



**PATIENT**

Gunther Chang

**PRESENTING CLINICAL SIGNS**

Patient presented initially on 1/1/23 for persistent coughing, he was diagnosed with kennel cough at previous DVM on 12/22/22 and was started on clavamox and steroid. Had done well but then when course was finished, worsened. Xrays and PE were concerning for pneumonia on 1/1/23, we started on antibiotics at that time; recheck of xrays on 1/15/23 showed some improvement but still concerned for unusual bronchiole pattern; P clinically has improved since initial evaluation and is only coughing a bit in the morning and is more BAR/normal. We sent xrays from both 1/1/23 for comparison on 1/15/23 images.  
 Abnormal PE/Chem/CBC/UA Results: CBC/Chem not performed PE on 1/1/23 showed bilaterally increased BV sounds, PE on 1/15/23 relatively normal, slight occasional huffing cough

**SPECIES**

Canine

**BREED**

Terrier Mix

**RADIOGRAPHIC STUDY OF THE THORAX**

A consecutive radiographic study of the thorax is provide for review. Radiographs are dated 1/1/23 and 1/15/23.

**SEX**

Male Neutered

**RADIOGRAPHIC FINDINGS**

Thorax 1/1/23

The surrounding bony structures are within normal limits.

**AGE**

2 Years

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**HOSPITAL NAME**

Petroglyph Animal Hospital

Multifocal mild to moderate peribronchial cuffing is appreciated and the ventral aspects of the lung parenchyma present irregular zones with ground glass opacity.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**REFERRING VET**

Whitney Jones

Thorax 1/15/23

In comparison to the preceding radiographic study of the thorax, the ventrally distributed zones with an unstructured interstitial lung pattern are regressive. There is a persistent mild increased visibility of the bronchial walls.

**INVOICE**

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No additional findings.

**RADIOGRAPHIC DIAGNOSIS**

- Bronchial lung pattern with ventrally accentuated zones with an unstructured interstitial lung pattern – regressive in the consecutive study of the thorax

**DATE**

1-15-23



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**HOSPITAL NAME**

Petroglyph Animal  
Hospital

**REFERRING VET**

Whitney Jones

**INVOICE**

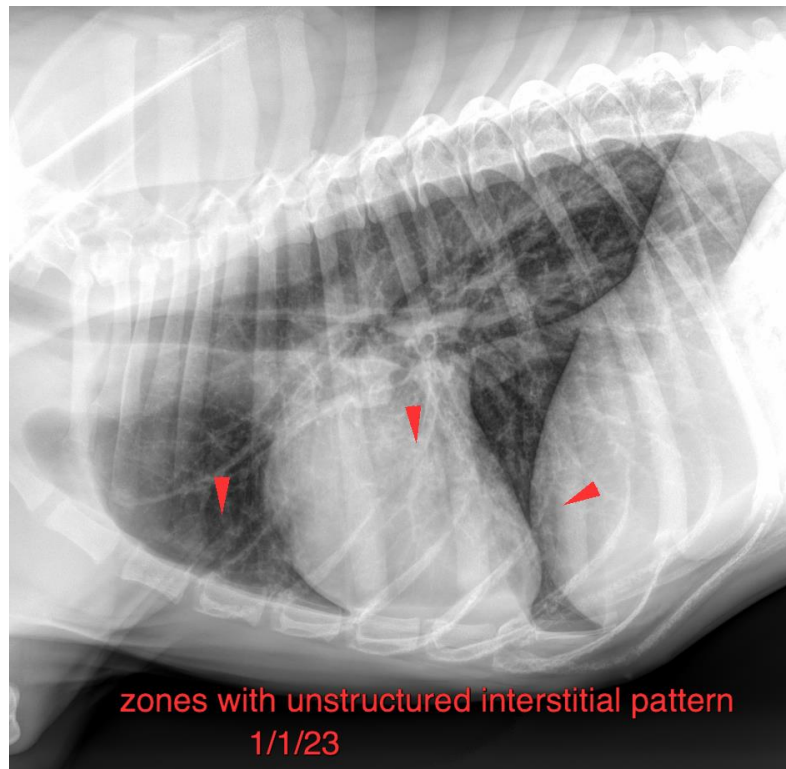
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**DATE**

1-15-23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study is fitting the history of bronchopneumonia with regression of the radiographic changes in the follow up radiographic study dated 1/15/23. The persistent mild bronchial pattern is suggestive for persistent mild bronchitis – be aware that radiographic changes lack behind clinical signs. Given the acute onset of clinical signs underlying canine infectious respiratory disease complex (CIRD) might be a consideration here. Although the findings are unusual for parasitic infection, prophylactic deworming appears beneficial as well. If clinical signs reoccur/deteriorate again under empirical therapy, lower airway sampling can be used to rule out non-infectious causes for lower airway inflammation (e.g. lymphocytic plasmocytic, eosinophilic, allergic).





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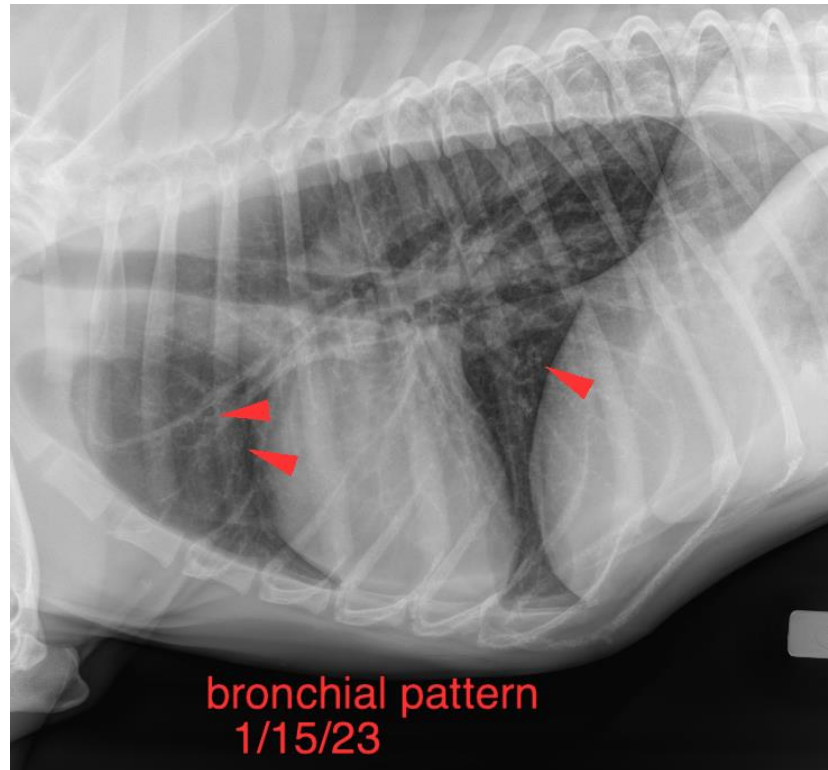
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com