



**PATIENT PRESENTING CLINICAL SIGNS**

**Cooper Hoss** Persistant cough since Feb 23, 2023. Has had prescriptions for both doxycycline & Clavamox as well as cough tabs (Guaifenesin 100 mg Dextromethorphan Hydrobromide 10 mg) and hydrocodone and cough continues to get worse. Initially examined Feb 28, 2023 with a non-productive cough for a few days after boarding at kennel. Dry hacking cough that got worse with activity. Was eating/drinking normal. Patient has a history of allergies that are controlled with Apoquel. Was sent home with cough tabs and after a week with no improvement added a course of Doxycycline. Coninued coughing at recheck on March 15, 2023. Still non-productive, eating OK. Radiographs of the thorax appeared normal. Started course of Clavamox and omeprazole (for suspected GERD). At recheck on March 30, 2023 continued to cough, WBC was elevated, repeat radiographs were sent to Vital Rads. Report by Vital rads: Normal thorax, cause of cough is not identified, BAL or TTW recommended. , Phone call from O on 3-31-23 reported patient was breathing rapidly and lethargic, not eating-examined video of patient-did not appear to be in respiratory distress, rapid respirations, but not increased respiratory effort. Productive cough started around this time coughing white foamy discharge. Patient continues to have productive cough to today, hydrocodone was started on April 5, 2023. A Blastomycosis test collected on April 10, 2023 was negative. Patient appears bright alert and responsive at todays (4-18-23) exam. After the CT surveys were obtained, a BAL was performed and samples collected for evaluation and culture.

**SPECIES** Canine

**BREED** Golden Retriever

**SEX** MN

**AGE** 2 Years, 9 Months

Abnormal PE/Chem/CBC/UA Results: WBC on March 15, 2023 was increased (19.44) with neutrophilia; WBC increased on March 30, 2023 (23.15). WBC on April 18, 2023 was within normal limits (12.9).

**COMPUTED TOMOGRAPHY OF THE HEAD & THORAX**

**INTERPRETED BY** Pre/post contrast studies provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging** Both nasal cavities present mild fluid accumulations more on the right than on the left side with intact conches and bony borders. Signs of foreign material, relevant mucous swelling or even lytic changes are not detected. Nasal exits and the nasopharyngeal meatus are inconspicuous.

**HOSPITAL NAME** The neurocranium shows normal findings. Bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

**Casselton Vet Service** Post contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

**REFERRING VET** Dr. Brad Bartholomay The laryngeal structures and tracheal parts are inconspicuous as far as can be assessed.

**INVOICE** 57870 The left caudal lung lobe shows at least two areas of increased density presenting peri-bronchial infiltrates with open bronchi and bronchial thickening. Pleural borders are respected without signs of pleural thickening and/or free pleural fluid/gas.

**DATE** All other lung parts are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of focal or nodular pulmonary lesions.

4-18-23



**PATIENT** Mediastinum is regular in width and density. The left tracheobronchial lymph nodes are mildly enlarged with homogeneous density and an unremarkable periphery. Thoracic trachea and esophagus present as expected.  
Cooper Hoss

**SPECIES** Inconspicuous presentation of the main pulmonary artery, of the pulmonary artery branching and the large intrathoracic vessels shown. Heart is inconspicuous as far as can be assessed with CT.

Canine

The diaphragm is normal. The extra-thoracic soft tissues, thoracic spine as well as ribs, sternum and cranial abdomen are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

**BREED**

Golden Retriever

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Focal, peri-bronchial infiltrates/consolidations of the left caudal lung lobe
- Mild tracheobronchial lymph adenomegaly
- Mild and unspecific fluid accumulations both nasal cavities

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings are unspecific but likely present a locally limited inflammatory process of the left caudal lung lobe. Differentials include inflammatory infiltrates as seen with small lung abscess formation, lung infection (bacterial, fungal, parasitic) and allergic reaction. The peri-bronchial appearance is more often seen with allergic/parasitic infections. Migrating foreign material is not noted but cannot be fully excluded. The mild lymph adenomegaly is more often seen with fungal disease. Next diagnostic steps as already performed are endoscopy with BAL for cytology and microbiological testing (r/o blastomycosis, coccidioidomycosis). I assume changes cannot be reached with endoscopy due to their location.

**AGE**

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**INTERPRETED BY**

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German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**HOSPITAL NAME**

Casselton Vet Service

**REFERRING VET**

Dr. Brad Bartholomay

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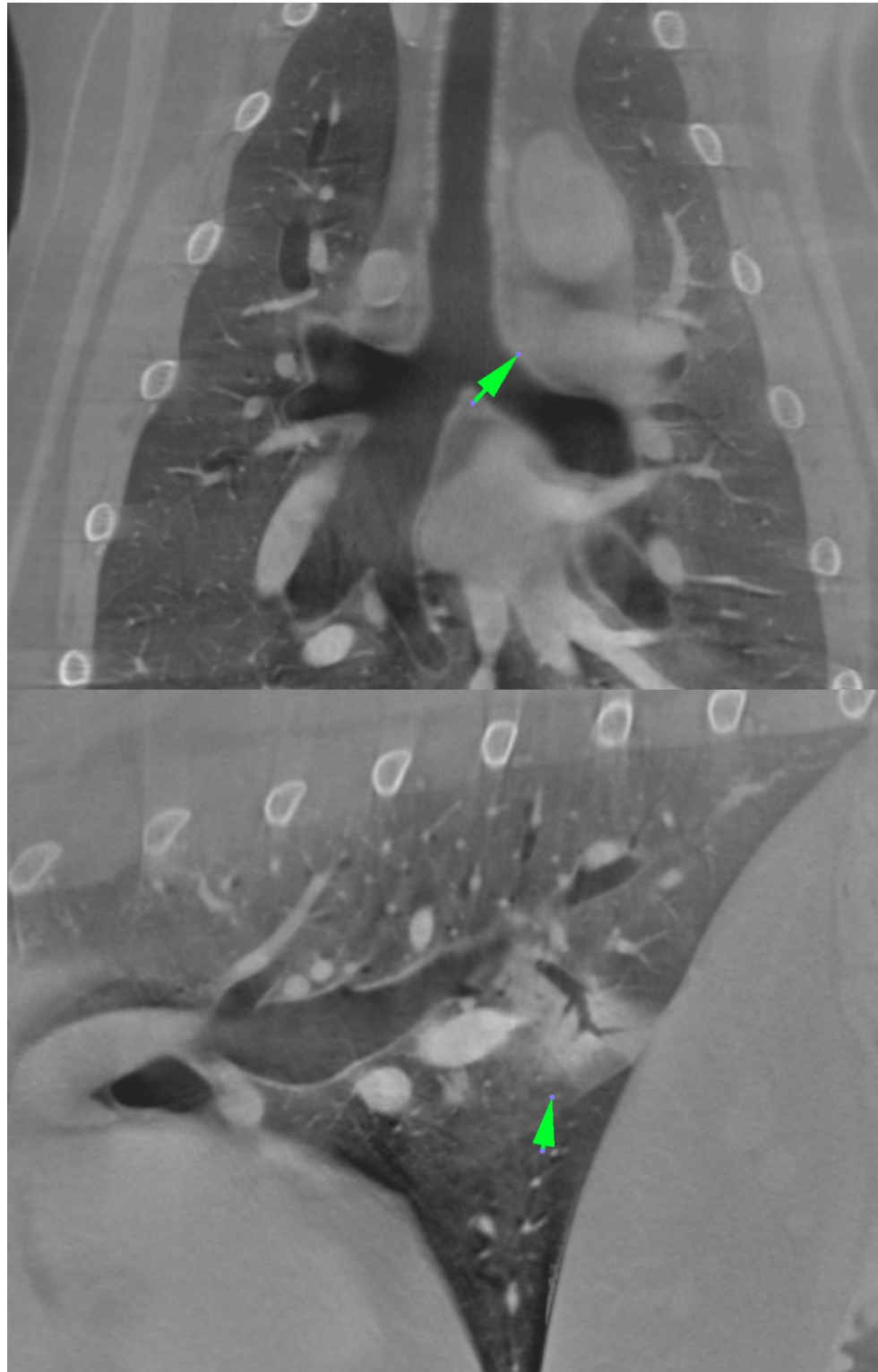
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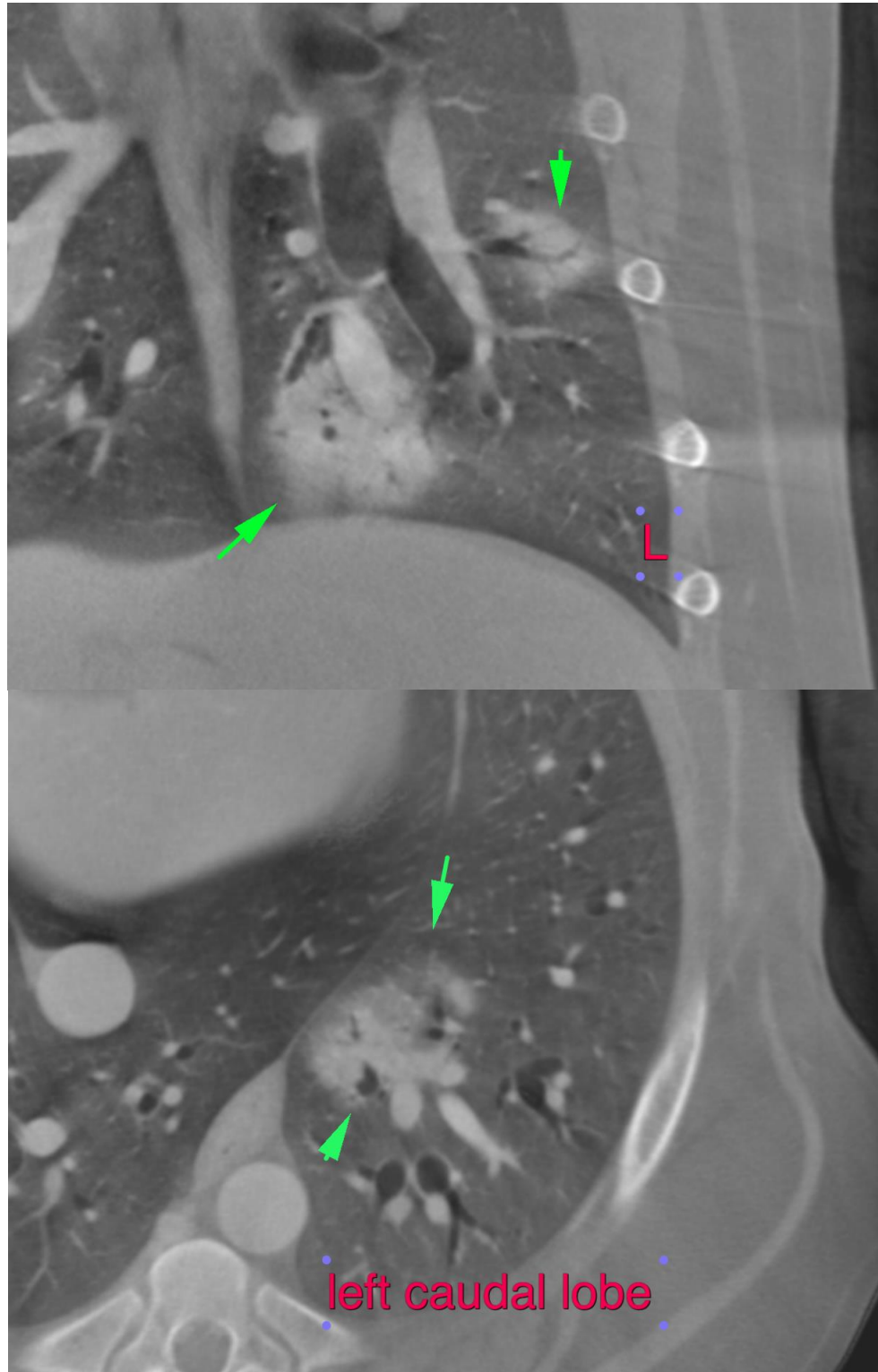
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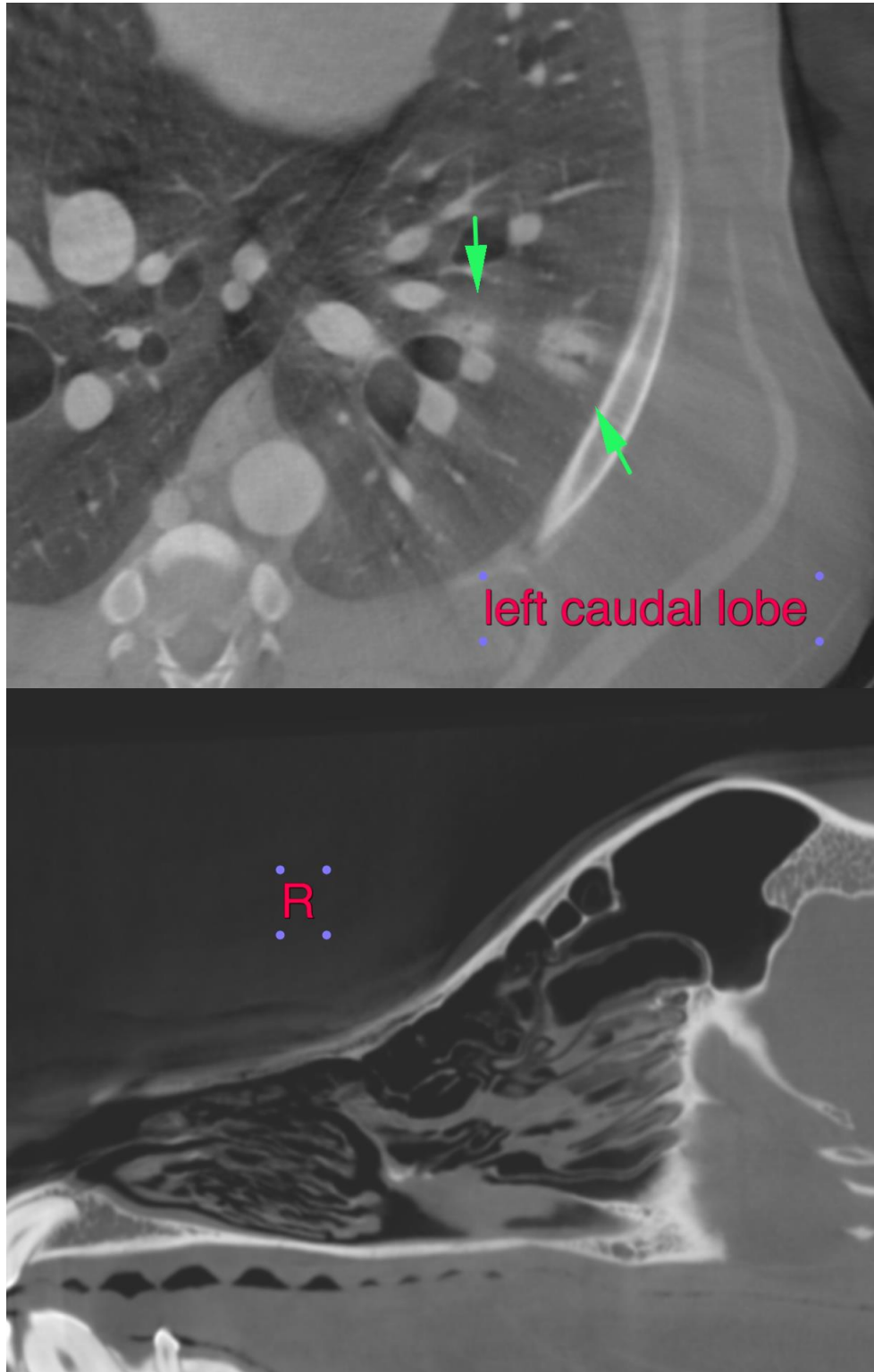
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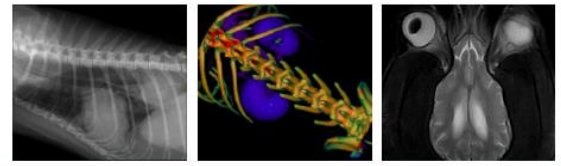
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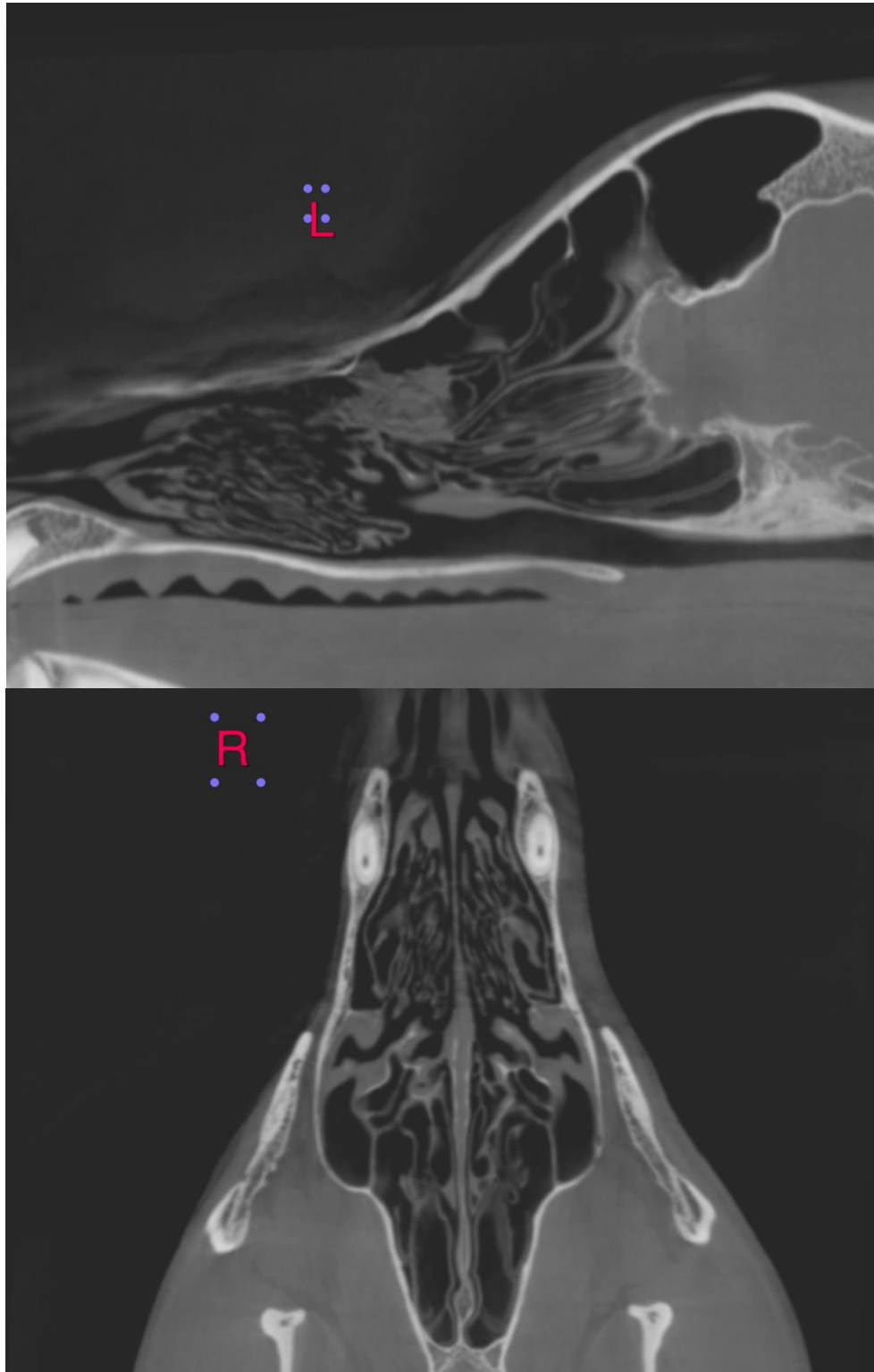
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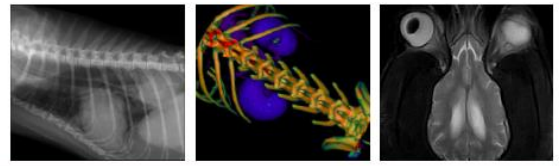
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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**  
Sebastian.Jawinski@sonopath.com

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