

**PATIENT**

Meaty Worthington

PRESENTING CLINICAL SIGNS

History: Coughing phlegm at night, gasping occasionally
Abnormal PE/Chem/CBC/UA Results: WNL No murmurs ausculted, lungs quiet

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

A right lateral projection of the thorax is provided for review.

RADIOGRAPHIC FINDINGS**BREED**

Bulldog

The thoracic spine presents with multiple hemivertebra and multifocal mild spondylosis formation. 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.

SEX

Neutered Male

The cranial mediastinum presents the expected soft tissue opacity.

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

AGE

7 Years

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected. The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

- Multiple hemivertebra thoracic spine
- Spondylosis deformans thoracic spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

New Bridge VP

The current radiographic study of the thorax presents without abnormalities, but a breed specific generalized increased radiopacity of the lung due to the thoracic conformation and mediastinal fat. However, negative thoracic radiograph does not rule out potential bronchitis – most likely inflammatory non infectious. Daily inhalation with a sodium chloride inhalant may be tried. If clinical signs deteriorate, follow up radiographs and/or bronchoscopy including BAL is recommended.

REFERRING VET

Dr. Abina Glennon

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

INVOICE

13150

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.

DATE

9/17/21



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