

**PATIENT**

Odie Samad

**PRESENTING CLINICAL SIGNS**

Overweight Hypothyroid Newly developed cough No heart murmur

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

Right lateral view provided for review.

**BREED**

Puggle

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits. The extra-thoracic soft tissues are homogenous without abnormalities.

**SEX**

Male Neutered

The cardiac silhouette is normal without evidence of chamber enlargement. The vertebral heart score equals 10.4.

**AGE**

10 Years

The pulmonary vessels are normal in size and taper appropriately in the periphery.

The lung density shows increased interstitial density throughout due to respiratory phase and fat storage. There is no evidence of nodular or focal lesions recognized.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

The trachea shows moderate and long stretched collapse cranial to the thoracic inlet. Transverse diameter is reduced to approximately 50 %. There calcification of the tracheal rings noted. Carina and the bronchial tree appear distended in this respiratory phase.

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.

**HOSPITAL NAME**

New Bridge  
Veterinary Practice

**RADIOGRAPHIC DIAGNOSIS**

- Interstitial lung pattern with tracheal wall mineralization
- Moderate and long stretched tracheal collapse
- Mild distension of the carina/bronchial tree/main stem bronchi

**REFERRING VET**

Dr. Abina Glennon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Radiographic findings do match with the clinical presentation. The detected increase of interstitial lung density most likely is due to the respiratory phase and superimposition with fat tissue.

**INVOICE**

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Tracheal wall mineralization most likely represents age-related changes. Differential diagnosis among others could be chronic tracheitis or hyperadrenocorticism. I suspect a long stretched and at least moderate tracheal collapse. Grade needs to be confirmed with endoscopy. The latter could be used to get a BAL for cytology and microbiologic testing. Involvement of the carina and

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8-21-21



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the main stem bronchi cannot be ruled out since they are depending on the respiratory phase. Currently there is no secondary pneumonia recognized.

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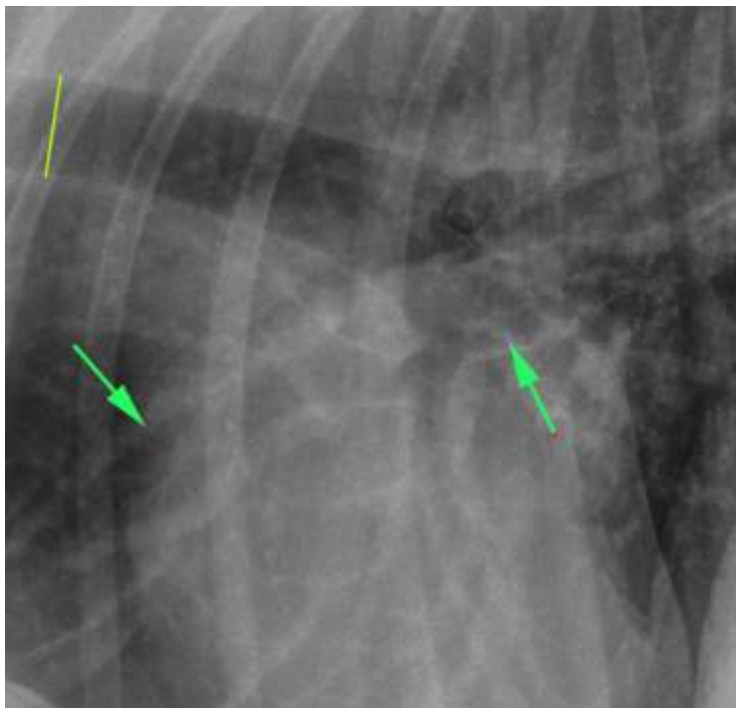
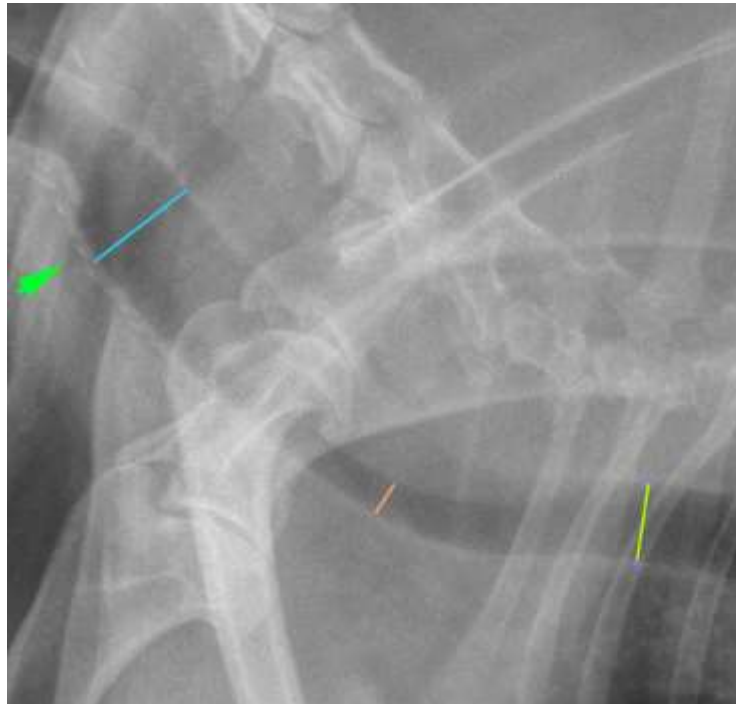
Dr. Abina Glennon

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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.

**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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