



**PATIENT PRESENTING CLINICAL SIGNS**

**Bella Gil** History: on sunday p jumped in the pool, O took her out and dried her using a towel. 5-6am constant cough. worsen after playing or excitement. P would be due for her next set of vaccines tomorrow. On thursday last week O took p to another hospital because P ate a piece of cardboard and was inappetent for half a day. O declined any treatment at the other day. The next day p was doing good, ate, drink water, and in her stool o noticed the piece of cardboard.

**SPECIES**

**Canine** Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, sl increased bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: N Musculoskeletal: BCS = 5/9.

**BREED**

**Goldendoodle**

Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N

**RADIOGRAPHIC STUDY OF THE THORAX**

**SEX**

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

**Female**

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits, the growth plates are age related visible.

**AGE**

The extrathoracic soft tissues present homogeneous without abnormalities.

**13 Weeks**

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.

**INTERPRETED BY**

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.

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.

**HOSPITAL NAME**

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

DPC Veterinary  
Hospital

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

**REFERRING VET**

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

**Dr. Rivera**

**RADIOGRAPHIC DIAGNOSIS**

- Normal thorax

**INVOICE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**58986**

The radiographic study of the thorax presents without abnormalities. However, radiographic changes can lag behind clinical signs in early stages of pneumonia. If clinical signs deteriorate or are refractory to empirical management, recommend follow up radiographs of the thorax.

**DATE**

**6-22-23**



**PATIENT**

Bella Gil

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.

**SPECIES**

Canine

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.

**BREED**

Goldendoodle

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)

**SEX**

Female

**AGE**

13 Weeks

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

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