



PATIENT

Nelly Naeyaert

PRESENTING CLINICAL SIGNS

Past few weeks seems to not be able to catch breath when eating. May be a cough. Eats very slow.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL

SPECIES

K9

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Border Collie

RADIOGRAPHIC FINDINGS

Moderate spondylosis formation is appreciated along the pictured parts of the cranial lumbar spine. At the caudal aspect of both shoulder joints, moderate osteophyte new bone formation is noted. The costal cartilages present moderate degenerative changes.

SEX

FS

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.

AGE

12 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

A generalized mild increased visibility of the bronchial walls is appreciated.

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.

HOSPITAL NAME

Bayshore Veterinary
Hospital

RADIOGRAPHIC DIAGNOSIS

- Mild bronchial lung pattern
- Degenerative osteoarthritis shoulder joints bilaterally
- Degenerative changes costal cartilages
- Spondylosis deformans

REFERRING VET

Dr. Connolly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

51883

The mild bronchial lung pattern is suggestive for inflammatory lower airway disease, primary inflammatory non-infectious origin (e.g. allergic, eosinophilic) is considered most likely. Viral, bacterial or parasitic bronchitis are differentials but appear less likely.

If clinical signs are most suggestive for reverse sneezing, rule out pathology of the upper airways as well.

DATE

5-3-22



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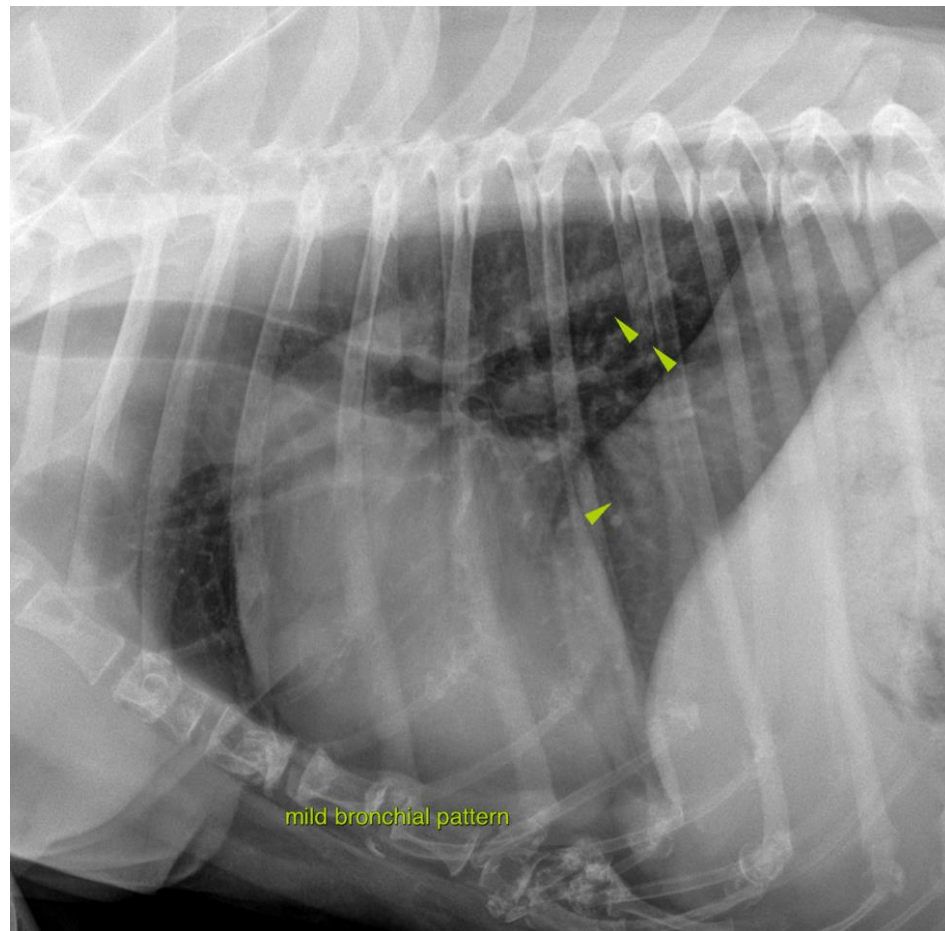
Dr. Connolly

INVOICE

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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.

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