



PATIENT

Chevy Kindle

PRESENTING CLINICAL SIGNS

Pet has a history of an intermittent cough for 1 year. O feels the cough is becoming more productive at times. Pet has a Grade 4/6 systolic murmur with normal lung auscultation and no cough on tracheal palpation. Pet has hyperadrenocorticism and is being treated with Vetoryl. Can you specifically comment on the bowing of the thoracic trachea?

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Retriever Mix

RADIOGRAPHIC FINDINGS

The vertebral endplates C6/C7 and C7/T1 present moderate spondylosis formation. The costal cartilages present moderate degenerative changes.

SEX

Spayed Female

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

13 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

Generalized mild thickening and mineralization of the bronchial wall 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

All Creatures Animal
Hospital of South Hill,
Inc.

RADIOGRAPHIC DIAGNOSIS

- Mild bronchial pattern with mild bronchial mineralization
- Degenerative changes costal cartilages

REFERRING VET

Dr. Krisha Salmon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineralization of the bronchial walls can be a sequela to the history of hyperadrenocorticism ± chronic bronchitis. Given the chronic cough, the odds for primary inflammatory non-infectious bronchitis (e.g. lymphocytic plasmocytic, eosinophilic, neutrophilic, mixed) are considered higher than for infectious origin (e.g. viral, bacterial, parasitic). Bronchoscopy including BAL can be used as advanced diagnostic tool.

INVOICE

51961

The mild bowing of the intrathoracic segment of the trachea is considered as a sequela to positioning and can occur with flexion of the head. I do not see evidence of mass effect as underlying cause.

DATE

5-6-22

For further evaluation of the cardiac murmur, recommend complementing workup by a cardiac echo.



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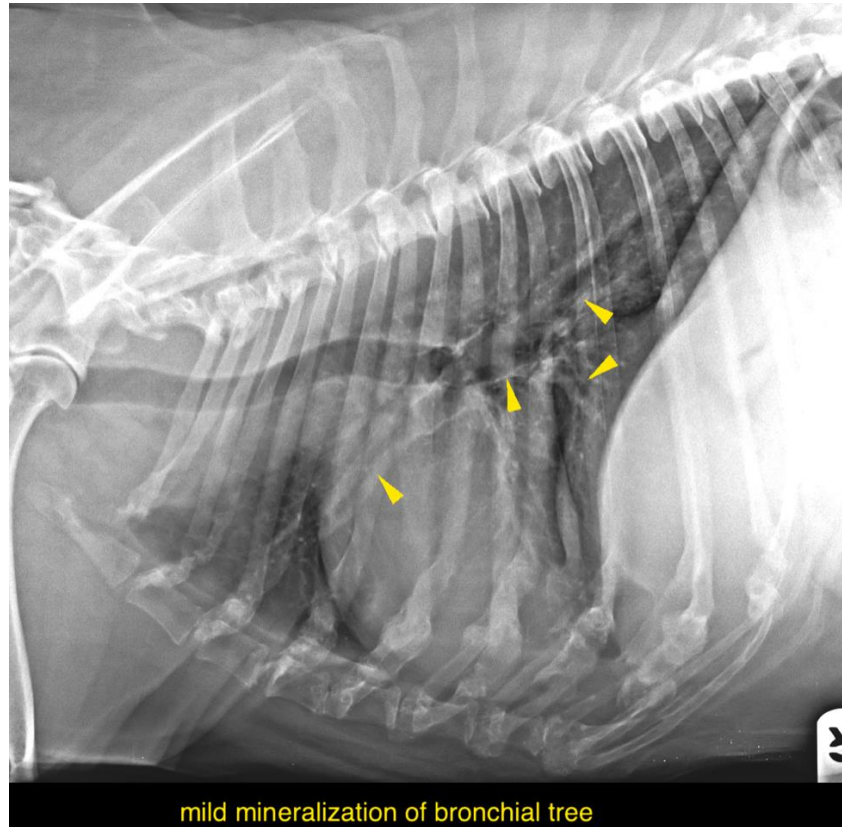
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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