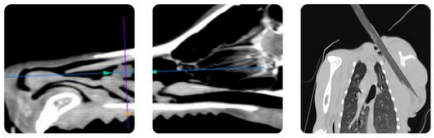

PATIENT

Binky Cooke

SPECIES

Canine

BREED

French Bull Dog

SEX

Intact Female

AGE

10Y

WEIGHT

26

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Russ Lapierre

HOSPITAL NAME

Blandford Animal Hospital

REFERRING VET

Lapierre Russ

INVOICE

73105

DATE

12-23-25

PRESENTING CLINICAL SIGNS

Ongoing cough for 2 weeks. Remains BAR and normothermic
Abnormal PE/Chem/CBC/UA Results: ~ 2 weeks hacking cough, does not bring up bilious fluid. client does not thick is regurgitating or V+. Remains BAR and normothermic, no exercise intolerance.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

Congenital malformation of multiple thoracic vertebra is appreciated. Along the thoracic spine, multifocal spondylosis formation is seen.

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 and is moderately widened by fat.

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

A generalized mild increased visibility of the bronchial walls is appreciated.

Level with the 7th intercostal space, a nodular soft tissue opacity is superimposed on the caudoventral aspect of the left caudoventral aspects of the lung – not appreciated in the VD view.

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

RADIOGRAPHIC DIAGNOSIS

- Mild bronchial lung pattern
- Solitary soft tissue nodule superimposed on left caudoventral lung field
- Congenital malformation of multiple thoracic vertebra
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) are likely. The recent onset of clinical signs, is increasing the odds for infectious origin – such as canine infectious respiratory disease complex. A fecal exam can be used to screen for lung worm infection. Bronchoscopy including BAL would be ideal as advanced diagnostic tool, empirical management can be considered alternatively.

The soft tissue nodule superimposed on the caudoventral left lung field can present a superimposed cutaneous nodule or present a 'real' solitary pulmonary soft tissue nodule – such as granuloma, fibrosis, round pneumonia/mucus impaction or neoplastic origin. Check for any cutaneous nodule in the respective region. A CT study of the thorax can be used to rule in/out pulmonary soft tissue nodule entirely.

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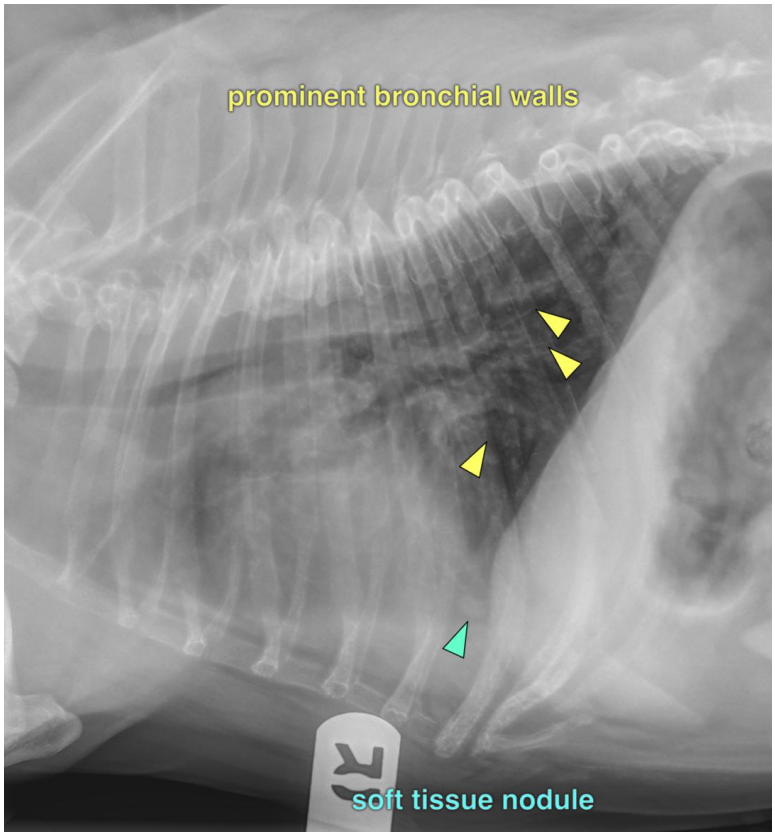
TECHNICAL COMMENTS

Human fingers are seen in the primary beam, please consider radiation safety guidelines!



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