



## PATIENT

Clyde Israel

## SPECIES

Canine

## BREED

Chi X

## SEX

Male

## AGE

13Y, 10M, 12D

## WEIGHT

9.40kg

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

AMC/BO

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Dr. Lau

## INVOICE

72748

## DATE

11-25-25

## PRESENTING CLINICAL SIGNS

The patient presents with a 1-month history of coughing and gagging. The owner reports one episode of collapse during this period. On cardiac auscultation, a grade II-III/VI systolic murmur of moderate intensity is noted, with a point of maximal intensity Mitral

## RADIOGRAPH OF THE THORAX

Right/left lateral and ventrodorsal views provided for review.

## RADIOGRAPHIC FINDINGS

The bony structures of the chest and thoracic borders are inconspicuous and intact, including the diaphragm. Relevant signs of degenerative changes and/or an aggressive lesion are not noted.

The trachea presents a mildly alternating diameter and is inconspicuous in course including the bifurcation and the bronchial tree. The latter presents mild calcifications of the bronchial walls, which can be traced into the periphery. There is mild interstitial increase of the pulmonary density noted with indicated bronchial thickening. Free pleural fluid is not noted; relevant nodular or focal changes of the pulmonary structures are not present.

The mediastinum including the heart is unremarkable. The heart presents a VHS of 8.5 and is normal in size and shape.

## RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial lung pattern with bronchial wall mineralization
- Mildly alternating diameter of the trachea

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The indicated bronchial calcifications and the mild interstitial pulmonary pattern are somewhat age-expected and could represent more chronic inflammatory changes as seen with chronic bronchopneumonia and/or recurrent bronchitis. Relevant nodular changes are not noted. Neoplasia is not suspected. The mildly alternating diameter may represent a tendency of tracheal collapse but could be due the respiratory phase as well. Endoscopy and sampling could be performed for further differentiation. I do not suspect a current congestive issue.



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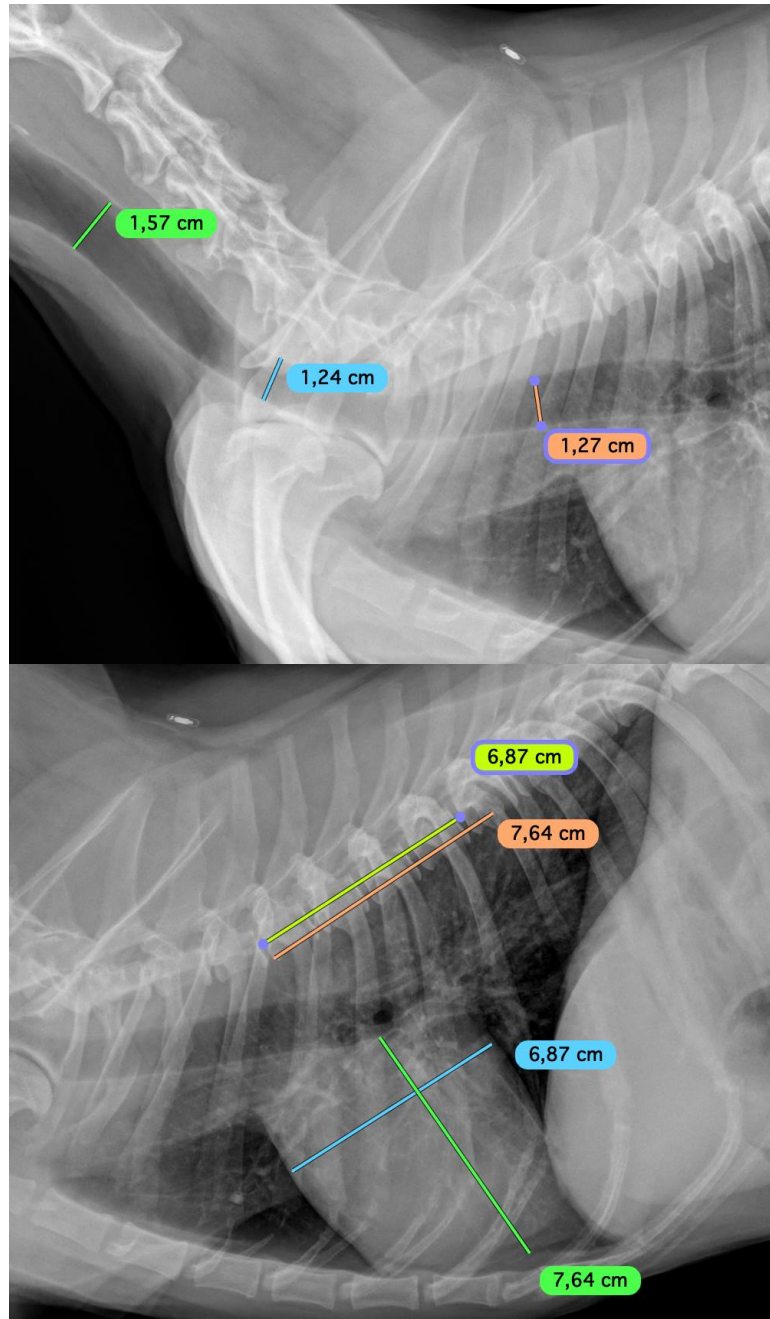
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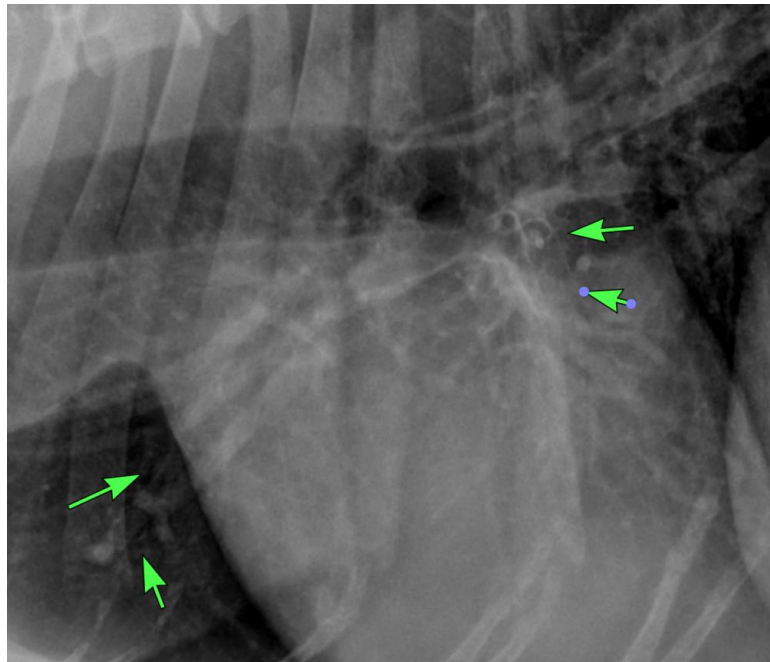
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging  
[info@sonopath.com](mailto:info@sonopath.com)