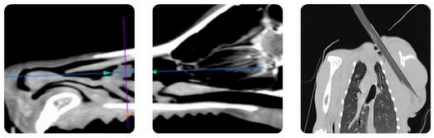

PATIENT

Ruddy Calvert

SPECIES

Canine

BREED

Mutt

SEX

Male Intact

AGE

10M

WEIGHT

51.4

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Sophia Riscavage

HOSPITAL NAME

North Winds Veterinary Services

REFERRING VET

Dr. Maxwell Babinec

INVOICE

74796

DATE

4-28-26

PRESENTING CLINICAL SIGNS

P diagnosed with Multilobar bronchopneumonia and widespread infectious bronchitis. Recommended repeat radiographs to monitor progression before surgical procedure. radiographs attached are 2 -week post diagnosis.
Abnormal PE/Chem/CBC/UA Results: PE unremarkable. Previous BW (4/14/26): Leukocytosis (32.9k/uL), Neutrophilia (26 K/uL), lymphocytosis (4.2k/uL), monocytosis (2.04k/uL)

RADIOGRAPH OF THE THORAX

Right/left lateral and ventrodorsal views provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures and the extra-thoracic soft tissues are inconspicuous.
The cardiac silhouette is normal without evidence of chamber enlargement. The vertebral heart score equals 9.7. The pulmonary vessels are normal in size and taper appropriately in the periphery.

There is no evidence of nodular or focal pulmonary lesions recognized. The lung density presents a mild broncho-interstitial pattern with diffuse increase of the interstitial lung density and mild peri-bronchial infiltrates as well as bronchial wall thickening. Mild bronchial wall mineralization is recognized. The trachea in unremarkable in diameter and course. The luminal outline of the trachea is smooth.

The mediastinum presents expected soft tissue density, there is no evidence of tracheobronchial, cranial mediastinal or sternal lymphadenopathy. No mediastinal shift is seen. The esophagus is not visible and considered to be normal. The diaphragm is unremarkable, no signs of pleural effusion.

RADIOGRAPHIC DIAGNOSIS

- Mild broncho-interstitial lung pattern with bronchial wall mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The increased interstitial lung density and bronchial wall thickening speak for an active and chronic inflammatory process such as bronchitis/mild bronchopneumonia. These, however, are unspecific findings and numerous etiologies could cause this kind of pattern with infectious disease or allergic issues being the most common. Radiopaque foreign material is not detected. Typical signs of an aspiration pneumonia are not present. The current changes must be correlated with the temporal course. If progressive, next diagnostic steps could be endoscopy with BAL for cytology and microbiological testing.

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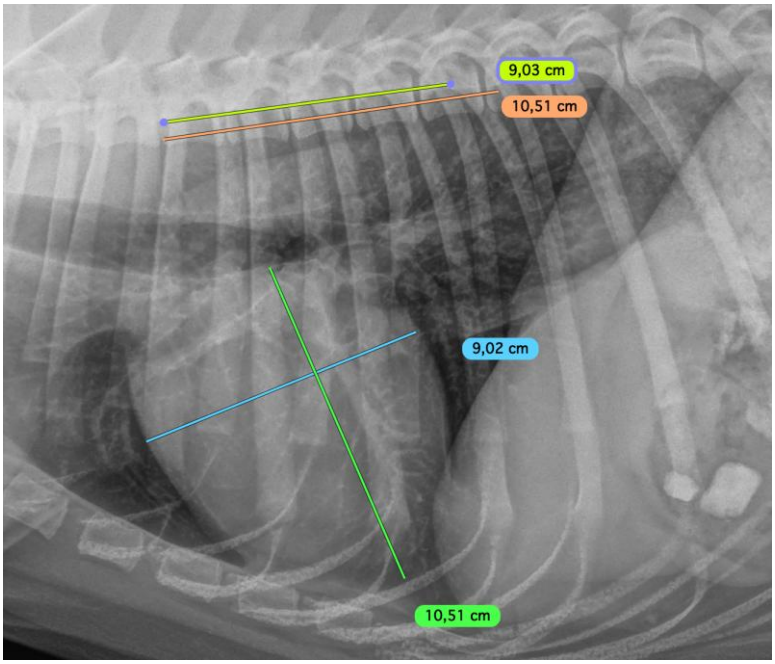

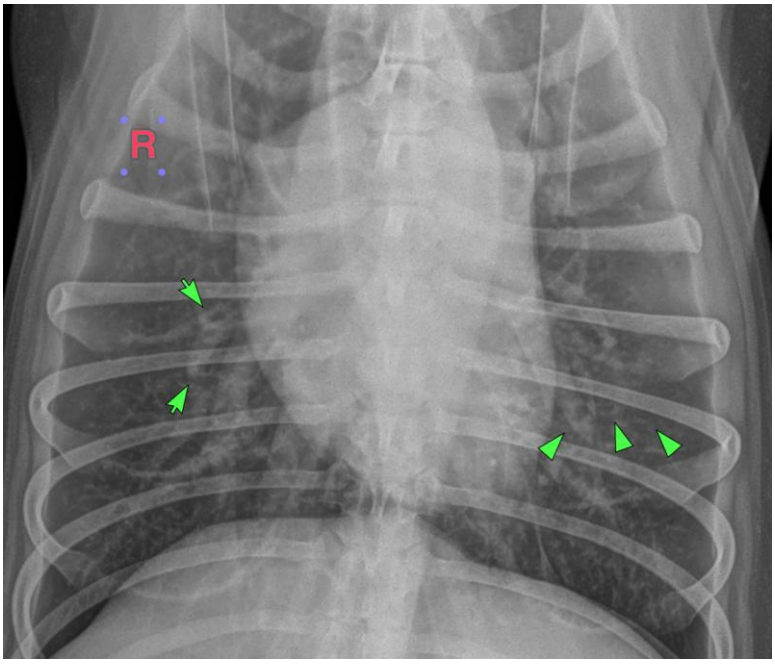

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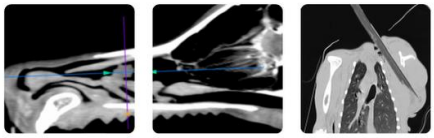

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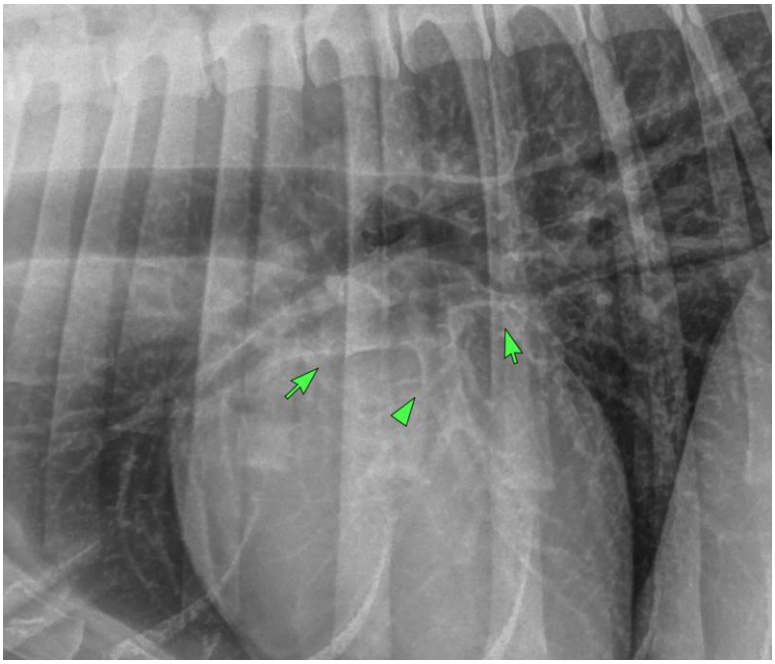

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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