

**PATIENT PRESENTING CLINICAL SIGNS**

Dude Jones Presented to internist. Hacking cough since March. Mod tartar, BCS 8/9, diffuse pulmonary crackles, expiratory wheeze, cough.

**SPECIES COMPUTED TOMOGRAPHY OF THE THORAX**

Canine A high resolution pre- and post-contrast CT study of the thorax is provided for review.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Dachshund The body condition score is 8/9.

The vertebral endplates T3/T4 present moderate spondylosis formation. The intervertebral disc T9/T10 is moderately protruding into the vertebral canal, occupying approximately up to 25% of the cross-sectional area of the vertebral canal at the same level. Mineralized material is seen in multiple intervertebral disc spaces along the thoracic spine.

**SEX** The mediastinum contains a moderate amount of fat and is widened.

Neutered Male The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

**AGE** The cardiovascular structures including the pulmonary vasculature are within normal limits.

11 Years Mild to moderate dorsoventral flattening of the intrathoracic segment of the trachea is appreciated. The left principal bronchus is moderately dorsoventrally flattened. Generalized mild thickening of the bronchial walls is noted.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lung parenchyma presents a generalized decreased volume and the ventral aspects of the lung parenchyma present multiple regions of dystelectasis.

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Meaux

- Obesity
- Tracheal collapse
- Bronchial collapse
- Mild to moderate bronchial lung pattern
- Unstructured interstitial lung pattern, accentuated in the ventral aspects of the lung, with a decreased volume of the lung parenchyma

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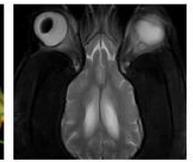
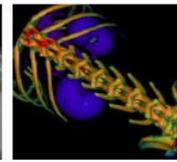
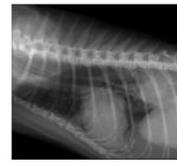
- Intervertebral disc protrusion T9/T10 with dynamic myelocompression
- Multifocal chondroid disc degeneration along the thoracic spine
- Spondylosis deformans T3/T4

**DATE**

8-25-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I suspect that the clinical signs are multifactorial in origin and the cough is triggered by the tracheal & bronchial collapse with accompanying bronchitis – primary inflammatory non-infectious origin (e.g. lymphocytic plasmocytic, eosinophilic, mixed) ± bacterial superinfection. The ventrally accentuated



**PATIENT** regions of pulmonary consolidation are most likely a sequela to atelectasis, however accompanying pneumonia or fibrosis are considerations as well.

Dude Jones Bronchoscopy including BAL would be ideal as advanced diagnostic tools.

Consider weight management as obesity is a predisposing factor for cough as well.

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

11 Years

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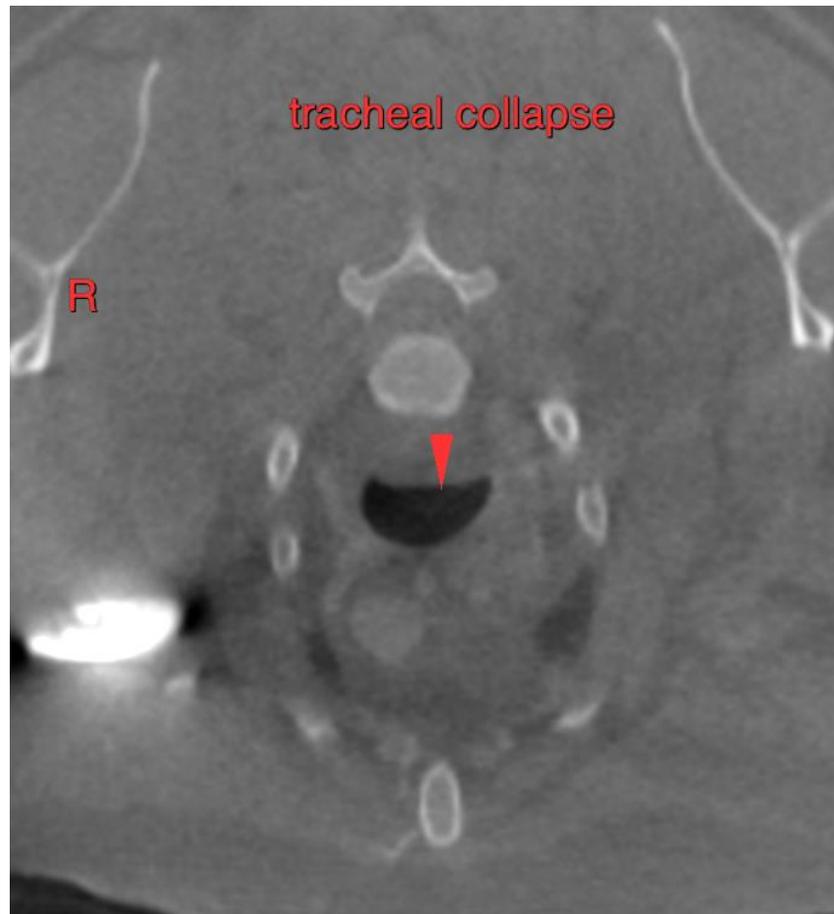
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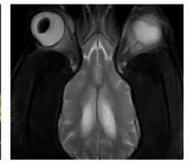
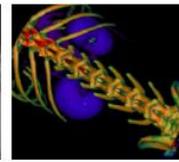
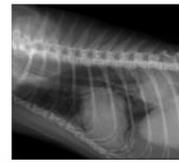
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**PATIENT**

Dude Jones

**SPECIES**

Canine

**BREED**

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Neutered Male

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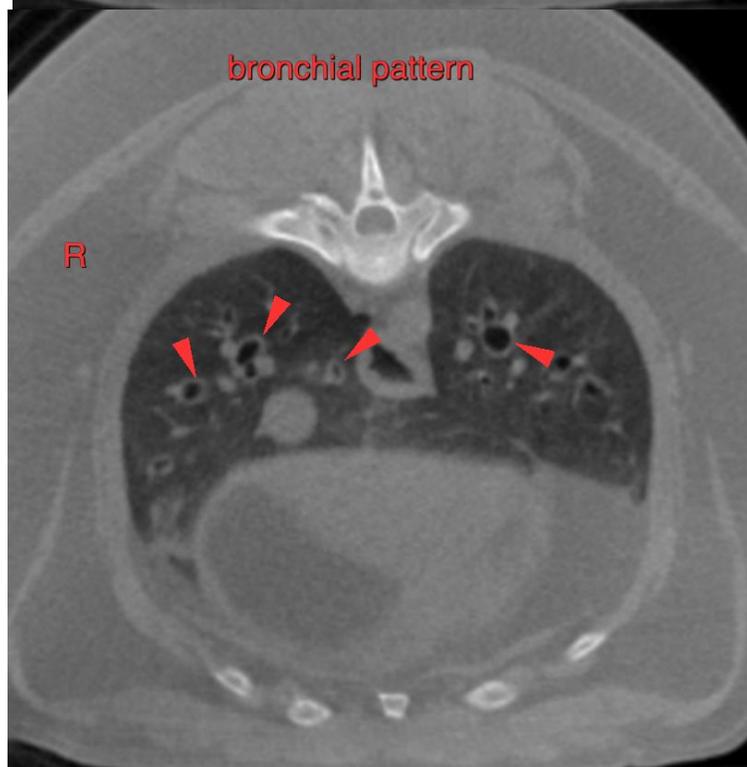
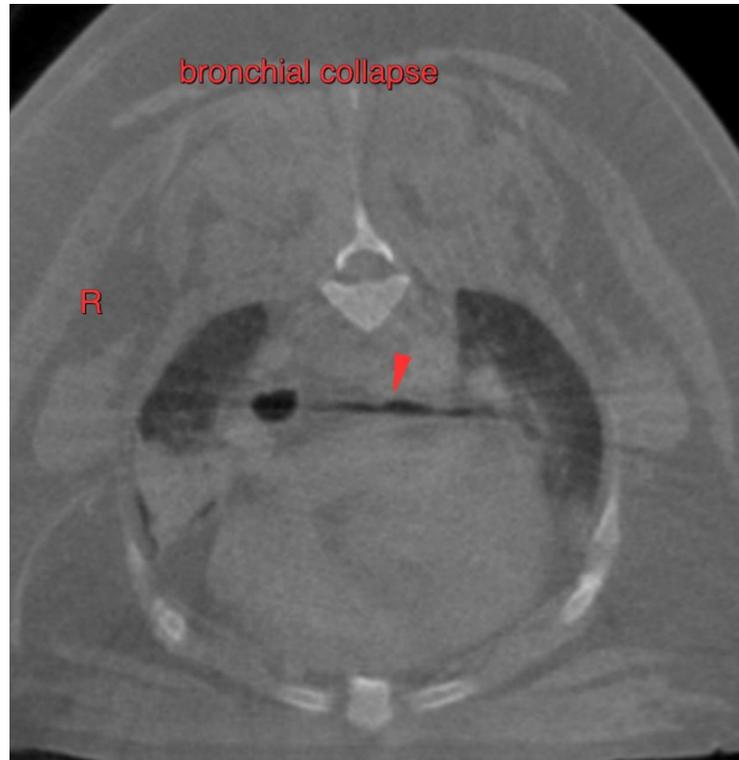
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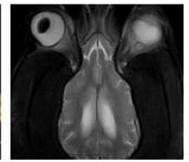
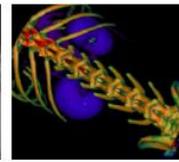
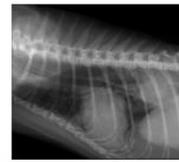
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**SPECIES**

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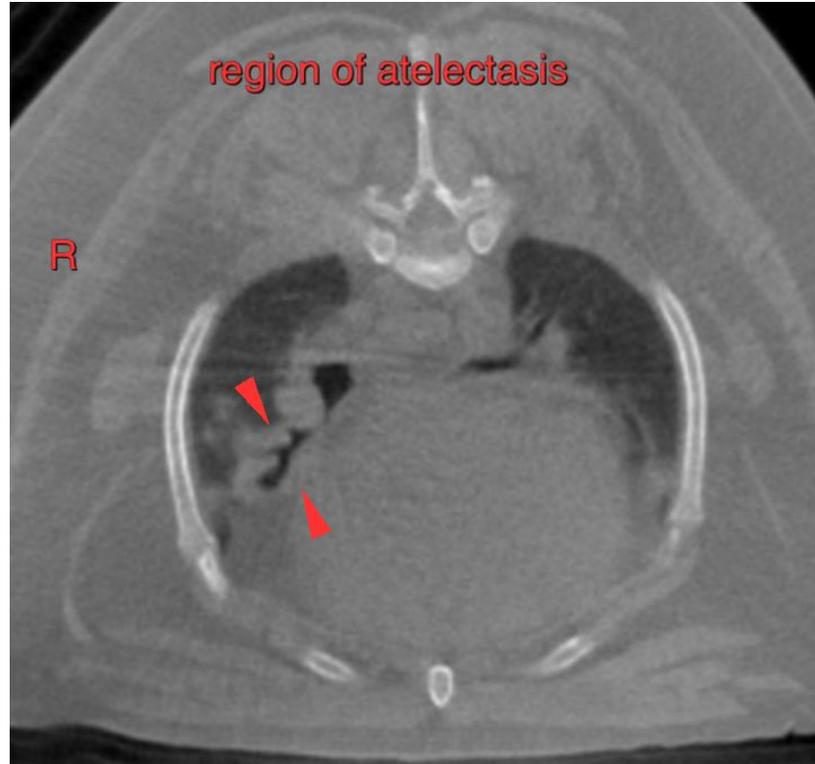
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**SEX**

Neutered Male

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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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