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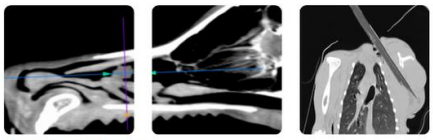

Teleradiology
Educational Teleconsultation Services™

PATIENT

Farley Lewis

SPECIES

Canine

BREED

Pug

SEX

MN

AGE

10yr

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr Samantha Parkinson

INVOICE

24787

DATE

05/07/2026

PRESENTING CLINICAL SIGNS

Diagnosed with pneumonia in March 2026, treated with enrofloxacin and Clavamox. Mild improvement noted on radiographs, but coughing/sneezing persists. Decreased frequency of urination, decreased appetite for ~8 months and worsened in the past 2 months.

Abnormal PE/Chem/CBC/UA Results: ALKP 1518 U/L, PCT 0.56%

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The pulmonary parenchyma presents a mild diffuse bronchial pattern with slightly increased thickness of the bronchial wall. Occasional subtle interstitial linear bands are seen. There is no evidence of alveolar consolidations, extensive interstitial patterns, pulmonary masses, or pleural effusion. Overall, the pulmonary changes are subtle and non-specific.

The trachea is normal for breed and age.

Mild esophageal redundancy and mild generalized dilation of the esophagus is seen, which may be related to anesthesia. Clinical correlation is recommended to exclude esophageal dysfunction. The lower esophageal sphincter is level with the diaphragm at the time of the examination, which is normal.

No hiatal hernia is seen.

There is no evidence of aspiration pneumonia.

Heart size and morphology are within expected limits. There is no evidence of pericardial effusion.

The mediastinal lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild chronic bronchial pattern with occasional interstitial markings
- No CT evidence of active pneumonia, pulmonary mass lesions, or tracheal pathology
- Mild esophageal redundancy likely anesthesia related, esophageal dysfunction cannot be excluded entirely
- Normal mediastinum

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a mild bronchial lung pattern, which is most consistent with chronic airway disease or resolving inflammatory change. Mild chronic lower airway disease may be present with no evidence of ongoing pneumonia or structural pulmonary pathology. Chronic inflammatory airway disease is a more likely explanation than active infection with viral or bacterial microorganisms.

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The esophageal finding appears incidental and is common in brachycephalic dogs. However, clinical signs of esophageal dysfunction should be ruled out.

Upper airway evaluation may be considered due to persistent sneezing and consider bronchoscopy with bronchoalveolar lavage to assess for potential airway inflammation or infection.

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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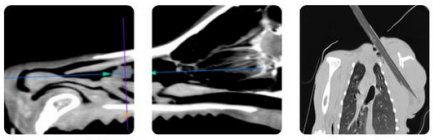

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