

**PATIENT**

Magnum Lint

PRESENTING CLINICAL SIGNS

History: History of cough for 2 months. 4-5 coughing episodes per day consisting of 3-5 coughs. Treated with short course of Temaril-P 10 days ago with improvement of cough noted at home but not resolution. Eating and drinking normally. Normal activity level at home.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Normothermic. No crackles or wheezes appreciated on thoracic auscultation. No other abnormalities present.

RADIOGRAPHIC STUDY OF THE THORAX**BREED**

Pomeranian

A complete set of radiographs of the thorax is provided for review.

RADIOGRAPHIC FINDINGS**SEX**

Neutered Male

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

6 Months

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 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.

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

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

Gentle Doctor AH

RADIOGRAPHIC DIAGNOSIS

- Normal thorax

REFERRING VET

Dr. Sydney Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No radiographic abnormalities of the thorax can be appreciated. However, normal radiographs do not rule out tracheitis or bronchitis completely. Consider prophylactic deworming to rule out parasitic disease. If clinical signs are refractory to therapy/deteriorate, follow up radiographs and/or bronchoscopy including BAL would be beneficial.

INVOICE

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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.

DATE

9/21/21



PATIENT

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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