



PATIENT PRESENTING CLINICAL SIGNS

Ace Rogers
Presented to an urgent care 2 weeks ago for acute vomiting/coughing/hacking. No fever. No history of exposure to other dogs. X-rays revealed concern for possible aspiration pneumonia. Antibiotic therapy started. Owner reports cough resolved quickly. Did cough a couple times the last 2 nights over night. Recheck of x-rays after 2 weeks of antibiotic (augmentin) therapy completed today.

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results: Heart and lungs auscultate normal. Bright and active. No concerns.

BREED

RADIOGRAPHIC STUDY OF THE THORAX

Lab Mix
Right/left lateral and ventrodorsal views totaling 3 images available for review. Compared to prior images dated 12/29/22.

SEX

RADIOGRAPHIC FINDINGS

MN

The degree of pulmonary inflation is deep. A mild generalized bronchointerstitial lung pattern and occasional pulmonary osteomas are seen and considered within age related normal limits. The peribronchial and ventral alveolar infiltrate within the right middle lobe seen in the prior radiographs has resolved. No residual infiltrate is seen.

AGE

9 Years

The cardiac silhouette presents within normal limits. The vertebral heart score is 9.9.

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No evidence of esophageal dilation is seen.

There is no evidence of mediastinal widening.

HOSPITAL NAME

Gentle Doctor Animal
Hospital

The thoracic boundaries present within age related normal limits.

RADIOGRAPHIC DIAGNOSIS

- Radiographically resolved alveolar infiltrate within the right middle lung lobe.
- Mild generalized bronchointerstitial lung pattern.

REFERRING VET

Dr. Kanne

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study confirms clearance of the alveolar infiltrate within the right middle lung lobe seen in the prior radiographic study. A mild generalized bronchointerstitial lung pattern is seen and likely to be within age related normal limits. Part of the lung pattern may reflect prior or residuals of bronchopneumopathy/bronchopneumonia. Further clinical monitoring is advised.

INVOICE

56068

Causes for aspiration pneumonia such as esophageal dysmotility, dysphagia, or laryngeal malfunction should be ruled out.

DATE

1-9-23



PATIENT

Ace Rogers

SPECIES

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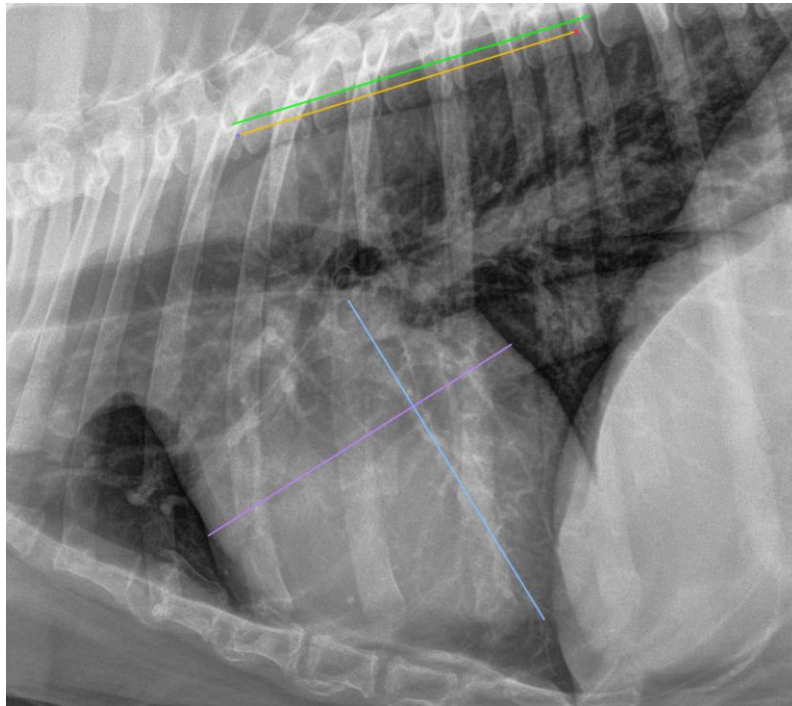
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Gentle Doctor Animal
Hospital

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REFERRING VET

Dr. Kanne

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