



PATIENT

Pumpkin Livingston

PRESENTING CLINICAL SIGNS

Sadie came in 2/10/2022 for the same coughing issue. Doxy and pred was sent home and that minimally helped with the cough. She is still having the wrenching cough where it sounds like coughing and vomiting at once. She coughs more when she gets up from laying down and when she gets excited. On Friday her hind end completely gave out. Karen started to give Pumpkin 1 300mg Gabapentin every 12 hours and that has made her a bit more sleepy. Since she is sleeping more Karen said that Pumpkin has not coughed as much.
 Abnormal PE/Chem/CBC/UA Results: NSAID panel performed in clinic. Creatinine 2.90.5 - 1.8 mg/dL BUN 527 - 27 mg/dL BUN: Creatinine Ratio 18 ALT 7210 - 125 U/L AST 1500 - 50 U/L ALP 5123 - 212 U/L

SPECIES

Canine

BREED

Brittany Spaniel

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

FS

RADIOGRAPHIC FINDINGS

The degree of pulmonary inflation is moderate. A moderate generalized bronchial lung pattern with peribronchial cuffing is seen and evenly distributed throughout the lung. The right cranial lobe presents a lobar sign with maintained volume and multifocal mineralization accentuating the peribronchial area.

AGE

11 Years, 8 Months

No radiographic evidence of mediastinal lymphadenomegaly or pleural effusion is seen.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

There is mild esophageal aerophagia.

The assessment of the cardiac silhouette is slightly obscured due to the increase in pulmonary opacity. No overt signs of cardiomegaly are seen.

HOSPITAL NAME

Elizabeth Animal
 Hospital

Course and width of the trachea are within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Moderate generalized bronchointerstitial lung pattern and lobar sign of the right cranial lobe with multifocal mineralization.

REFERRING VET

Leon Anderson, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary differential diagnosis is lobar neoplasia versus lobar pneumonia. Lobar pneumonia appears slightly more likely with the concurring changes in the remainder of the lung. However, final diagnosis will require sampling and ultrasound guided fine needle aspiration using a right cranial parasternal intercostal approach to obtain samples of the right cranial lung lobe could be discussed versus airway endoscopy with airway sampling for further definition.

INVOICE

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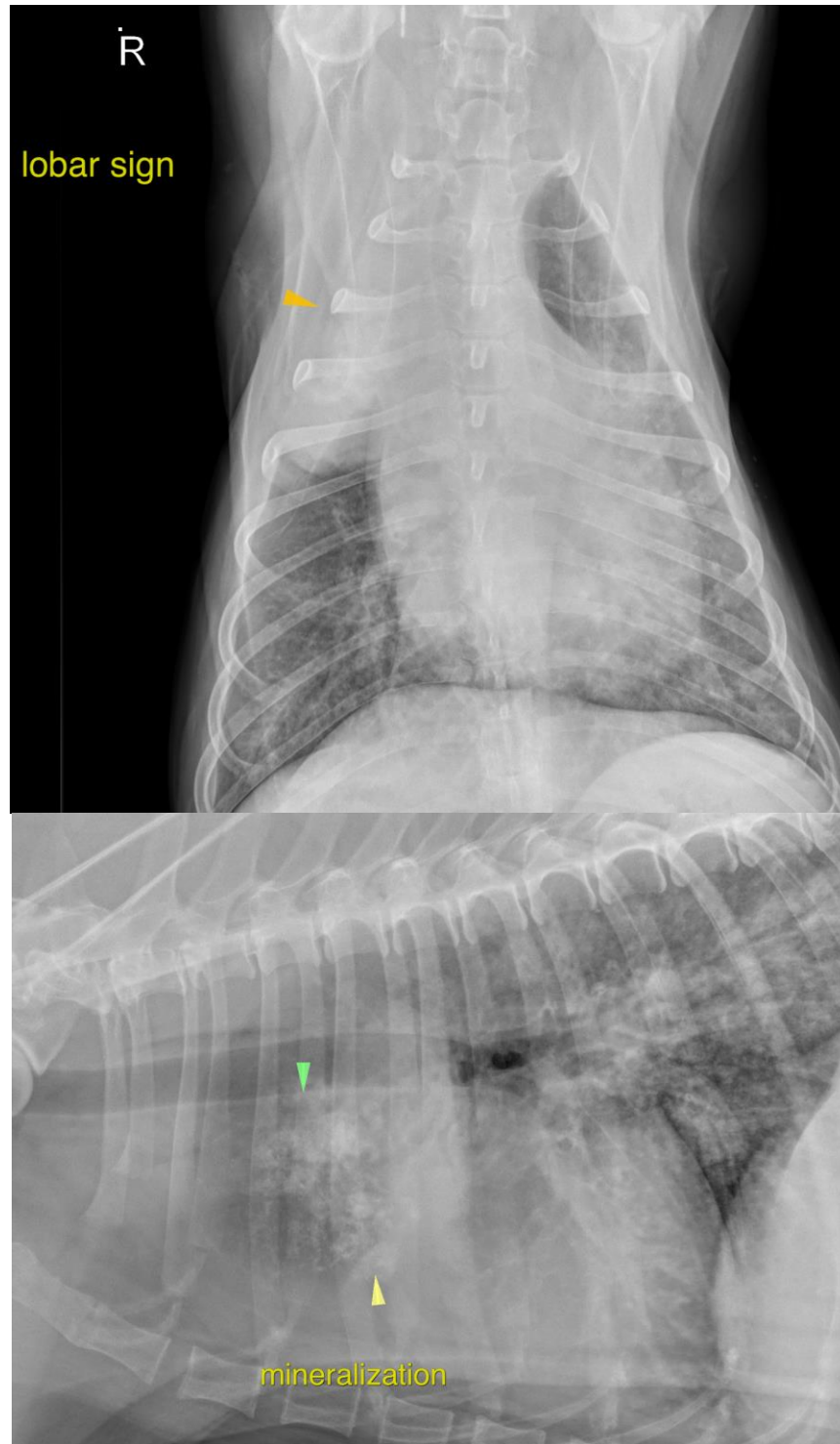
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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