



PATIENT PRESENTING CLINICAL SIGNS

Cali Valentine History: Patient presented for dental cleaning Pre-operative radiographs
 Abnormal PE/Chem/CBC/UA Results: PE: grade 3/6 systolic murmur; severe dental disease CBC:
 Basophilia, Thrombocytopenia (manual count) Chem: hypoalbuminemia

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

BREED

Cavalier King Charles

The surrounding bony structures present marked but age-appropriate degenerative changes of the thoracic spine, the ribs and sternum. The extra-thoracic soft tissues are homogenous without abnormalities.

SEX

Spayed Female

The cardiac silhouette is normal without evidence of chamber enlargement.
 The pulmonary vessels are normal in size and taper appropriately in the periphery.

AGE

14 Years

The lung density presents marked broncho-interstitial pattern with mineralized bronchial walls of the main stem bronchi and the bronchial tree. There is no evidence of focal/nodular lesions.

The trachea impresses with a highly alternating diameter and an undulating course. Tracheal calcification is noted with partially thickened and fuzzy luminal outline.

The mediastinum presents expected soft tissue density, there is no evidence of tracheobronchial, cranial mediastinal or sternal lymphadenopathy. No mediastinal shift is seen.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet Specialist
 in Diagnostic Imaging

The esophagus is not visible and considered to be normal.

The diaphragm is unremarkable. There are thickened pleural lines noted.

RADIOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Sunset VH

- Broncho-interstitial lung pattern with tracheal and bronchial wall mineralization
- Highly alternating diameter of the trachea, undulating tracheal course and tracheal thickening
- Pleural thickening
- Marked degenerative but age-appropriate changes of the chest

REFERRING VET

Cristina Polit

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

13211

DATE

9/21/21

Tracheal and bronchial wall mineralization most likely represents age-related changes. Differential diagnosis among others could be chronic tracheitis/bronchitis/bronchopneumonia or hyperadrenocorticism. The alternating diameter and the undulating course are indirect signs for a possible tracheal collapse. This must be correlated with the clinical presentation. The thickened pleural lines could be again age-related or represent fibrosis/chronic pleuritis or scant amounts of pleural effusion. I assume these findings to be degenerative and chronic. Clinical relevance is questionable. There is no nodular pattern noticed, the heart is inconspicuous and signs of other findings like lymphadenopathy are missing.



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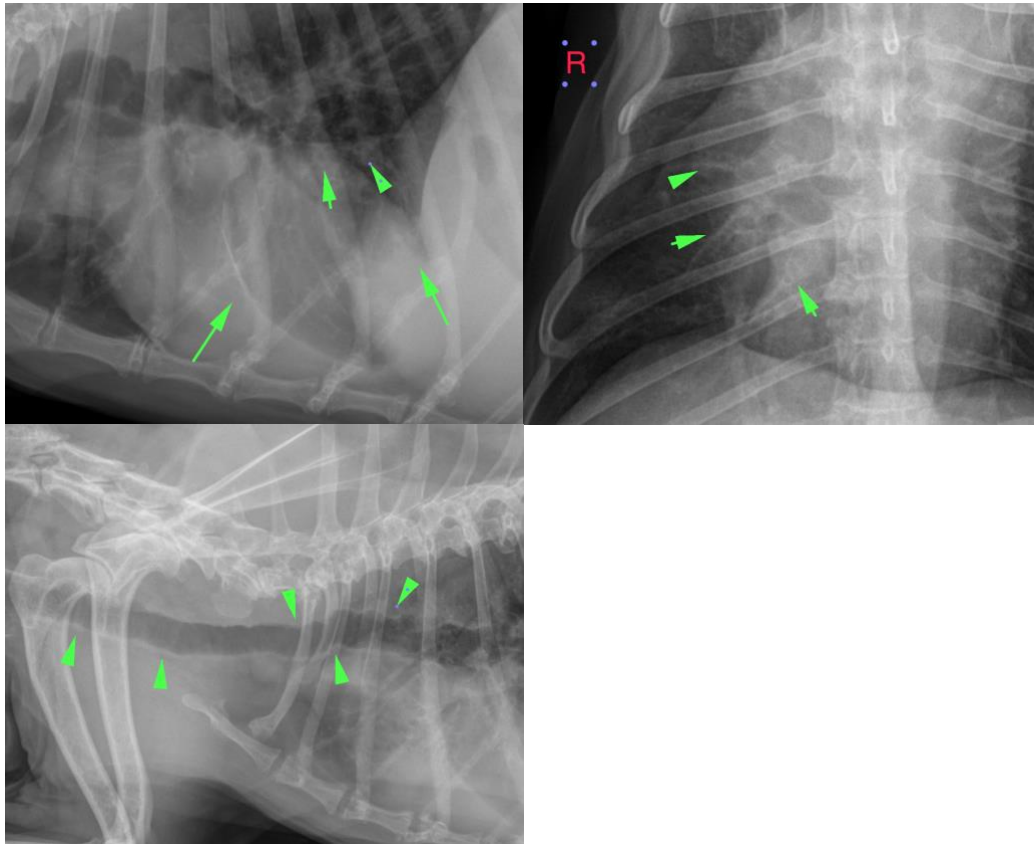
Cristina Polit

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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
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