



**PATIENT PRESENTING CLINICAL SIGNS**

Sadie Sisson cough went away with furosemide. stopped furosemide after vetmedin and fortekor on board and cough came back. now not responding to furosemide any more

**SPECIES RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

**BREED** The surrounding bony structures are within normal limits.

Cock-A-Poo The extrathoracic soft tissues present homogeneous without abnormalities.

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. The pulmonary vasculature is within normal limits.

**SEX** 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.

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

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

15 Years

**INTERPRETED BY** In the lateral views of the thorax, the lung field is extending up to the caudal vertebral endplate of T11 – expiratory film. The lung parenchyma presents the expected architecture and moderate ground glass opacification in the lateral views of the thorax – not appreciated in the VD projection; the intrapulmonary vascular branching is seen up to the third order lung vessels.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Mild increased visibility of the bronchial walls is seen.

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

Sylvan Lake  
Veterinary Clinic

**RADIOGRAPHIC DIAGNOSIS**

- Broncho-interstitial lung pattern

**REFERRING VET**

Dr. Andrew Hodges

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE** The interstitial component of the lung pattern is likely a sequela to the radiographic technique and hypoinflation of the lung parenchyma, as it is not appreciated in the VD view. The mild bronchial component in combination with the presenting clinical signs is suggestive for bronchitis, primary inflammatory non-infectious bronchitis is considered most likely (e.g. lymphocytic plasmocytic, eosinophilic, mixed) ± bacterial/viral superinfection.

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**DATE** The heart is prominent, but the impression can be accentuated by the thoracic conformation – if no cardiac murmur is present cardiac disease appears unlikely. In case of cardiac murmur, myxomatous mitral valve degeneration with mitral valve insufficiency is most likely. There are no signs for decompensation.

8-9-22



**PATIENT**

Sadie Sisson

**SPECIES**

Canine

**BREED**

Cock-A-Poo

**SEX**

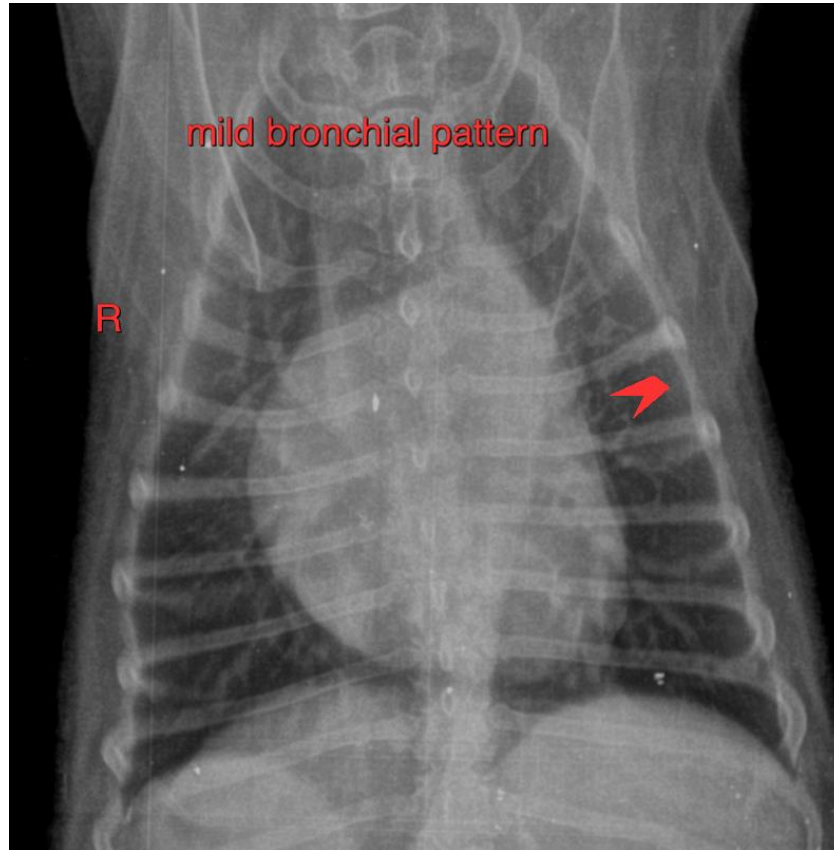
FS

**AGE**

15 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Andrew Hodges

**INVOICE**

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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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