



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Finnigan Reyes

**SPECIES**  
Canine

**BREED**  
English Bulldog

**SEX**  
Neutered Male

**AGE**  
5 Years

**INTERPRETED BY**  
Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**  
Woodridge  
Veterinary Clinic

**REFERRING VET**  
Breanne  
Couperthwaite

**INVOICE**  
51382

**DATE**  
4-6-22

Finnigan first presented Mar. 29/22 for 1 day history of vomiting, lethargy, and shaking. He was outside the day previous but O does not think he got into anything. O also noticed his face looked swollen (above eyes and nasal fold). Was rubbing at eyes a bit as well. Has a history of atopic dermatitis which has been well controlled on Apoquel SID. Exam unremarkable other than mild facial swelling (upper eyelids/nasal fold); T = 39.0. Suspected possible allergic reaction and tx'd with injection of diphenhydramine 2.2 mg/kg and dexamethasone 0.1 mg/kg. No halo sign around gallbladder on brief u/s. Sent home with Cerenia. Next day O emailed to say he was back to normal. Over the weekend O's took for walk in park and noticed he started coughing/gagging. Took him home and he was again shaking, lethargic, and inappetent. O brought in today for recheck & thoracic radiographs. During exam today Finnigan was coughing and he did bring up some whitish/yellow phlegm that was pink-tinged (bloody). Examined under microscope and found large number of neutrophils and some gram pos'v cocci and rods. Slight increased lung sounds on exam (no wheezes or crackles); heart WNL. DDx: Infectious bronchitis, allergic bronchitis, FB, other Tx'd with Cephalexin 600 mg - 1 BID x 14 days and Meloxadin - 22 kg dose SID x 7 days.

Abnormal PE/Chem/CBC/UA Results: Bloodwork (Mar 29/22): CBC - mild neutrophilia (inflammation/infection, normal fluctuation?) Chemistry panel - unremarkable.

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

Caudal thoracic vertebral malformations are seen with hemivertebrae at T9-T12. Spondylosis deformans is noted between T11 and T12.

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

A mild generalized bronchial lung pattern is noted. However, the main finding is presence of a lobar alveolar infiltrate within the left cranial lobe of the lung. The pulmonary volume appears to be maintained. Air-bronchograms are seen. There is no evidence of concurrent mediastinal lymphadenomegaly.

Gastric aerophagia is noted and likely a result of respiratory distress.

**RADIOGRAPHIC DIAGNOSIS**

- Cranioventral lobar alveolar pattern of the left cranial lung lobe.
- Mild concurrent bronchial lung pattern.
- Gastric aerophagia.
- Congenital vertebral malformations and spondylosis deformans in the thoracic spine.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings are highly suspicious for bronchopneumonia. Lobar pneumonia of the left cranial lung lobe should be considered. Theoretically, a neoplastic infiltrate and hemorrhage cannot be ruled out as differential diagnoses. However, bacterial pneumonia is considered most likely at this time and may be due to infection or prior aspiration.



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Establishing a final diagnosis by means of lower airway endoscopy with airway sampling could be considered. The use of antibiotics appears to be indicated based on the patient history and radiographic findings. A radiographic recheck could be considered to help monitor the treatment success.

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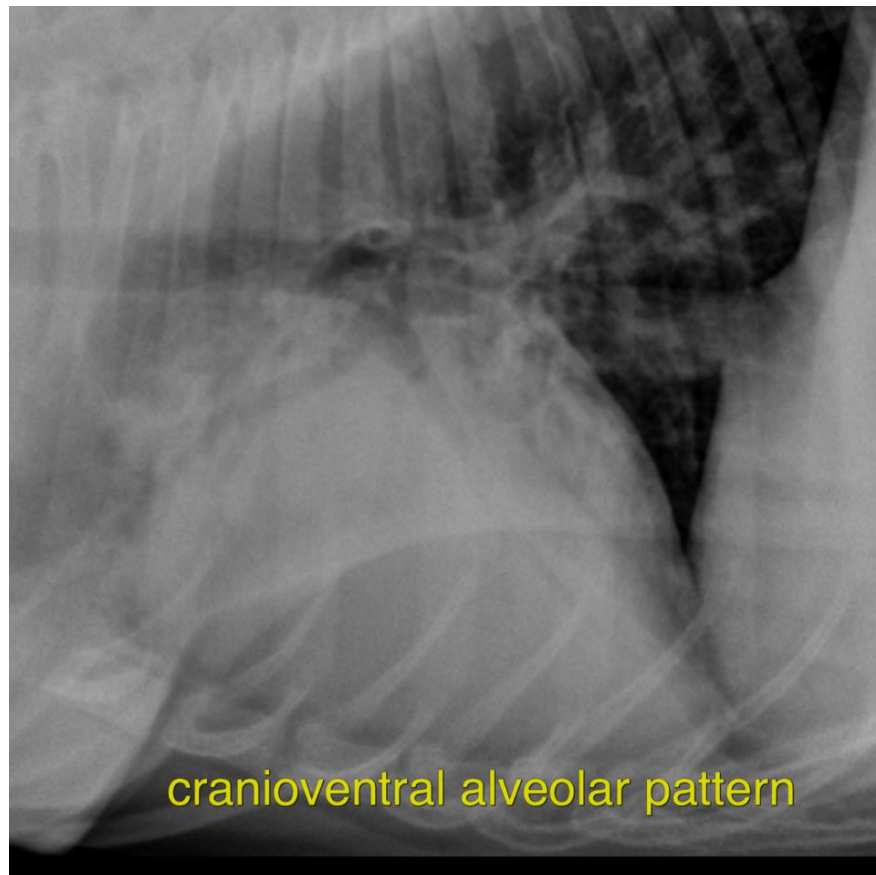
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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