



**PATIENT**

Hank VanNorman

**PRESENTING CLINICAL SIGNS**

9 yo MN Doxie with years long history of chronic cough. Pet takes temaril P 1/2 tablet EOD but it is no longer helping. Previously pet has been on theophylline and antibiotics and temaril P and cough has been managed with the temaril P alone. Pet is obese and has gained 1# again which may be contributing.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Mini Dachshund

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**SEX**

Neutered Male

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.

**AGE**

9

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

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

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**

Animal Hospital of  
Roxbury

**RADIOGRAPHIC DIAGNOSIS**

- Normal thorax

**REFERRING VET**

Dr. Jaime Elia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax presents without abnormalities. However, negative radiographs do not rule out potential bronchitis and given the history of chronic cough primary inflammatory non-infectious bronchitis (e.g. lymphocytic plasmocytic, eosinophilic, mixed) is considered most likely here. Bronchoscopy including BAL can be used as advanced diagnostic tool.

**INVOICE**

52845

**DATE**

7-13-22



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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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