



PATIENT

Brody Perkins

PRESENTING CLINICAL SIGNS

Owners report a chronic dry honking cough that is worse when barking/excited since having a hepatocellular carcinoma removed in December 2021. Patient is anesthetized and had been under anesthesia approximately 30 minutes prior to films being taken. No heart murmur, crackles or wheezes noted.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

West Highland Terrier

RADIOGRAPHIC FINDINGS

Multifocal spondylosis formation is seen along the thoracic spine.

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.

SEX

MN

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.

AGE

7 Years

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

There is moderate peribronchial cuffing and a moderate unstructured reticular pattern of the lung parenchyma is appreciated, most accentuated in the peribronchial region. In the VD view, the pulmonary arteries of the caudal lung lobes are prominent and present a mild undulating course.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Gentle Doctor Animal Hospital

Multiple surgical metal opaque vascular clips are seen in the cranial abdomen.

RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial lung pattern
- Prominent pulmonary arteries
- Spondylosis deformans

REFERRING VET

Dr. Rotthaus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The broncho-interstitial lung pattern is suggestive for broncho-pneumonitis, given the accompanying prominent pulmonary arteries parasitic infections such as Dirofilariosis or Angiostrongylus infection needs to be ruled out by testing for potential heart worm infection, following the guidelines of the "American Heartworm Society" <https://www.heartwormsociety.org>. Other potentials include inflammatory non-infectious bronchopneumopathy (e.g. eosinophilic) or due to the chronicity of clinical less likely primary viral or bacterial infection.

INVOICE

54568

DATE

10-11-22

Accompanying idiopathic pulmonary fibrosis is a potential but does not explain the bronchial component of the pulmonary pattern and would expect typical auscultatory findings.



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Bronchoscopy including BAL can be considered as advanced diagnostic tool if parasitic testing is negative.

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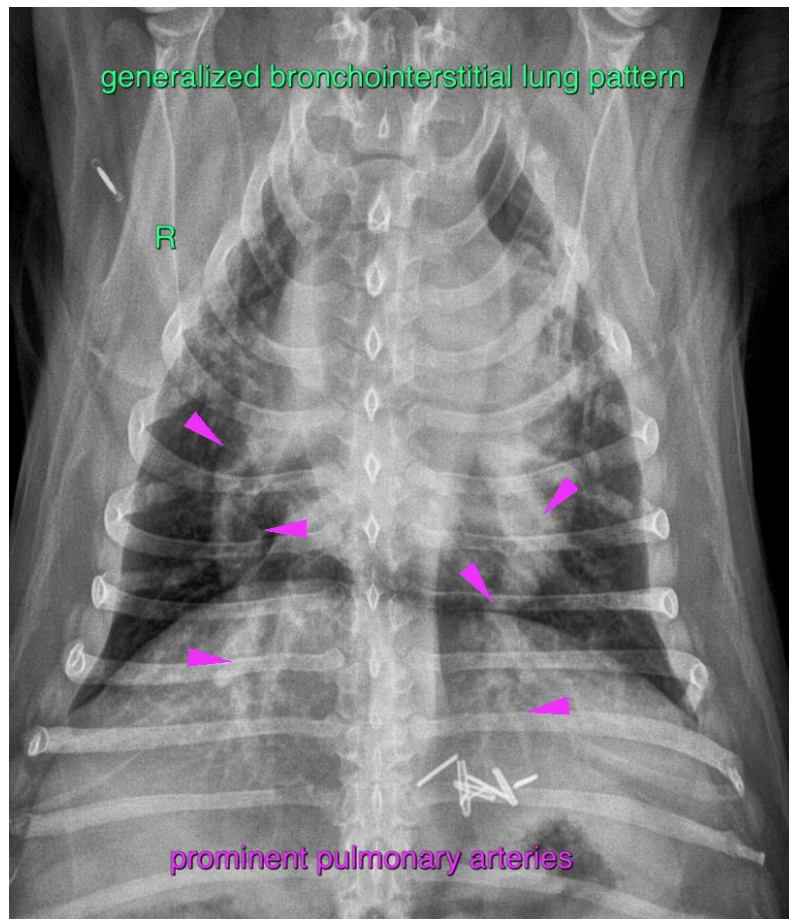
7 Years

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HOSPITAL NAME

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Hospital



REFERRING VET

Dr. Rotthaus

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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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

DATE

10-11-22