



PATIENT PRESENTING CLINICAL SIGNS

Blacko Salgado
SPECIES Canine
 History: The patient presented for the history of chronic cough for the past 6 months. Diagnosed with Pulmonary fibrosis. The patient has been on prednisone without improvement. The last treatment patient was started on Theophylline 300mg BID. Owners are concerned about excessive panting, abdominal breathing even at rest. Owners are also concerned about PU/PD despite not on prednisone No murmur noted upon auscultation. No Crackles nor marked wheezing noted. TRachealpalpation only elicited a mild cough.

BREED Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/UA/T4 wnl

Mixed RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

SEX RADIOGRAPHIC FINDINGS

Male
 Multifocal moderate spondylosis formation is seen along the thoracic spine. The costal cartilages present moderate degenerative changes. The periarticular bones of both shoulder joints present moderate osteophyte new bone formation.

AGE

11 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
 In the right lateral projection, dorsal to the third sternebra, an ovoid shaped, uniform soft tissue opaque structures is appreciated, measuring approximately 2 intercostal spaces in length and on intercostal space in height.

HOSPITAL NAME

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

Generalized mild to moderate thickening of the bronchial walls is seen.

REFERRING VET

Dr. M. Biello
 The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

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RADIOGRAPHIC DIAGNOSIS

- Suspect small cranioventral mediastinal soft tissue mass
- Bronchial lung pattern

DATE

1/27/23



PATIENT

Blacko Salgado

- Degenerative osteoarthritis shoulder joints bilaterally
- Moderate degenerative changes costal cartilages
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The ovoidal soft tissue opacity appreciated on the right lateral view, is concerning for a small cranioventral mediastinal mass – such as lymphadenopathy sternal lymph node (reactive hyperplasia versus neoplastic infiltration – check also the abdomen as the sternal lymph node is draining parts of the cranial abdomen), neoplasia (e.g. thymus, ectopic thyroid carcinoma), mediastinal cyst. Ultrasound can be tried to visualize the nodule and will allow FNA sampling. A CT study of the thorax can be considered as advanced imaging modality as well.

BREED

Mixed

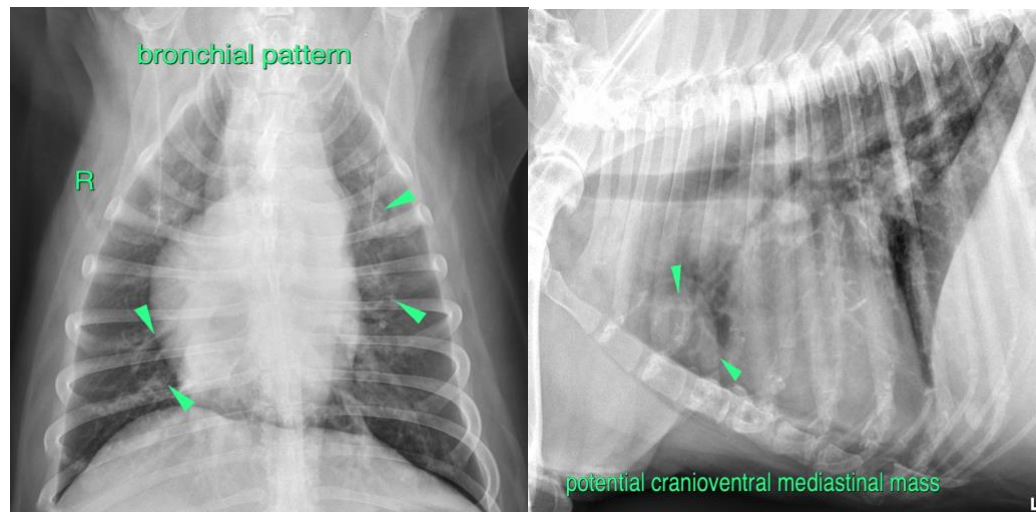
The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. The chronicity of clinical signs, is increasing the odds for primary inflammatory non-infectious origin of bronchitis – but would have expected improvement on prednisone. Theoretically bronchial carcinoma can present with a bronchial pattern as well. Bronchoscopy including BAL can be used as advanced diagnostic tool.

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DVM Dr. med. vet.
DipECVDI

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REFERRING VET

Dr. M. Biello

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.

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

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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.



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