



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Ajax White  
**HISTORY:** Previous history 2/22/21: Ajax visited Arizona from mid November 2020 to mid December 2020. He started coughing the day after Christmas on 12/26/20. Thoracic radiographs are suspicious for a mass dorsal to the heart. He is losing weight. There are muscle tremors affecting the muscles of his head and ears and he seems to have intermittent problems seeing. There has been no response to therapy with clindamycin, hydrocodone, Cerenia or cannabis. Cough persists. He was treated with Prozac in November which was discontinued 1 month ago. CBD oil was recently started. All the other medications have been discontinued. He has not yet been tested for coccidioidomycosis. The CT findings document the presence of multifocal soft tissue opacities throughout the lungs. The opacities are small and have irregular feathered margins. Walls of the distal trachea are severely thickened along with bronchial walls to the right cranial lung lobe. The bronchoscopy findings document occlusion of both the cranial and caudal aspects of the right cranial lung lobe. These findings are consistent with a coccidiomycosis. The BAL cytology result documents pyogranulomatous inflammation. Culture results are negative for growth. Coccidiomycosis serology is pending. The coccidiomycosis titer is positive at 1:4. The owner reports that Ajax is improving on the fluconazole. History 6/23/21: The owner reports Ajax is doing very well. He has gained weight and the tremors previously noted have resolved. He is currently on fluconazole. The CT radiologist report confirms significant regression of the pulmonary and bronchial changes previously diagnosed.

**SPECIES** Canine

**BREED** Border Collie

**SEX** Neutered Male

**AGE** 11 Years

**INTERPRETED BY** Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

There are a few retained small pulmonary nodular lesions and mild thickening of bronchial walls. The lymphadenopathy has also regressed. These findings are consistent with a healing chronic phase of coccidioidomycosis. Complete regression of the nodules may not occur. Continuing therapy with fluconazole for at least 2 more months was recommended by the radiologist. Current History 10/5/21: Ajax is doing very well. He is completely back to his normal self and is asymptomatic. All of his clinical signs resolved within 30 days of starting fluconazole. He has not coughed for many months. Appetite and activity are normal. Has been on fluconazole continuously for the last 7 months. He is on a couple of other supplements but no other medications. Bloodwork is dated 6/8/21. CBC - not provided. Chemistry - Globulin = 3.9, all else normal. UA - not provided.

**COMPUTED TOMOGRAPHIC STUDY OF THE CHEST**

**HOSPITAL NAME** VetMed Consultants

There are some linear opacities of the peripheral lungs (s. right cranial lobe) and prominent pleural lines noted, partially with an irregular outline of the pleural surface. Small, ill-defined opacities in the right cranial and caudal part of the left cranial lobe are detected. The lungs are regularly ventilated apart from that with close contact to the inner thoracic wall on all sides. No evidence of relevant pleural fluid accumulation. Pulmonary density is near to normal, nodular pulmonary lesions are not recognized.

**REFERRING VET** Debbie Hadlock

**INVOICE** 13556

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea, main stem bronchi/bronchi and esophagus present as expected.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

10/5/21



**PATIENT**

Ajax White

- Further regression of the pulmonary findings with signs of residual pleuropneumonia/mild pulmonary fibrosis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

CT findings are compatible with residuals of a pleuropneumonia with mild shaping of scar tissue/pleural-pulmonary fibrosis. Currently signs of an active inflammatory process are missing. Detected changes may stay visible lifelong.

**BREED**

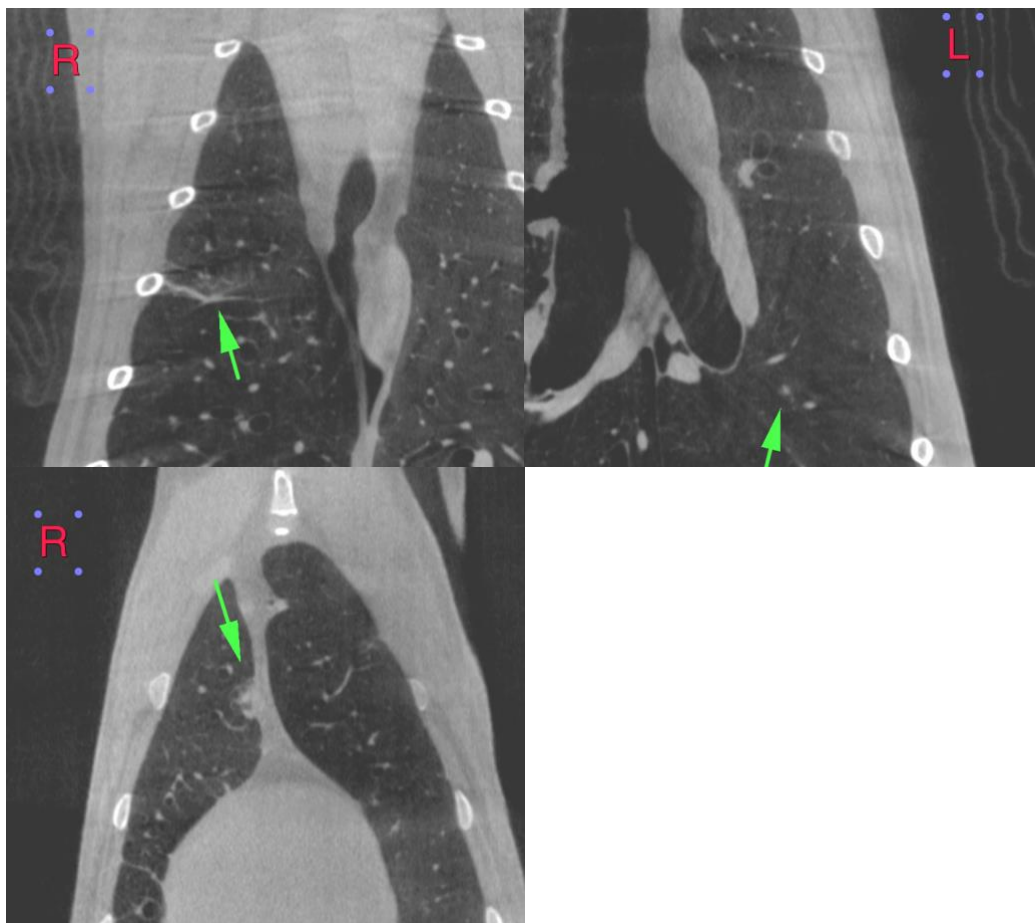
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Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

**HOSPITAL NAME**

VetMed Consultants

**REFERRING VET**

Debbie Hadlock

**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.**

**INVOICE**

13556

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.

**DATE**

10/5/21



**PATIENT**

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging  
info@sonopath.com

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