



**PATIENT**

Shmoopy Gresham

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Female Spayed

**AGE**

9 Years, 3 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Northvale Veterinary  
Clinic

**REFERRING VET**

Dr. Stefanie Simon

**INVOICE**

54961

**DATE**

11-2-22

**PRESENTING CLINICAL SIGNS**

Mammary carcinoma, grade 1 (low/well-differentiated). Mitotic count 13/10 hpf, 85% tubule formation, mild nuclear pleomorphism, marginally and completely excised, NO angiolymphatic invasion. Excessive panting but otherwise no coughing or exercise intolerance noted. E/D/U/D fine and no V/D/C/S. BAR, is active, and no lethargy noted.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 WNL, Hx of HWD but current HWT NEG, (4DX/FECAL NEG). PE WNL; NO ENLARGED PERIPHERAL LYMPH NODES.

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

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.

Mild to moderate increase visibility of the bronchial walls is appreciated.

The lung parenchyma presents the expected architecture and generalized increased radiopacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

**RADIOGRAPHIC DIAGNOSIS**

- Obesity
- Bronchial pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bronchial pattern can indicate (sub)clinical bronchitis and non-infectious cause appears most likely (e.g. allergic, lymphocytic plasmocytic, eosinophilic, mixed). The clinical relevance of the finding is unclear.

There is no evidence of pulmonary metastatic disease.



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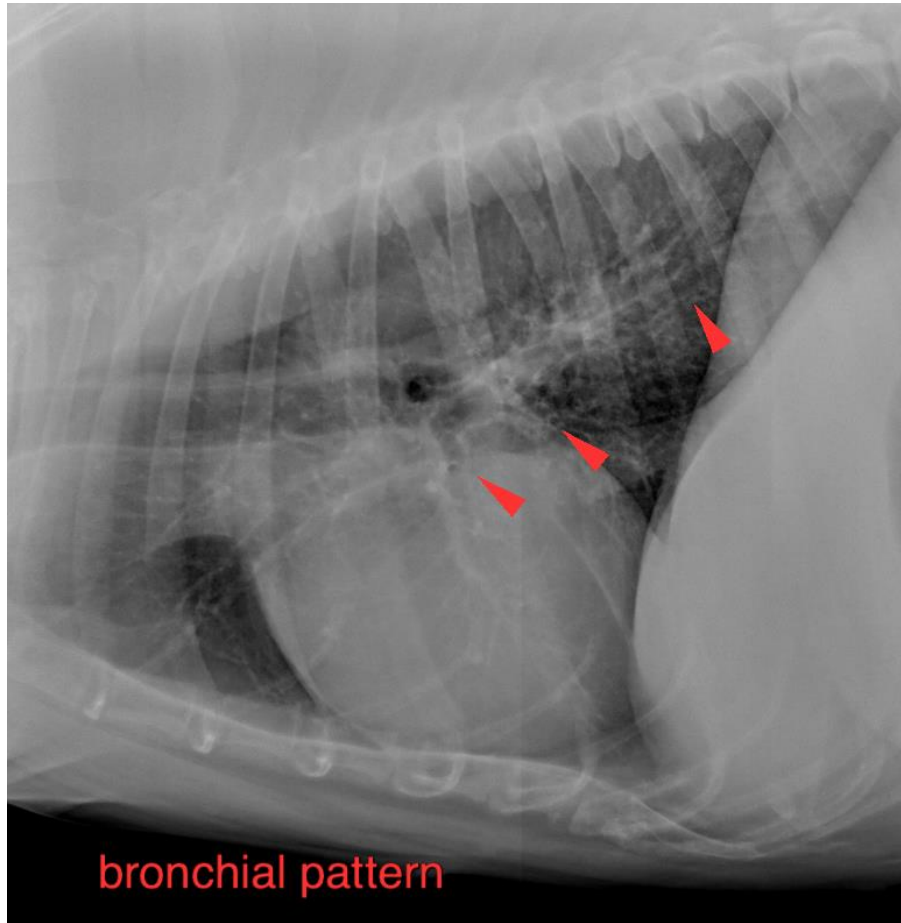
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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