



**PATIENT PRESENTING CLINICAL SIGNS**

Rudy Bortitzke 9/9/22 Rudy presented in the office today for check cough (no exposure to kenneling or dog parks) T-101.7F P-100 R-Panting BCS 7/9 CV-no murmur/arrhyth, Rep-clear lungs bilat, no crackles/wheezes, no inducible cough, no nasal disch; abd-soft and non painful. Hacking cough with gag (white phlegm) DDX: kennel cough vs other infectious TB, pneumonia, collapsing trachea, FB, other. Bord vaccine is UTD. Owner elected supportive care and monitor at home. RX: Temerl P 5mg: 3 tabs po BID x4 days, then 3 tabs po SID until gone. 9/14/22; recheck cough / green discharge from nose and breathing seems to be "off" Temp: 103.4 F PE: heart and lungs clear but increased respiration rate and effort. NECK EXTENDED but palpation WNL. SMLN NSF, neck movement guarded but not overtly painful good ROM for head and neck. Survey XRAY: Chest shows increase bronchiole pattern in hyler region with some nodular infiltrates seen on VD. RX: rimadlyl 100mg 1/2 tab BID x10 days, Clavamox 625mg: 1/2 tab BID x 10 days  
**SPECIES** Canine  
**BREED** Shep. Mix  
**SEX** MN  
 Abnormal PE/Chem/CBC/UA Results: CBC: Low Platelets 130 (143-448), rest WNL CHEM: Low BUN 8 (9-31) Low Chloride 107 (108-119) High AG 28 (11-26) all mild changes T4: Low 0.5 (1.0-4.0) Low platelets mild, secondary to previous (+) Anaplasma (9/9/22) owner elected to monitor vs prophylactically treating with Doxy. \*\*\*5/12/21 Lyme + and treated with Doxycycline \*\*6/22/22 Lyme + and treated with Doxycycline C6 titers: 5/17/21: 69 11/4/21: 33

**RADIOGRAPHIC STUDY OF THE THORAX**

**AGE** Radiographs of the thorax in three imaging planes are provided for review, images are dated 9/14/22.

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**RADIOGRAPHIC FINDINGS**

The periarticular bones of the right shoulder joint present moderate osteophyte new bone formation.

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.

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.

There is an increased visibility of the bronchial pattern.

The ventral aspects of the lung of right middle lung lobe and the caudal part of the left cranial lung lobe present a cloudy soft tissue opacification with air-bronchograms. The volume of the lung is maintained normal.

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

**HOSPITAL NAME**

Summit Animal Clinic

**REFERRING VET**

David Texeira

**INVOICE**

54508

**DATE**

10-3-22

**RADIOGRAPHIC DIAGNOSIS**

- Ventrally distributed alveolar pattern right middle lung lobe & left cranial lung lobe & bronchial component
- Degenerative osteoarthritis right shoulder joint



**PATIENT**

Rudy Bortitzke

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ventrally distributed alveolar pattern of the lung is compatible with pneumonia, theoretically pulmonary hemorrhage is a potential.

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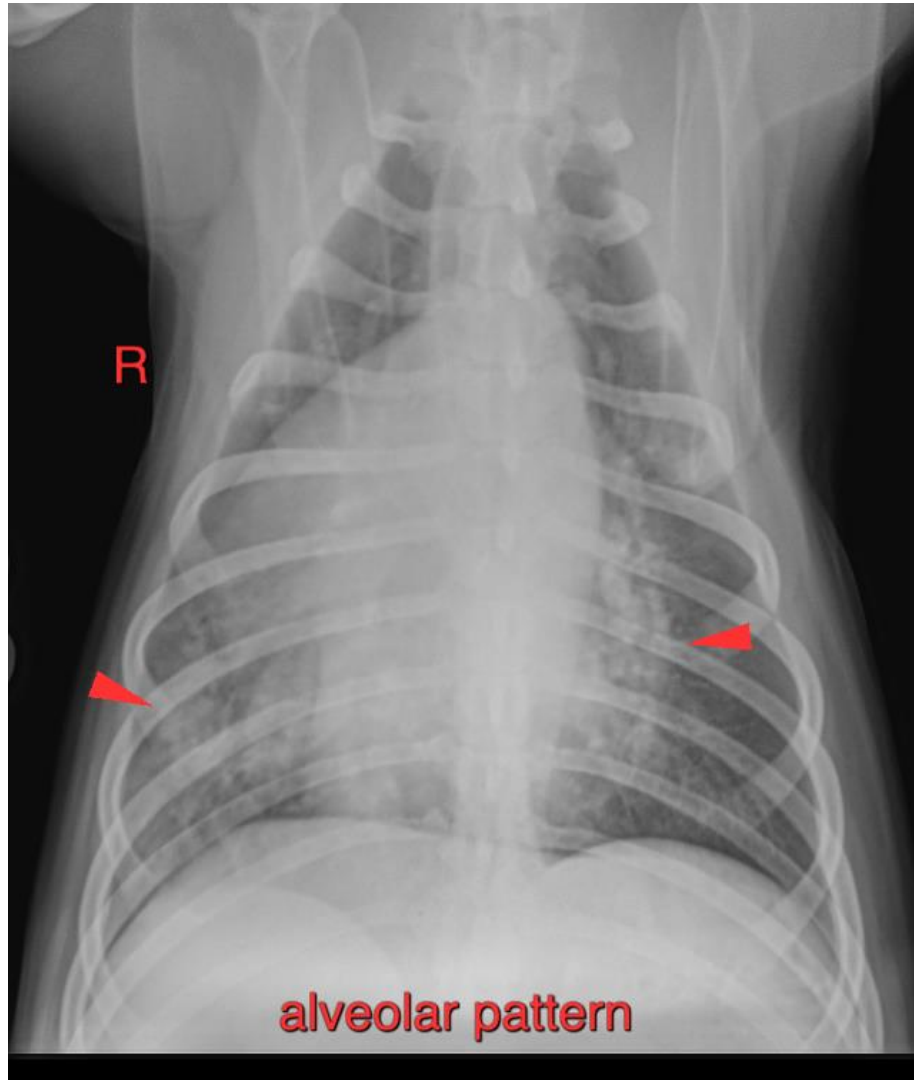
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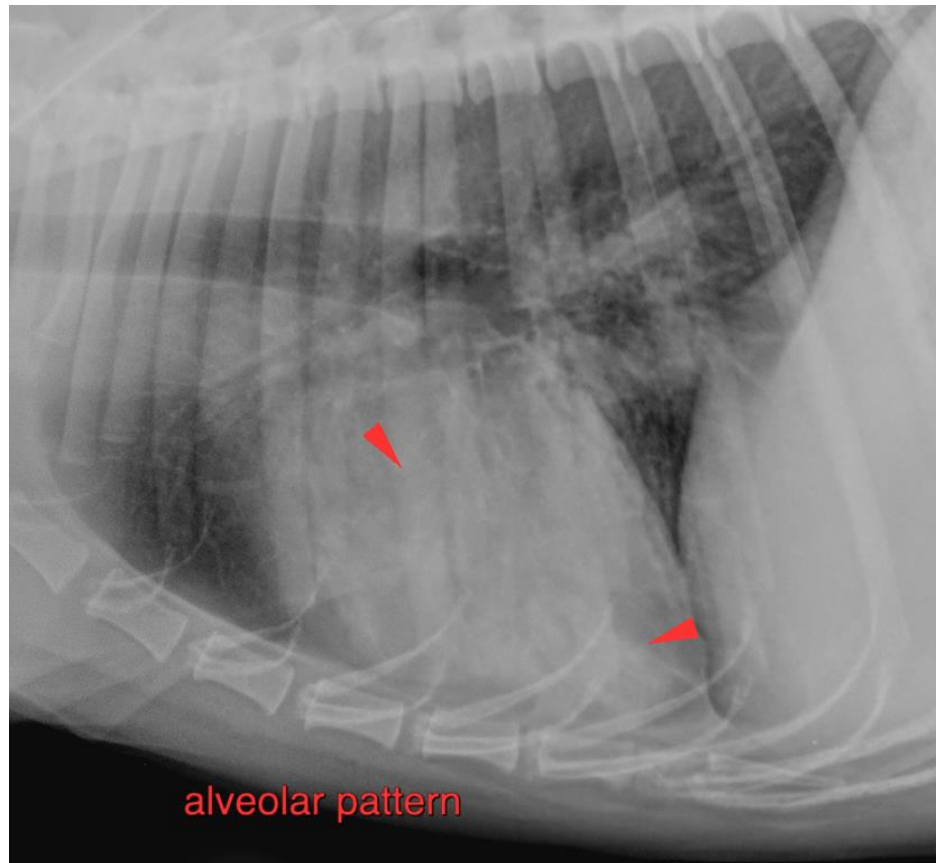
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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