



PATIENT PRESENTING CLINICAL SIGNS

Trinity Pineiro

coughing
 Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, mildly increased bronchovesicular sounds. Mild crackles bilaterally EENT: Clear AU. OU: lenticular sclerosis. No nasal discharge. Non-productive cough on tracheal palpation. Oral cavity: Moderate to severe dental tartar/calculus Musculoskeletal: BCS = 6/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Tense, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N

SPECIES

Canine

BREED

Chihuahua

RADIOGRAPHIC STUDY OF THE THORAX

Right lateral and ventrodorsal views available for review. Recheck study compared to prior study dated May 10, 2022.

SEX

SF

RADIOGRAPHIC FINDINGS

The degree of pulmonary inflation is fair to moderate. Increased generalized peribronchial cuffing is seen throughout the entire lung field. The right middle lung lobe presents a lobar alveolar sign with maintained pulmonary volume.

AGE

15 Years, 5 Months

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

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The remainder of the findings are stationary compared with the prior study as well.

RADIOGRAPHIC DIAGNOSIS

- Increasing signs of active lower airway disease and lobar alveolar sign of the right middle lung lobe.

HOSPITAL NAME

DPC Veterinary Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings support the presence of progressive lower airway inflammation or infection. Moreover, there is a lobar alveolar sign of the right middle lobe with a pneumonic infiltrate being the most likely and primary differential diagnosis. The lobar alveolar sign renders infectious bronchopneumonia such as bacterial by far more likely than parasitic or viral infections or allergic/eosinophilic bronchopneumopathy. Aspiration pneumonia would be theoretical differential diagnosis however the radiographs do not reveal any signs of megaesophagus. Lobar neoplasia and lobar hemorrhage are other but less likely potentials.

REFERRING VET

Dr. Rivera

INVOICE

54520

DATE

10-8-22



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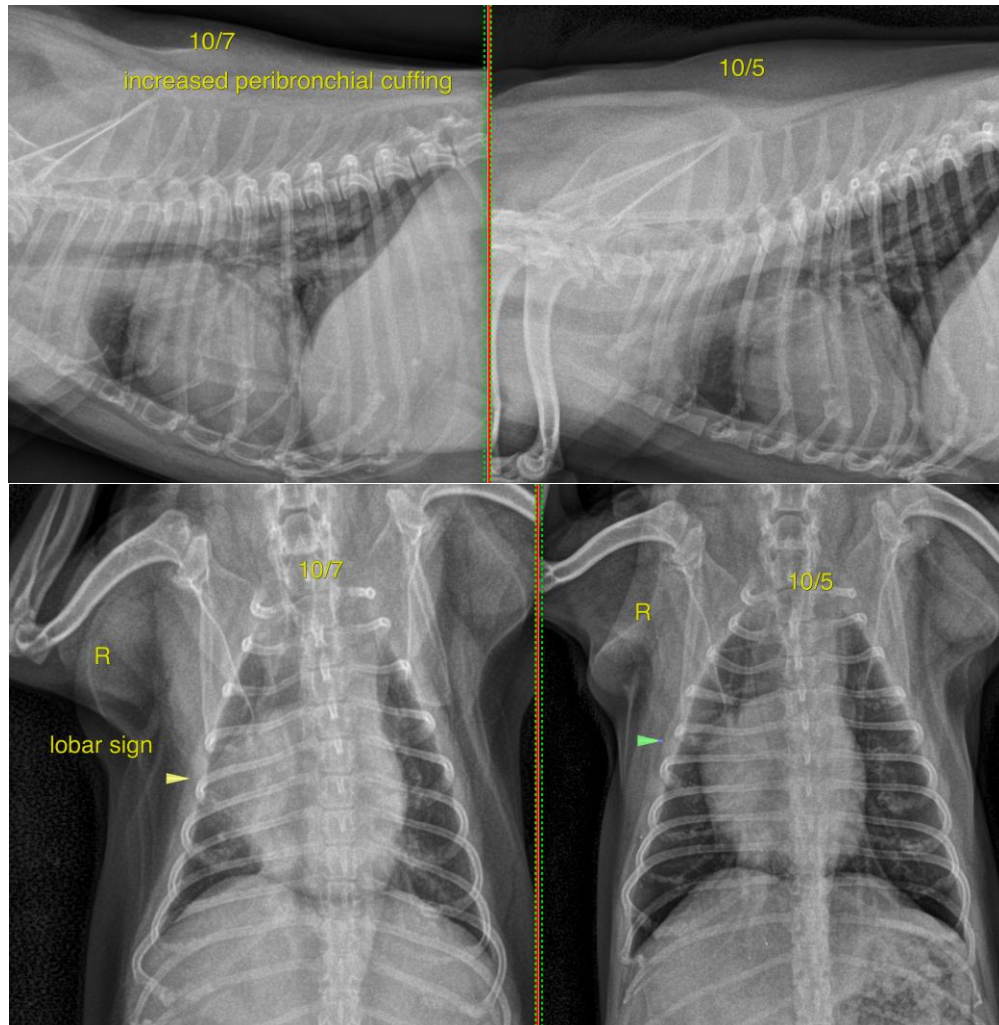
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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