



**PATIENT**

BELLA  
CARRASQUILLO

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

SF

**AGE**

4 Years, 1 Month

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Ward

**INVOICE**

47030

**DATE**

8-18-21

**PRESENTING CLINICAL SIGNS**

Chief Complaint: COUGHING/ RASH ON BELLY History: O NOTICED RASH ON BELLY A COUPLE DAYS AGO. P IS NOT BOTHERED BY IT AND IT DOES NOT SEEM ITCHY. O ALSO STATED THAT P HAS A RASPY/ DRY COUGH FOR THE PAST TWO WEEKS. P IS FULLY VACCINATED PER O AND DOES NOT COME INTO CONTACT WITH OTHER DOGS VERY OFTEN. P IS ON HEARTWORM PREVENTION AND HAS RECENTLY HAD A NEGATIVE HW TEST. P HAS A GREAT APPETITE AND ENERGY LEVELS HAS NOT CHANGED.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds but frequent cough when straining at least EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate tartar; fractured 304 with suspected tertiary dentin Musculoskeletal: BCS = 4/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, 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. Caudoventral abdomen--curvilinear erythema in caudal skin folds Mentation: BAR. Sweet girl! Hydration: N Rectal: No masses, normal stool, no bleeding

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

Mild upper esophageal aerophagia is noted.

There is a moderate overall increase in pulmonary opacity with cranioventral accentuation and underlying bronchial lung pattern. Marked peribronchial cuffing is seen as well as cranial and ventral bronchiectasis with a mild peripheral alveolar infiltrate.

No evidence of mediastinal lymphadenomegaly is noted.

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

**RADIOGRAPHIC DIAGNOSIS**

- Moderate bronchoalveolar lung pattern with cranioventral distribution.
- Mild esophageal aerophagia.
- No evidence of concurrent mediastinal lymphadenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings are suggestive for moderate to severe active bronchopneumopathy with bronchiectasis. Consider eosinophilic / allergic bronchopneumopathy / pulmonary infiltrate with eosinophils a potential as well as infectious bronchopneumonia including viral, bacterial, and less likely, parasitic, or protozoal. The presence of bronchiectasis may be associated with decreased mucociliary clearance rates and predisposed to recurrent inflammation /superinfection. Consider further definition by means of airway endoscopy with airway sampling.



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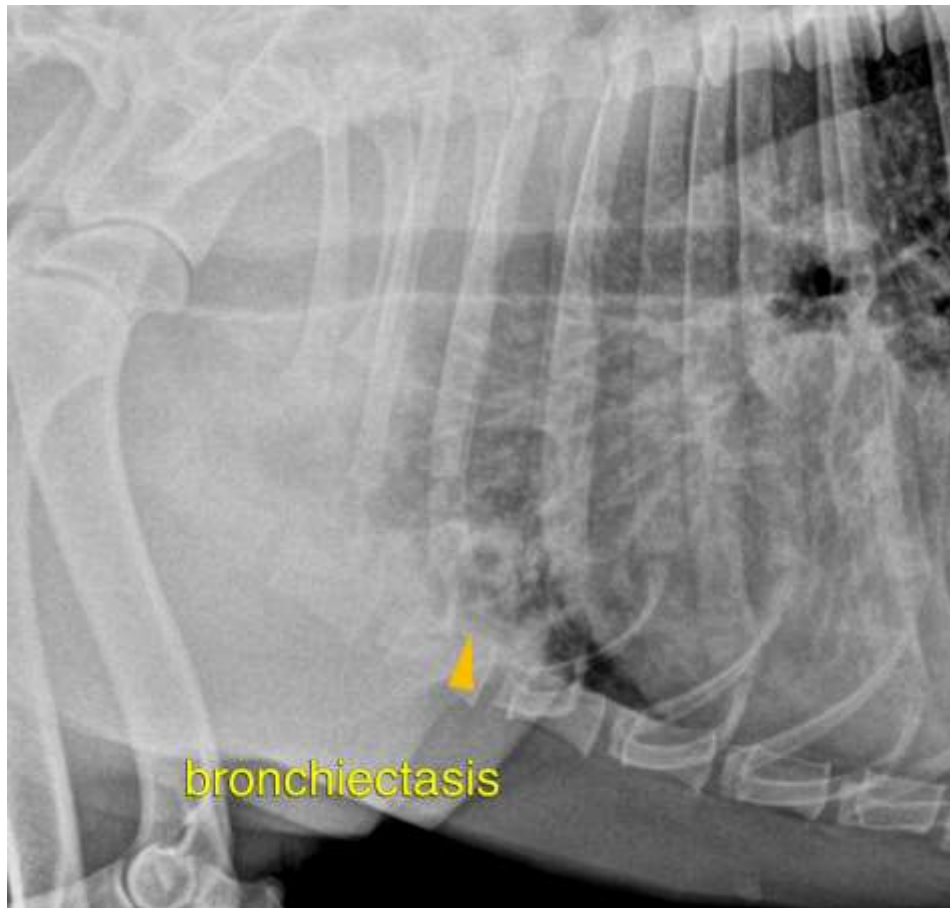
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**REFERRING VET**

Ward

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**, DVM, Dr. med. vet., DipECVDI  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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