



PATIENT PRESENTING CLINICAL SIGNS

Trinity Pineiro

Rechecking: COUGH History: 10/8/22 - Chest Rads consult: Increasing signs of active lower airway dz and lobar alveolar sign of the right middle lung lobe. The lobar alveolar sign of the right middle lung lobe with a pneumonic infiltrate being most likely. Infectious (bacterial) by far more likely than parasitic/viral/allergic. 5/2022 Normal chest rads. USG 1.016, SDMA 18, ALT 156 Has been on Clavamox 125mg BID for past month Cough has improved 20-30% since on Clavamox, did not improve when previously on prednisone o can tell she is feeling better, p wanting to run and play. Has only given hycodan 3x in past month and with a single dose will not cough for 2 days
 Abnormal PE/Chem/CBC/UA Results: Exam Notes: BAR, no murmur, no crackles heard today. Mild wheezing over trachea but no crackles noted on auscultation of lungs. Diagnostics & Testing: Chest rads - resolved pneumonia, consult pending. No evidence of collapsing trachea on any prior chest rads including today

SPECIES

Canine

BREED

Chihuahua

RADIOGRAPHIC STUDY OF THE THORAX

SEX

Right lateral and ventrodorsal views totaling 2 images available for review.

SF

RADIOGRAPHIC FINDINGS

AGE

Compared to prior radiographs dated 10-7-22 where a lobar alveolar sign of the right middle lung lobe was displayed radiographically.

15 Years, 8 Months

Stationary excessive body condition score.

INTERPRETED BY

Stationary bilateral shoulder osteoarthritis.

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The lobar alveolar sign of the right middle lung lobe has resolved and is no longer seen. Mild plate like atelectasis is seen at the caudal border of the right cranial and cranial border of the right middle lung lobe. A moderate generalized bronchial lung pattern is noted with caudodorsally accentuated peribronchial cuffing.

HOSPITAL NAME

DPC Veterinary
 Hospital

There is no evidence of mediastinal lymphadenomegaly or other mediastinal widening.

Course and width of the cervical and thoracic trachea are considered within normal limits. No evidence of bronchial collapse is seen.

REFERRING VET

Dr. Feldt

RADIOGRAPHIC DIAGNOSIS

- Resolved lobar alveolar infiltrate of the right middle lung lobe.
- Persistent bronchial lung pattern.

INVOICE

56299

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fact that the lobar alveolar sign of the right middle lung lobe has resolved in response to the antimicrobial treatment underlined the suspicion of infectious (bacterial) pneumonia and prior pneumonic infiltrate within the right middle lung lobe. A mild to moderate generalized bronchial lung pattern with caudodorsal accentuation is remaining and may represent irritant or allergic bronchitis as well as infectious bronchitis including viral and less likely bacterial because of the antimicrobial treatment or parasitic infection.

DATE

1-21-23



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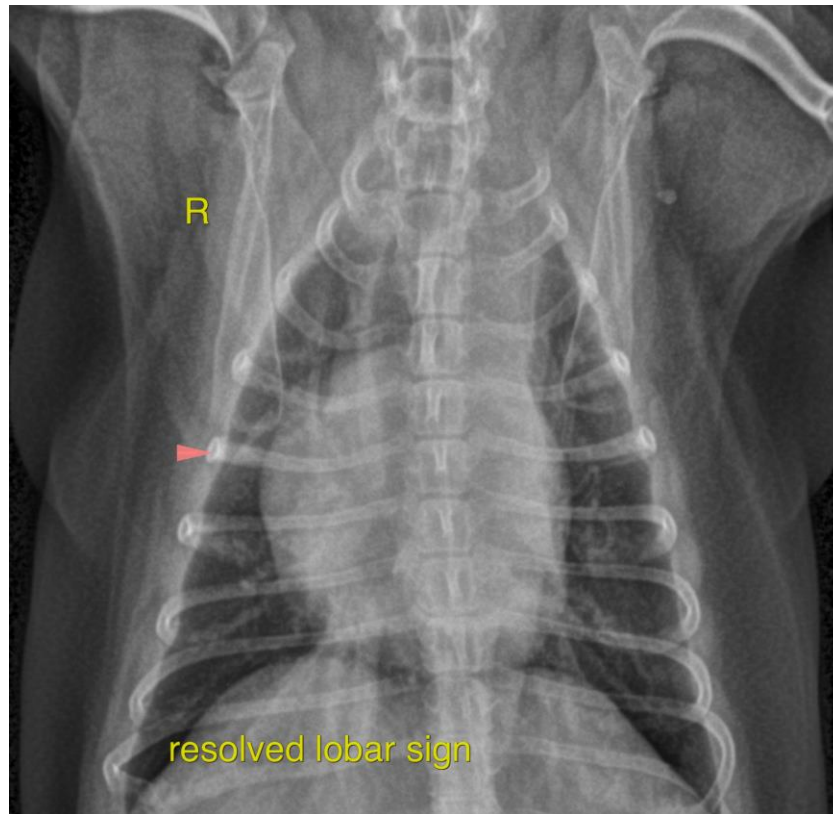
Dr. Feldt

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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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