



PATIENT

Lucky Nalbandyan

PRESENTING CLINICAL SIGNS

P has a history of allergies and was seen last week for this (derm related) and anal gland expression. Recent bloodwork (~14 days) was unremarkable. O noted increased respiratory effort over the last 24-48 hours.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mild hindlimb atrophy Wet/productive cough w/ abdominal component Cough elicited on tracheal palpation Mild muffled lung sounds Cardiac sounds are WNL Anal gland sacculitis likely

BREED

Bichon Frise

RADIOGRAPHIC STUDY OF THE THORAX

Radiographic study of the thorax in three imaging planes

SEX

Female Spayed

The surrounding bony structures are within normal limits.

AGE

12

In the subcutaneous tissue at the ventral thoracic wall, an ovoid shaped soft tissue opaque mass is visible, measuring 2.2 cm in size.

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

Boca Park Animal Hospital

The ventral dependent aspects of the right middle lung lobe and caudal part of the left cranial lung lobe present a cloudy soft tissue opacification with air-bronchograms. The cranial lung lobes present a coalescing patchy soft tissue opacification.

Generalized mild peribronchial cuffing is noted.

REFERRING VET

Tifanie Silver

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

RADIOGRAPHIC DIAGNOSIS

- Ventrally distributed alveolar lung pattern
- Subcutaneous soft tissue mass ventral thoracic wall

INVOICE

48094

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

10-28-21

The radiographic changes are compatible with active bacterial bronchopneumonia. Theoretically pulmonary hemorrhage or less likely neoplasia are considerations as well. If not done so yet, repeating blood work is recommended to screen for inflammatory changes – such as leukocytosis, increased crp.



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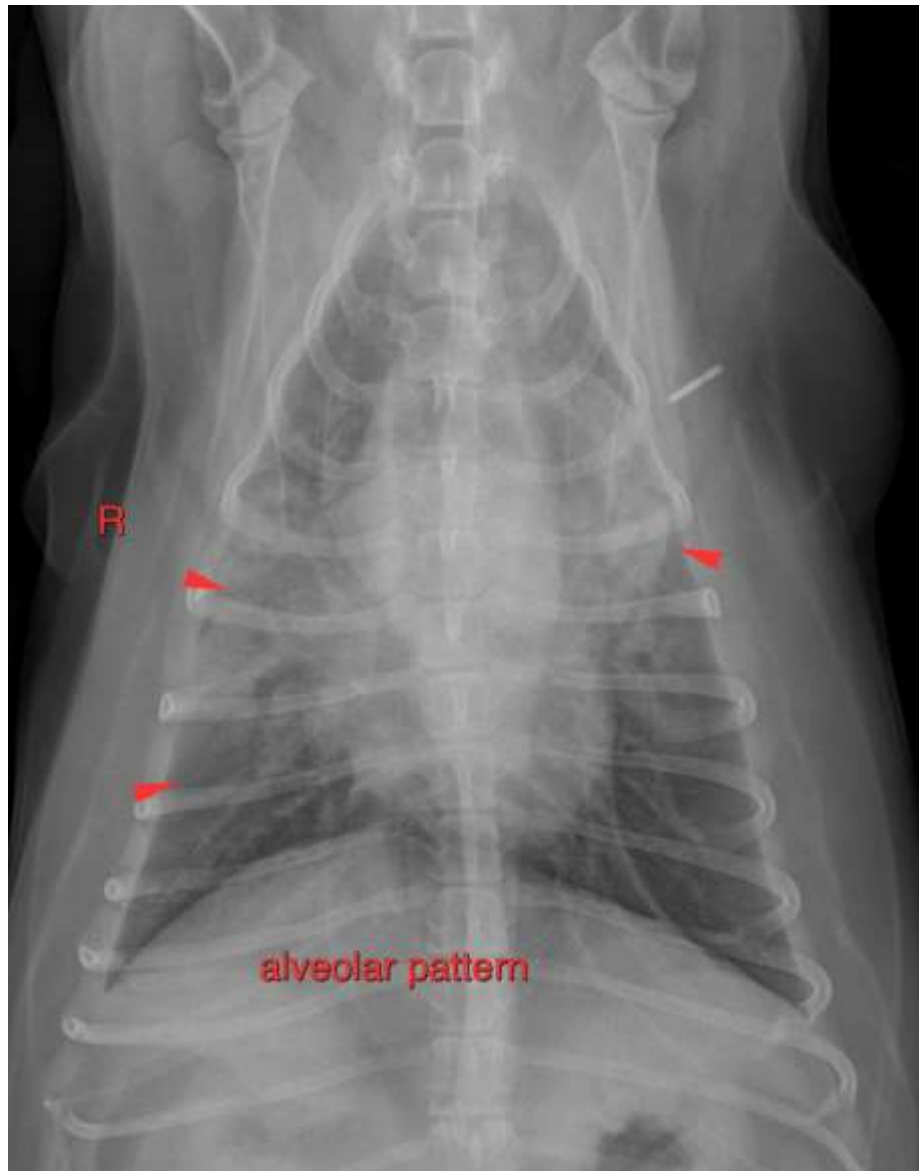
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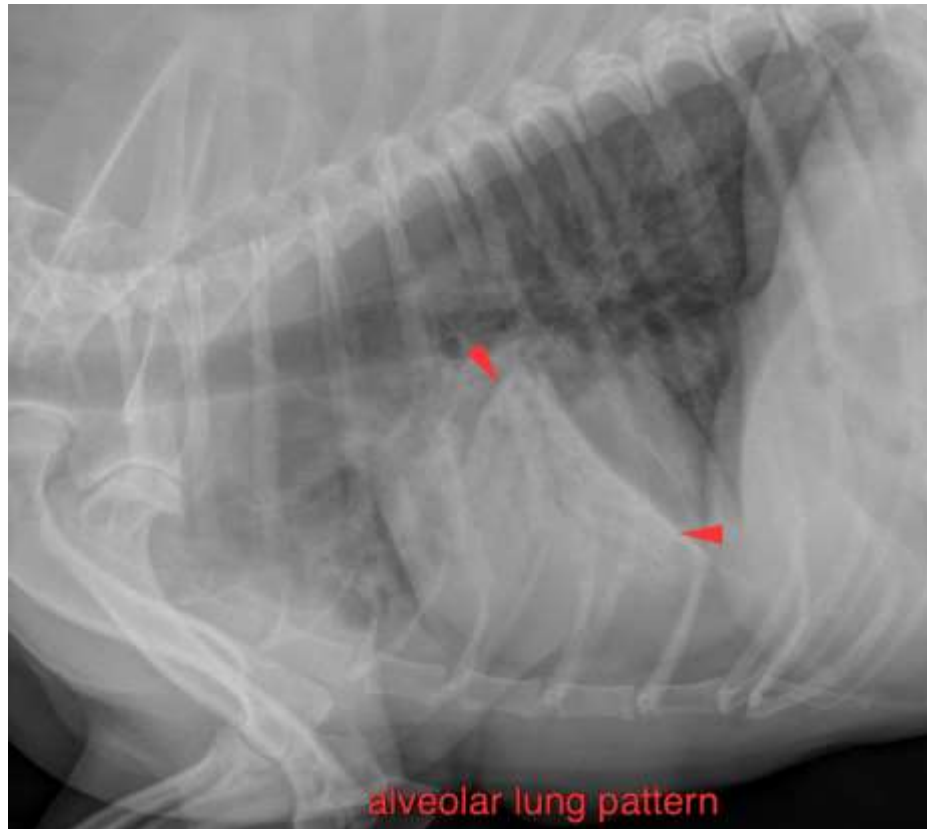
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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