



PATIENT PRESENTING CLINICAL SIGNS

Chester Pearl History: Coughing -No murmur when auscultated
Abnormal PE/Chem/CBC/UA Results: bloodwork normal

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

Canine A right lateral view of the thorax is provided for review.

RADIOGRAPHIC FINDINGS

BREED

Fox Terrier

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

AGE

11 Years

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected. The lung field is extending up to the level of T10 – expiration, accentuating a generalized mild to moderate unstructured interstitial lung pattern. The lung parenchyma presents the expected architecture; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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.

RADIOGRAPHIC DIAGNOSIS

HOSPITAL NAME

New Bridge VP

- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Abina Glennon

The radiographic study of the thorax presents without abnormalities – the generalized increased radiopacity of the lung parenchyma is considered as a sequela to expiration. Be aware that a negative radiographic study does not rule out possible tracheitis/bronchitis. Bronchoscopy including BAL can be used as advanced diagnostic tool.

INVOICE

23763

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.

DATE

8/3/23

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.



PATIENT

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