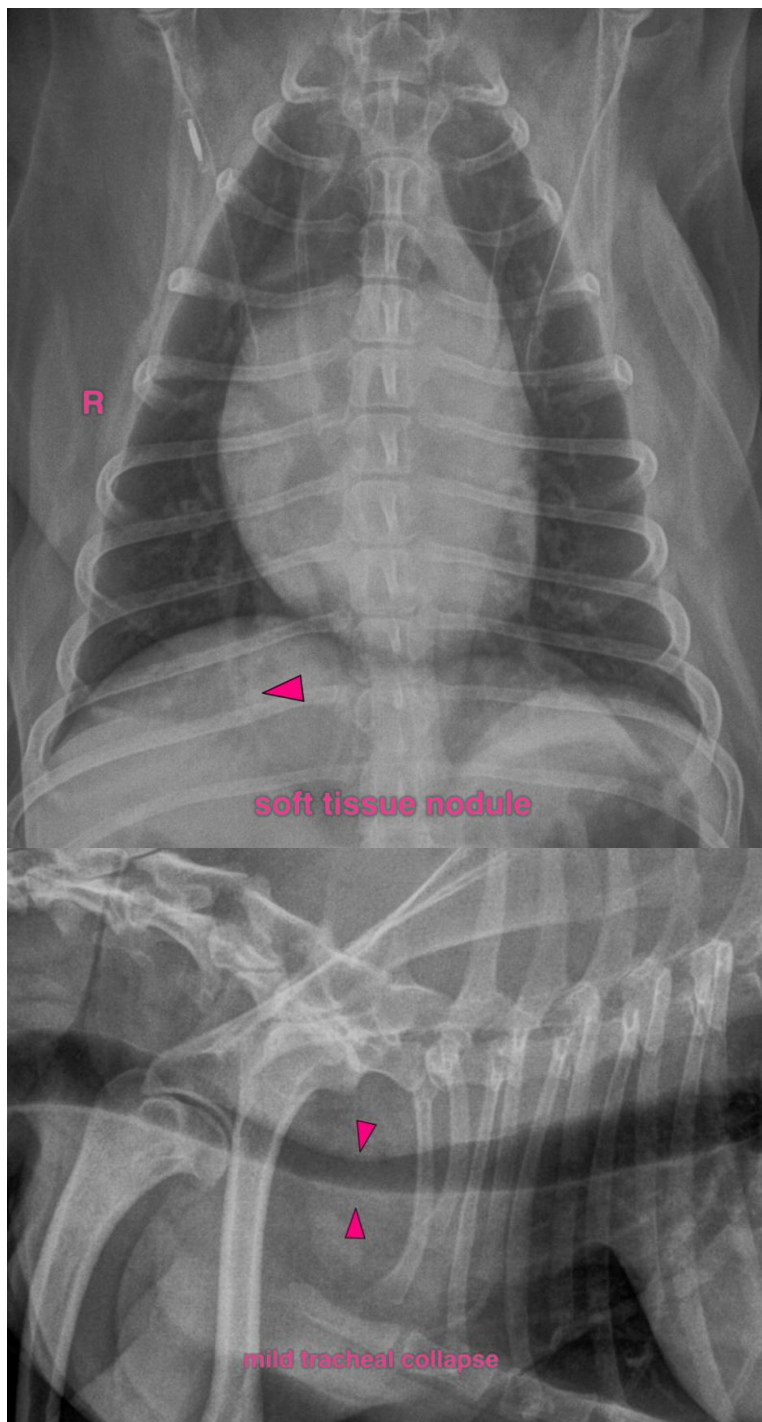
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com