



PATIENT

Otis Greene

SPECIES

Canine

BREED

Bull Terrier X

SEX

Male Neutered

AGE

4Y

WEIGHT

30.5kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

AS/MAG

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Michael Geist

INVOICE

73046

DATE

12-18-25

PRESENTING CLINICAL SIGNS

Visited an emergency clinic approximately 10 days prior for the presenting complaint. A cageside ultrasound was performed and was reportedly unremarkable. The owner reports a persistent, non-productive, 'throat-clearing' cough that has been present for over 10 days. The cough is reported to be stable in frequency and intensity. It occurs most often in the morning after rising from a stationary position and is not exacerbated by excitement. Lifestyle Risk Factors: Has occasional contact with other dogs.

Abnormal PE/Chem/CBC/UA Results: Radiographs (Chest): A mild to moderate diffuse bronchointerstitial pattern is noted.

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three 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 trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

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

The lung field is extending up to the level of T10 indicative for expiration, accentuating a generalized unstructured reticular pattern. The lung parenchyma presents the expected architecture; 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

- Generalized unstructured interstitial lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unstructured interstitial pattern is a sequela to expiration, and I consider the odds for 'real' interstitial pattern low; non-specific differentials would include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), (neoplasia). If clinical signs exacerbate, recommend follow up radiographs of the thorax.



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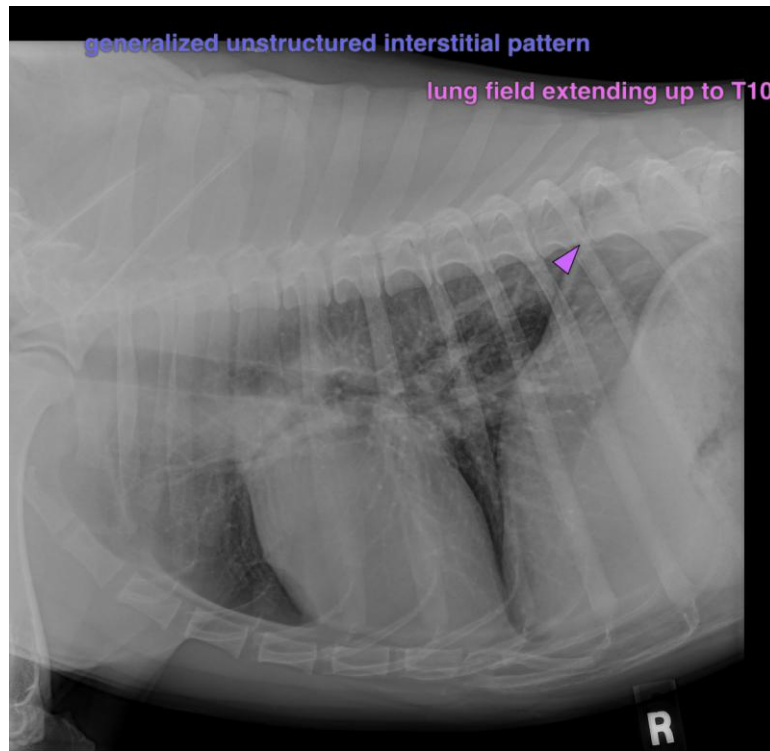
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com