

**PATIENT**

Kobe Thompson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Intact

AGE

1 Year, 7 Months

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

POCONO PEAK
VETERINARY
CENTER

REFERRING VET

Christine Coyle

INVOICE

47469

DATE

9-20-21

PRESENTING CLINICAL SIGNS

Patient is a field trial athlete that swims daily, lethargy started 24 hours ago. 106 fever this morning w/ increased respiratory rate & effort.

Abnormal PE/Chem/CBC/UA Results: In-house bloodwork shows mild neutrophilia, 4DX test negative x 4, PE otherwise non-remarkable

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and vd views provided for review.

RADIOGRAPHIC FINDINGS

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

The cardiac silhouette is normal without evidence of chamber enlargement.

The lung density presents moderate and diffuse increase of interstitial density with subtle patchy appearance and transitions to an alveolar pattern in the area of the right middle lobe. Multiple thickened bronchial walls with bronchial infiltrates are recognized. There is no evidence of focal/nodular lesions.

The trachea appears mildly distended but is unremarkable in its course.

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. There is a small amount of pleural effusion noted.

RADIOGRAPHIC DIAGNOSIS

- Mild pleural effusion with an alveolar pattern of the right middle lobe
- Broncho-interstitial lung pattern with thickened bronchial walls and bronchial infiltrates
- Mildly distended trachea

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Radiographic findings do reflect the reported patient's history. The increased broncho-interstitial lung density likely presents an inflammatory process (bronchitis/bronchopneumonia). Affection of the right middle lobe is commonly seen with aspiration and consecutive pneumonia; secondary involvement of the pleura is assumed (pleuropneumonia). Radiopaque foreign material is not detected but cannot be fully excluded. (Primary/secondary) Infectious disease is possible as well.



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Follow-up radiographs and endoscopy/BAL are recommended if initial therapy is not successful.
Consider a complementary ultrasound of the chest for FNA of the pleural effusion.

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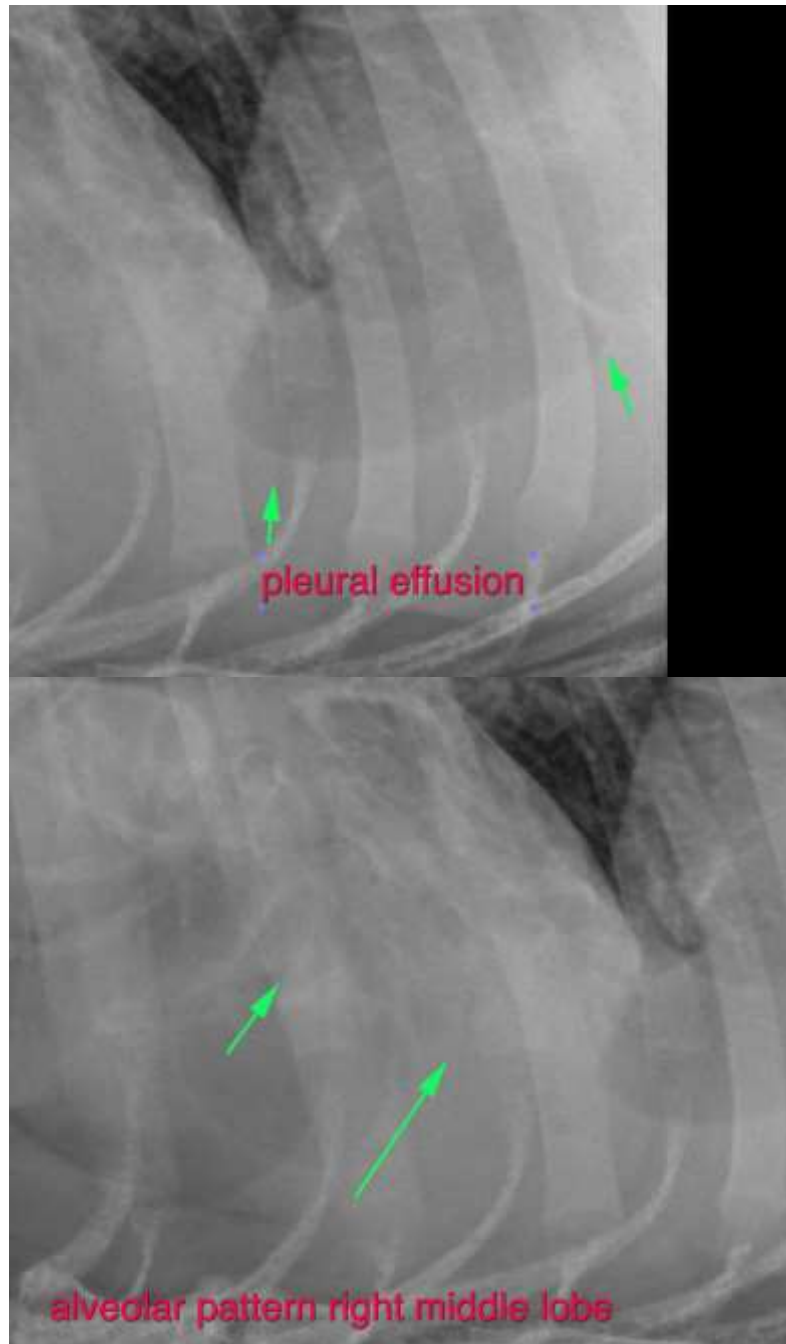
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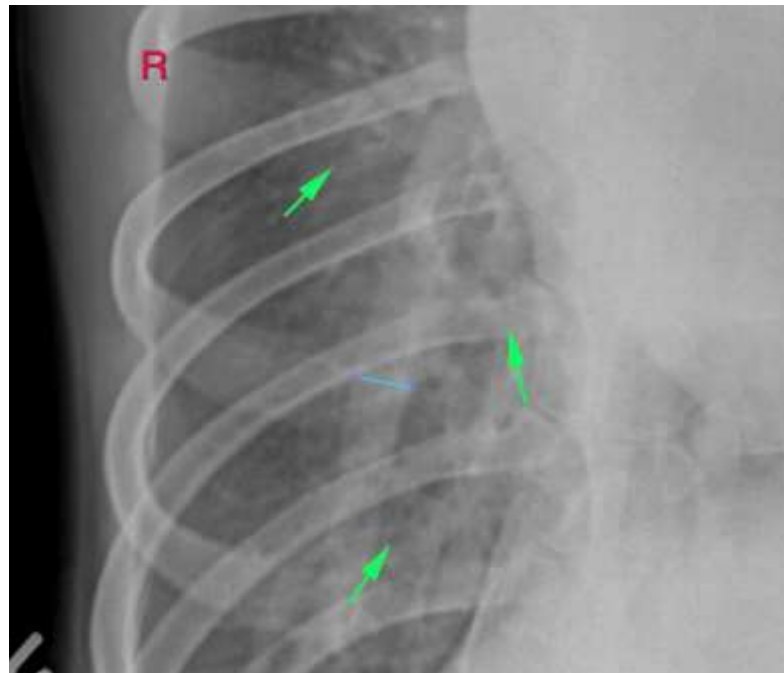
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Sebastian.Jawinski@sonopath.com