



PATIENT PRESENTING CLINICAL SIGNS

Zuri Robinson Patient presented in March 2023 for coughing at night and after long periods of rest. No exercise intolerance noted and no exposure to other dogs. The DVM took thoracic radiographs and sent home Doxycycline and Cough tabs. Patient came back 6/20/2023 because coughing has persisted and is recently getting worse. Seems to be Reverse Sneezing frequently and having mild amount of mucoid nasal discharge. During 1 episode there was red-pink tinge to the nasal discharge. Discussed concerns for FB, infection, and neoplasia. Sent home Doxycycline and Prednisone and told owners that if symptoms do not resolve, we may refer out for rhinoscopy and additional diagnostics. Patient improved a bit on medications, but the coughing is still occurring every other night. No further sneezing or nasal discharge. Thoracic auscultation and rest of PE is still unremarkable.

SPECIES

Canine

BREED

Basenji

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

SEX

FS

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

8 Years

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.

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

HOSPITAL NAME

East Bend 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

Dalton Webb

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

59116

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. The chronicity of clinical signs, is increasing the odds for primary inflammatory non-infectious origin of bronchitis. Bronchoscopy including BAL can be used as advanced diagnostic tool – in combination with workup of the upper airway disease.

DATE

7-1-23



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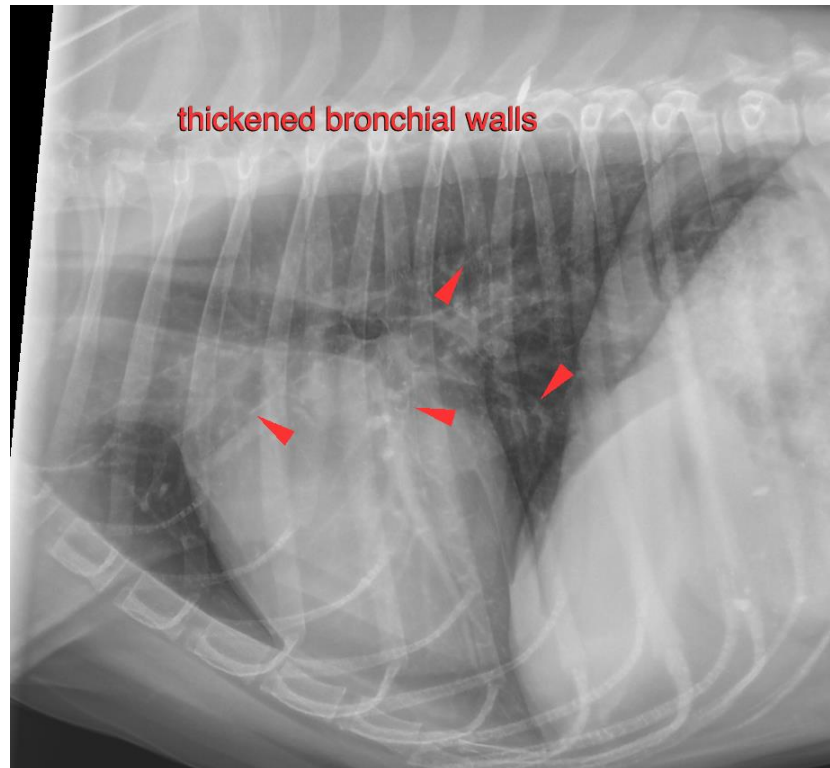
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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