



**PATIENT PRESENTING CLINICAL SIGNS**

Buster Thurin  
Friday exam - increased resp effort  
Not eating well

**SPECIES** LAB: BNP 1700, ALT 528, Low SG 1015 - called owner and she said that today he is having a harder time breathing - discussed ECHO.

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

**BREED** Radiographs of the thorax in three imaging planes are provided for review. Radiographs are provided in JPEG file format.

Havanese

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX** The extrathoracic soft tissues present homogeneous without abnormalities.

**MN** The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. The left principal bronchus is deviated dorsally. In the VD view, the cardiac silhouette is elongated, accentuating the left ventricle.

**AGE** 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.

15 Years

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

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

**HOSPITAL NAME** The lung parenchyma presents a diffuse unstructured reticular pattern, accentuated in the ventral aspects of the lung parenchyma, effacing the pulmonary vasculature. There are regions with pulmonary consolidation and air-bronchograms of the ventral dependent aspects of the lung.

SVS Imaging

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

Dr. Gromalak

**RADIOGRAPHIC DIAGNOSIS**

- Significant unstructured interstitial lung pattern with zones of alveolar pattern ventral aspects of the lung
- Left sided cardiomegaly.

**INVOICE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

1-18-23

The severe unstructured interstitial pattern is not specific for a distinct entity and given the acute onset of clinical signs with the findings from the cardiac echo the most likely differential is cardiogenic pulmonary edema (the distribution is unusual for cardiogenic edema, but also a diffuse edema is possible in canine patients. Other potentials include non-cardiogenic edema (e.g. pancreatitis, renal disease), pulmonary hemorrhage, pneumonia or less likely diffuse neoplastic infiltration (e.g. carcinomatosis). Consider complementing the started empirical therapy by diuretic therapy.



**PATIENT**

Buster Thurin

Depending on the development of the clinical signs under supportive care, follow up radiographs can be used to check if the pulmonary pattern is progressive/regressive.

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

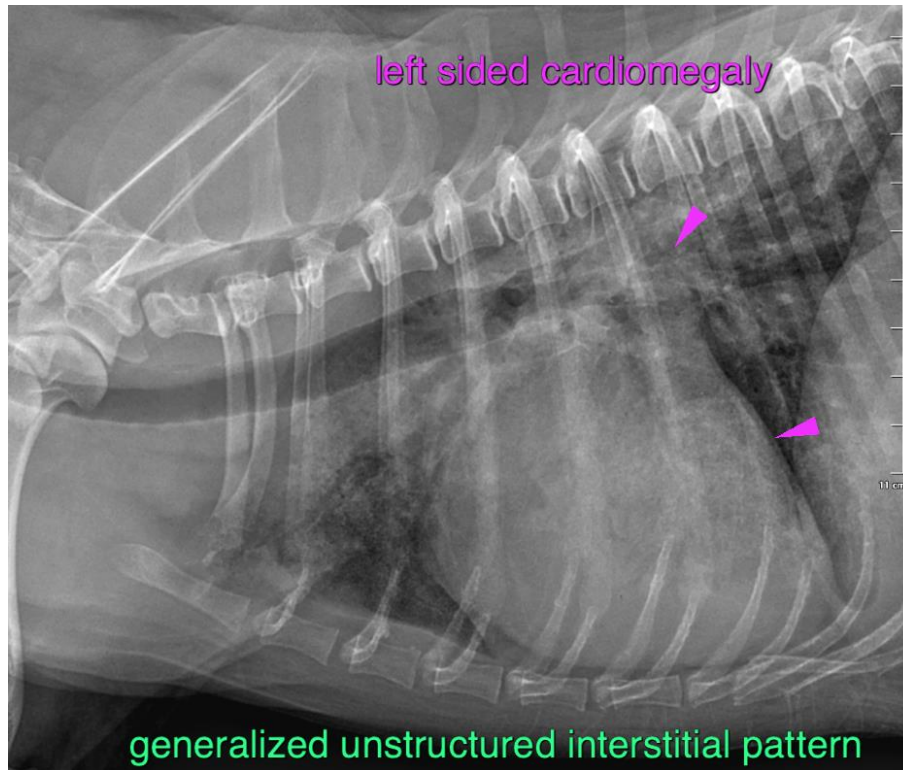
MN

**AGE**

15 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI



**HOSPITAL NAME**

SVS Imaging

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.

**REFERRING VET**

Dr. Gromalak

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.

**INVOICE**

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

**DATE**

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