



**PATIENT PRESENTING CLINICAL SIGNS**

Taffie Henry Ongoing issue, off and on coughing. Present for last 2 weeks.  
Abnormal PE/Chem/CBC/UA Results: NA

**SPECIES RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

**BREED** The body condition score is 8/9.

Shih Tzu Mix Multifocal mild spondylosis formation is seen along the thoracic spine.

In the subcutaneous tissue dorsal to T11, a well-defined soft tissue nodule is noted.

**SEX** 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.

Female Spayed 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** An endotracheal tube is present in the cervical tracheal segment. The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

14 Years The volume of the left lung lobes is decreased, the parenchyma has a generalized ground glass opacity and a midline shift of the heart to the left is noted. The right lung lobes present a generalized mild to moderate unstructured reticular pattern. The bronchial walls are mildly thickened.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

**HOSPITAL NAME RADIOGRAPHIC DIAGNOSIS**

St. Catherine's Animal  
Hospital

- Generalized mild bronchial lung pattern
- Dystelectasis left lung lobes – considered as a sequela to general anesthesia
- Mild to moderate unstructured interstitial lung pattern
- Obesity
- Non-specific subcutaneous soft tissue nodule, dorsal to T12
- Mild spondylosis deformans

**REFERRING VET**

Dr. Williams

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

59443

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 more recent onset of clinical signs might increase the odds for primary infectious origin, such as canine infectious respiratory disease complex (CIRDS). Bronchoscopy including BAL can be used as advanced diagnostic tool, empirical management can be considered alternatively.

**DATE**

7-18-23

The generalized unstructured interstitial lung pattern is likely accentuated by general anesthesia, age related changes of the lung parenchyma and the obesity of the patient.



**PATIENT** Consider weight management, as obesity is a known predisposing factor for cough.

Taffie Henry

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

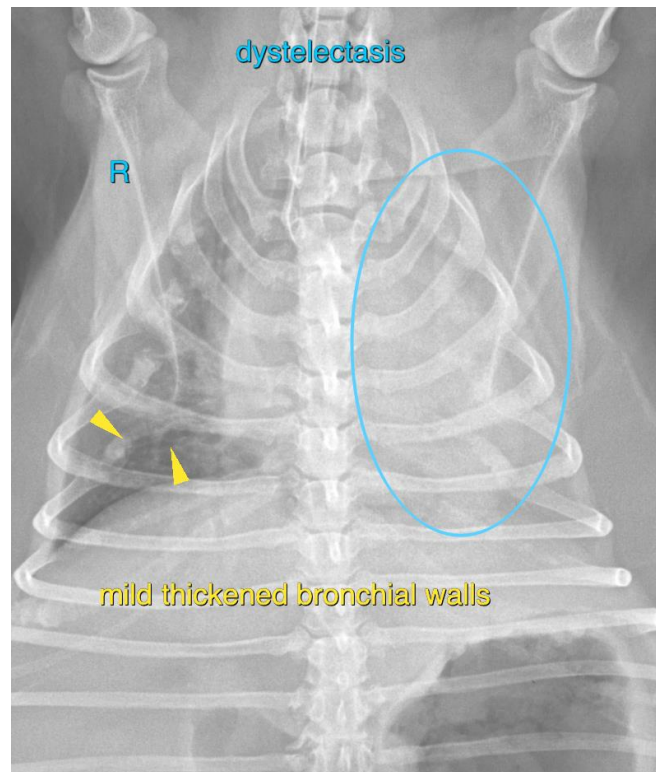
Female Spayed

**AGE**

14 Years

**INTERPRETED BY**

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**HOSPITAL NAME**

St. Catherine's Animal  
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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.

**REFERRING VET**

Dr. Williams

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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