



**PATIENT PRESENTING CLINICAL SIGNS**

Frank Rojas acute onset of wheezing with intermittent hack. Was boarded 5/2-5/7. Also lethargic and limping. Pt is on long term temaril-P for previously diagnosed airway disease  
 Abnormal PE/Chem/CBC/UA Results: Heart auscultated normal, increased RR mild congestion appreciated, T:104.4. BW - thrombocytopenia, mild leukopenia, ALP 1,888 remainder WNL, 4dx- positive for anaplasmosis. Chest xrays set out for interpretation of possible fluid in chest, and concern for pneumonia vs bronchitis.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

**BREED**

Pug

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

**RADIOGRAPHIC FINDINGS**

**SEX**

Multiple mild spondyloses are present within the thoracic spine.

MN

The lungs are fairly inflated.

**AGE**

11

A moderate amount of mediastinal, pericardial, and subcutaneous fat is seen. The mediastinal and thoracic wall fat contributes to the opacity in the cranial lung field and the fair degree of pulmonary inflation is responsible for the rounded appearance of the cranial lung lobes.

There is no evidence of pleural effusion seen.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDF

A moderate generalized bronchial lung pattern is present. There are multiple age related and incidental pulmonary osteomas.

There is mild generalized tracheal hypoplasia.

**HOSPITAL NAME**

Rockaway Animal Hospital

No radiographic evidence of cardiovascular pathology is seen.

**RADIOGRAPHIC DIAGNOSIS**

- Moderate bronchial lung pattern.
- No radiographic evidence of pleural effusion.
- No radiographic evidence of cardiovascular pathology.
- Mild tracheal hypoplasia.

**REFERRING VET**

Dr. Ascot

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

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The radiographic study reveals a moderate generalized bronchial lung pattern. The changes may be within age related normal limits, however, low grade lower airway disease such as eosinophilic bronchopneumopathy, irritant bronchitis, or infectious bronchitis cannot be ruled out. Further definition by means of airway endoscopy with airway sampling could be considered. The evaluation of the upper airways should be included in a potential endoscopy as chances are that brachycephalic upper airway syndrome with or without concurrent inflammation or infection contributes to the clinical signs.

**DATE**

5-10-22



**PATIENT**

Frank Rojas

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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.**

**HOSPITAL NAME**

Rockaway Animal  
Hospital

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.

**REFERRING VET**

Dr. Ascot

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