



PATIENT

Gunnar Boyd

SPECIES

Canine

BREED

Bull Dog

SEX

Neutered Male

AGE

10 Months

WEIGHT

50

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Russ Lapierre

HOSPITAL NAME

Blandford Animal
Hospital

REFERRING VET

Dr. Russ Lapierre

INVOICE

12031

DATE

11/01/25

PRESENTING CLINICAL SIGNS

Normal last night, this AM started vomiting foam with bile. Ate some of his breakfast then V+ ~ 1 hour later. Breathing was deep and heavy looking distressed. At time of appointment is more comfortable than earlier.

Abnormal PE/Chem/CBC/UA Results: Deep regular breaths ~ 40 per minute sl to moderate harsh overall, not quite appropriate to breathing pattern.

RADIOGRAPHIC STUDIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

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 esophagus is moderately distended by gas.

The trachea presents the anticipated course. The tracheal diameter is decreased and the tracheal to thoracic inlet ratio is 0.07 (normal >0.16) The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The ventral dependent aspects of the lung present a diffuse ground glass opacity, L>>R.

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
- Significant tracheal hypoplasia
- Megaesophagus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ventrally distributed alveolar pattern in combination with the presenting clinical signs is highly suggestive for pneumonia. In combination with the tracheal hypoplasia, non-cardiogenic post obstructive pulmonary edema is a potential as well. The odds for pulmonary hemorrhage are low.

The appreciated megaesophagus can be a transient finding along with aerophagia or present 'real' megaesophagus (e.g. esophagitis due to brachycephalic obstructive airway syndrome).



PATIENT

Gunnar Boyd

SPECIES

Canine

BREED

Bull Dog

SEX

Neutered Male

AGE

10 Months

WEIGHT

50

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Russ Lapierre

HOSPITAL NAME

Blandford Animal
Hospital

REFERRING VET

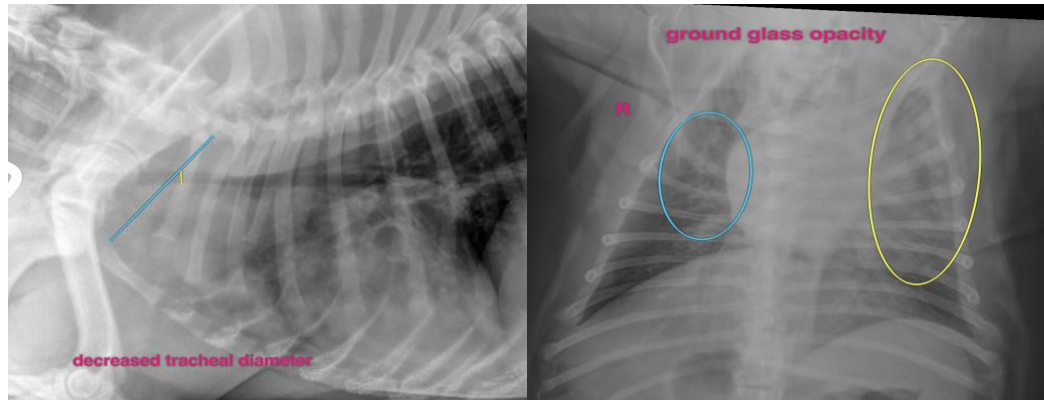
Dr. Russ Lapierre

INVOICE

12031

DATE

11/01/25



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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com