



**PATIENT**

Diesel Tarkazikis

**PRESENTING CLINICAL SIGNS**

Coughing

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**SPECIES**

Canine

**RADIOGRAPHIC FINDINGS**

The right lateral view of the thorax is moderately rotated.

**BREED**

Cane Corso

Spondylosis formation is seen along the mid segment of the thoracic spine.

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**

Male

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 mild mineralized 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.

**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**

- Mild mineralization of the bronchial walls – age related versus hyperadrenocorticism
- Spondylosis deformans

**HOSPITAL NAME**

New Bridge  
Veterinary Practice

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax presents no specific abnormality, explaining the cough. However, negative radiographs do not rule out possible underlying tracheitis/bronchitis entirely. Be aware, that in one imaging plane only, lesions of the dependent lung can be missed.

**REFERRING VET**

Dr. Abina Glennon

**INVOICE**

54268

**DATE**

9-26-22



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**SPECIES**

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**BREED**

Cane Corso

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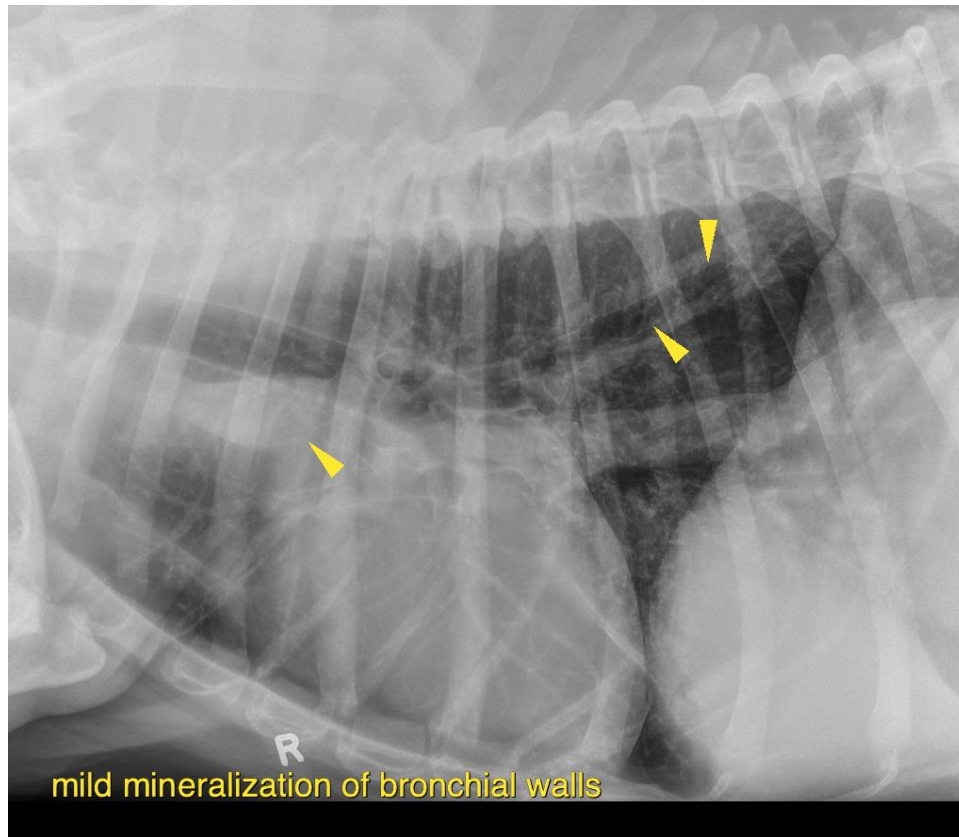
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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