



**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  
 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

**SPECIES**

Canine

**BREED**

Shep. Mix

**SEX**

MN

**AGE**

8 Years

**RADIOGRAPHIC STUDY OF THE THORAX**

Radiographs of the thorax in three imaging planes are provided for review. Radiographs are dated 9/30/22

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**RADIOGRAPHIC FINDINGS**

In comparison to the preceding radiographic study, the ventral alveolar pattern is significantly regressive with a residual alveolar pattern of the ventral aspect of the caudal part of the left cranial lung lobe and right middle lung lobe.

No additional findings.

**HOSPITAL NAME**

Summit Animal Clinic

**RADIOGRAPHIC DIAGNOSIS**

- Regressive alveolar pattern right middle and left cranial lung lobe
- Bronchial lung pattern

**REFERRING VET**

David Teixeira

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The follow up study of the thorax presents regression of the alveolar pattern, with still visible alveolar pattern of the most ventral aspects of the right middle and left cranial lung lobe. Depending on the development of clinical signs, blood work can be used to check for inflammatory changes ± follow up radiographs.

**INVOICE**

54509

**DATE**

10-4-22



**PATIENT**

Rudy Bortitzke

**SPECIES**

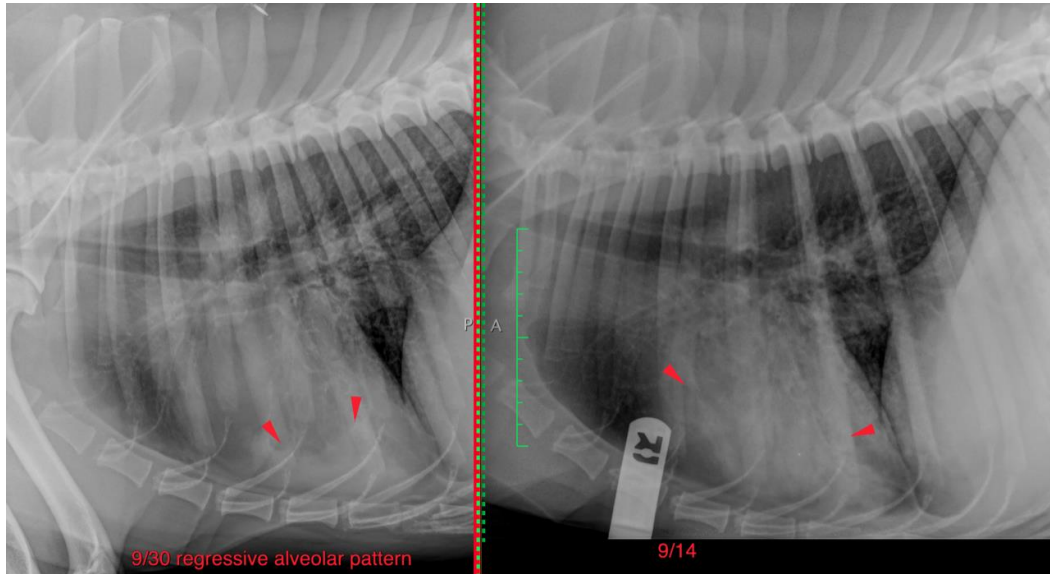
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**HOSPITAL NAME**

Summit Animal Clinic

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

**REFERRING VET**

David Texeira

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