



**PATIENT**

Augie Steep

**PRESENTING CLINICAL SIGNS**

Neutropenia, febrile, nasal discharge, diarrhea, hyporexia, elevated liver enzymes  
 Abnormal PE/Chem/CBC/UA Results: Neutropenia, febrile, nasal discharge, elevated liver enzymes

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and dorsoventral views totaling 4 images available for review.

**BREED**

Dachshund

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

There is a small subcutaneous lipoma ventral of the 5<sup>th</sup> sternebra.

**SEX**

MN

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

**AGE**

7

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**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

The radiographic study reveals a moderate generalized bronchointerstitial lung pattern with marked multifocal peribronchial cuffing accentuating the caudodorsal lung and cranial lung lobes. Level with the dorsal aspect of the 3<sup>rd</sup> intercostal space and level with the dorsal aspect of the 7<sup>th</sup> intercostal space, the pulmonary infiltrate appears to be nodular.

**HOSPITAL NAME**

Animal Health  
 Partners

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

**RADIOGRAPHIC DIAGNOSIS**

- Active bronchopneumopathy with marked peribronchial cuffing and nodular interstitial lung pattern.

**REFERRING VET**

Dr. Ashley Gold

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings suggest presence of active lower airway inflammation with peribronchial involvement of the interstitium. Bronchopneumonia such as bacterial, viral, parasitic, mycobacterial, or protozoal is considered likely. The nodular appearance may be caused by bronchial mucus plugging. However, interstitial granulomas, abscesses, fibrotic nodules, and metastatic disease cannot be ruled out as differential diagnoses which renders granulomatous lung disease including eosinophilic granuloma, mycobacterial, and fungal disease potentials as well. Further definition by means of lower airway endoscopy with airway sampling and pulmonary CT could be considered for further verification.

**INVOICE**

49597

**DATE**

1-16-22



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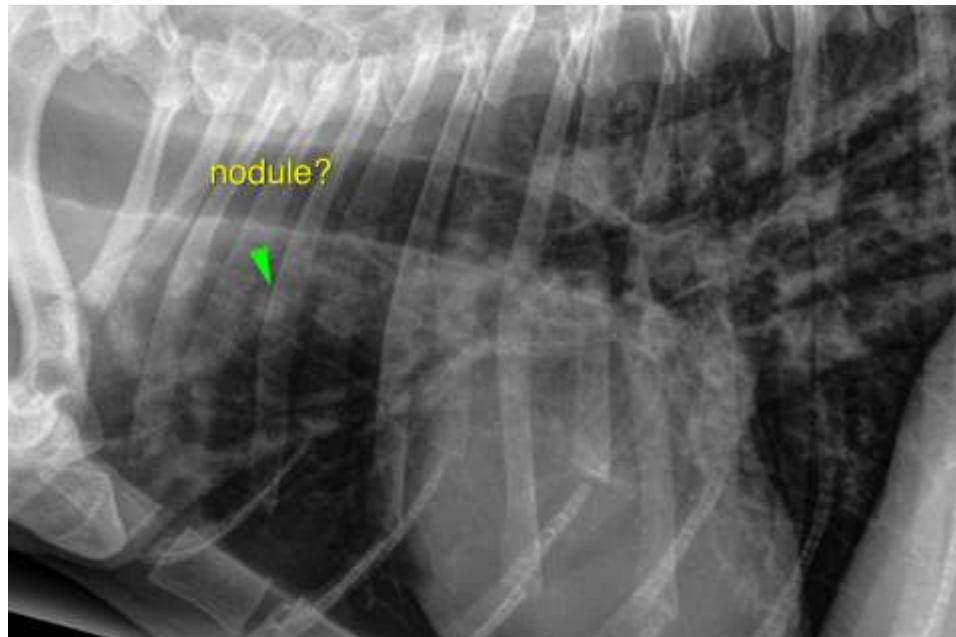
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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