



**PATIENT**

Mya Kraal

**PRESENTING CLINICAL SIGNS**

++ Coughing, wheezing gagging, productive cough.  
Abnormal PE/Chem/CBC/UA Results: Pending

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

Two lateral radiographs of the thorax are provided for review.

**BREED**

Mixed Breed

**RADIOGRAPHIC FINDINGS**

Multifocal mild spondylosis formation is seen along the thoracic space. The costal cartilages present moderate degenerative changes.

**SEX**

Female/sp

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.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**AGE**

13 Years

Generalized mild to moderate thickening of the bronchial walls is appreciated.

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**RADIOGRAPHIC DIAGNOSIS**

- Broncho-interstitial lung pattern
- Spondylosis deformans
- Degenerative changes costal cartilages

**HOSPITAL NAME**

New Bridge  
Veterinary Practice

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings are compatible with active bronchitis and pneumonitis. Allergic bronchopneumopathy and infectious bronchitis – viral, bacterial, parasitic – need to be considered.

**REFERRING VET**

Dr. Abina Glennon

Bronchoscopy including a broncho-alveolar lavage would be ideal for further evaluation as well as a fecal exam to rule out lung worm infection. Empirical medical management may be attempted alternatively.

**INVOICE**

53557

**DATE**

8-18-22



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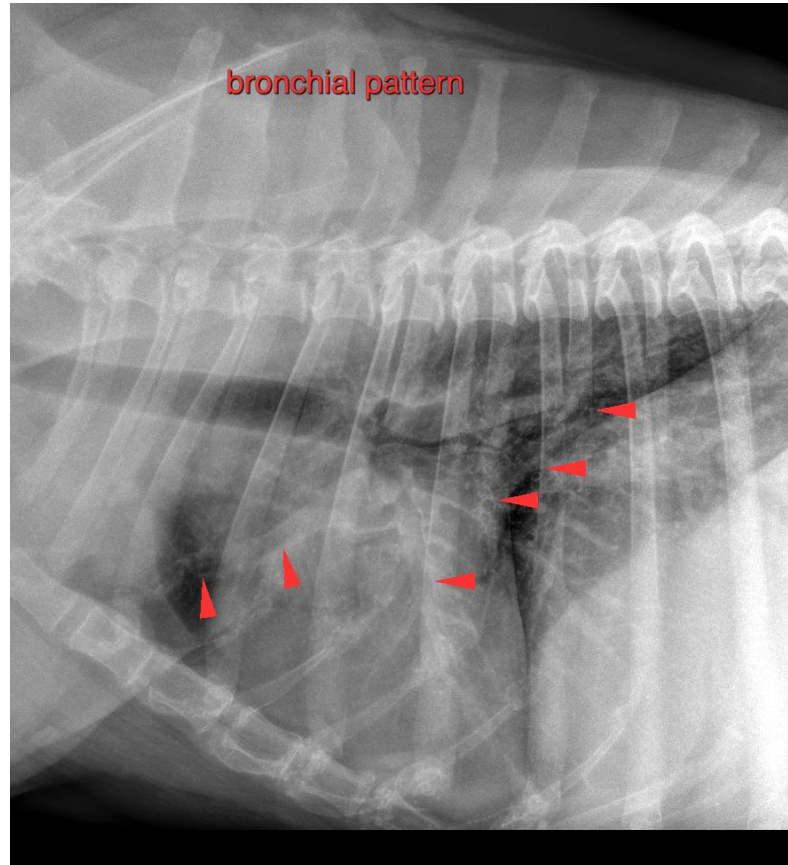
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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