



PATIENT

Oreo SFAC

SPECIES

Canine

BREED

Mix

SEX

Spayed

AGE

2

WEIGHT

39

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Tech

HOSPITAL NAME

Saint Frances Animal
Center

REFERRING VET

Rachel O'Sullivan
DVM, MA

INVOICE

72826

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Shleter dog - femoral fracture- respiratory complication when spayed - nasal discharge - not responding to current meds. Please see below

Abnormal PE/Chem/CBC/UA Results: Shelter dog 2yo F Mix- intake suspect R ear Fx, purulent nasal discharge - suspect mycoplasma- Rx Doxy, HW- NEG. 11/24 sedated for rads R rear - femoral fx conformed- proceed to spay- p decompensated acutely bradycardic with declining SpO2. atropine responsive, manual ventilation. Thoracic radiographs- cardiomegaly R Atrial and ventricular enlargement with pulmonary edema and R middle lobe bronchoalveolar pattern- clear discharge ETT extubation, post op ausculted I/VI heart murmur, not appreciated preop. Rx Baytril, lasix CW doxy x 1 week. Not much improvement - start 0.5mg/kg pred taper - D/C after 3 days 4Dx- NEG - p mild, cyanotic with activity. 12/1 sedate for repeat thoracic rads and TTW- C+S, cytology pending.

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.

In the lateral view the heart has an increased sternal contact, and in the VD view, the heart has a reverse D-shape.

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.

In the VD view, the right middle lung lobe has a ground glass opacity – likely of the ventral dependent aspects. The caudodorsal aspects of the lung present a mild to moderate ground glass opacity

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

RADIOGRAPHIC DIAGNOSIS

- Right sided cardiomegaly without signs of decompensation
- Suspect alveolar pattern ventral aspect right middle lung lobe
- Mild to moderate unstructured interstitial pattern caudodorsal aspects of the lung

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized right cardiac enlargement can be a sequela to tricuspid insufficiency, atrial septal defect, pulmonic stenosis, pulmonary hypertension (e.g. Dirofilaria, pulmonary thromboembolism, chronic lung pathology/fibrosis), (neoplasia). Unfortunately, due to the lack of changes of the pulmonary vasculature, further specification by radiography is not possible and a cardiac echo would be ideal for specification.



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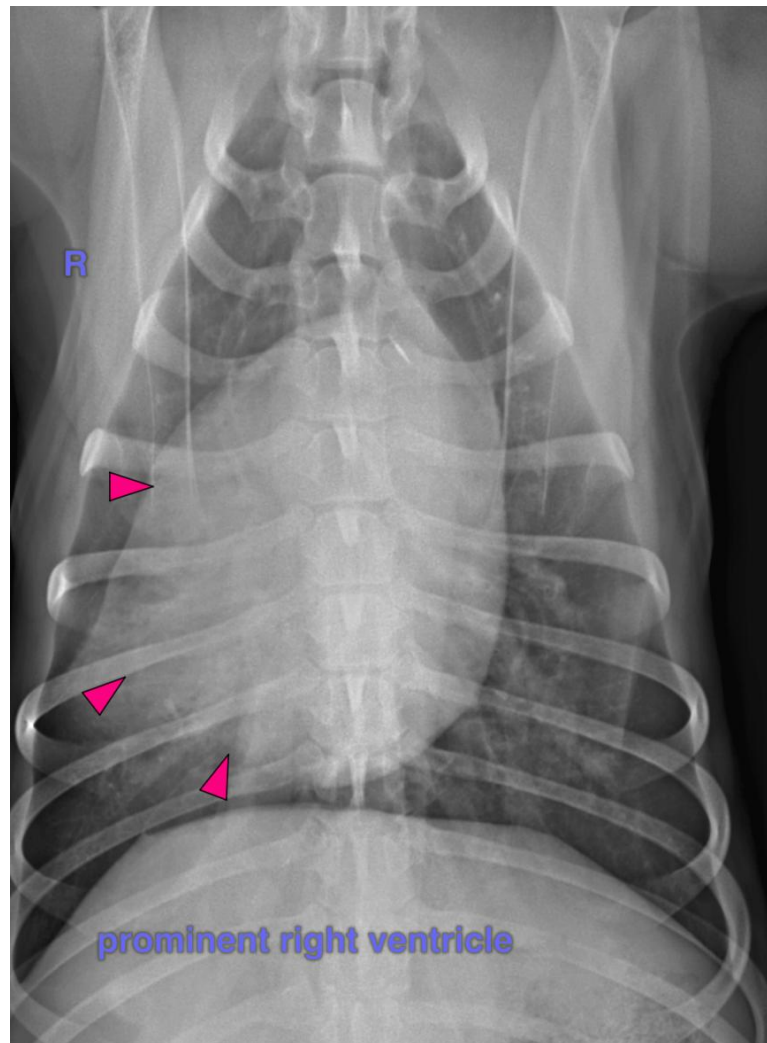
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The unstructured interstitial pattern can be accentuated by expiration. Differentials would include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia.

The supposed alveolar pattern of the right middle lung lobe would be most suspicious for pneumonia, anyway as the changes appear to be stationary pulmonary thromboembolism or dystelectasis/atelectasis due to preceding right lateral recumbency are potentials. The odds for neoplastic infiltration are low. A left lateral view can be helpful for specification.





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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.

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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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info@sonopath.com

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