



**PATIENT**

Luke Nurenberg

**PRESENTING CLINICAL SIGNS**

1 week hx of anorexia and cough. Coughing up "chunks that look like pneumonia" . Lost 9 lbs since March 2022.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: HR 165 Pulse S,S 103 temp 95% SPO2 BP 203/121 inflammatory leukogram 2700 WBC 27.9 neu 23.5 glob 4.9

CA

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

**BREED**

Great Pyrenees

**RADIOGRAPHIC FINDINGS**

The degree of pulmonary inflation and expansion is deep. A moderate unstructured increase in interstitial pulmonary opacity is seen. Peribronchial cuffing is noted in the caudodorsal lung field resulting in a "honeycombing" pattern. There is no evidence of concurrent mediastinal lymphadenomegaly or pleural effusion.

**SEX**

MI

Course and width of the trachea are considered within normal limits.

**AGE**

2

The cardiac silhouette is upright and thin. No evidence of specific chamber enlargement is noted. The vertebral heart score is 10. Pulmonary vasculature presents thin as well.

The thoracic boundaries present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**RADIOGRAPHIC DIAGNOSIS**

- Generalized unstructured interstitial lung pattern with regional peribronchial cuffing.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings suggest presence of interstitial lung disease such as interstitial pneumonia and unclassified interstitial lung disease, which includes a number of etiopathologies including immune mediated, allergic, idiopathic, and fibrotic. Diffuse infiltration of the interstitium with neoplastic cells such as round cells should be considered a possibility as well. Noncardiogenic pulmonary edema and/or acute respiratory distress syndrome appear to be unlikely owing to the longer standing history.

**HOSPITAL NAME**

Torch Lake  
Veterinary Clinic

**REFERRING VET**

A Waffle

Further definition by means of airway endoscopy with airway sampling as well as direct sampling of the pulmonary interstitium using ultrasound guided fine needle aspiration could be considered.

**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.

**SPECIES**

CA

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.

**BREED**

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