



PATIENT

Aiden Sorensen

PRESENTING CLINICAL SIGNS

Missy stated that they just got Aiden from a lady in Peyton colorado about a week ago. Missy stated that when they first got Aiden she gave him an oinky (RAWHIDE CHEW) and he ate it so quickly and seemed to have a slight cough after that Missy brushed IT off to him eating too quickly. Missy stated that as of today Aiden has yellow discharge coming from his nose and does not want to eat or drink. Missy is unsure if Aiden isn't drinking water because he doesn't feel good or if he's affriad of the bubbles that come from the water dispenser. Missy also mentioned that Aidens urine looks dark but is unsure if that's normal for him. Pink, TACHY, CRT <2 seconds 10% DEHYDRATED based on mucous membranes and skin turgor. No murmur or arrhythmia. UPPER AIRWAY GURLING. DEEP, MOIST COUGH. BILATERAL YELLOW/GREEN NASAL DISCHARGE TRACHEAL IRRITATION WHEN PALPATED. No nasal or ocular discharge. Normal examination. Lethargic. Normal cranial nerve function. Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Male

AGE

2 Years, 11 Month

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 ventral dependent aspects of the right lung lobes present an irregular soft tissue opacification with air-bronchograms.

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

HOSPITAL NAME

Dr Leon Anderson

REFERRING VET

Leon Anderson, DVM

INVOICE

48833

DATE

12-6-21

RADIOGRAPHIC DIAGNOSIS

- Right sided ventrally distributed alveolar lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic changes are compatible with bacterial pneumonia, possibly secondary to aspiration or upper airway disease. Theoretically pulmonary hemorrhage is a potential. The odds for neoplastic disease are very low. Consider empirical management for pneumonia.



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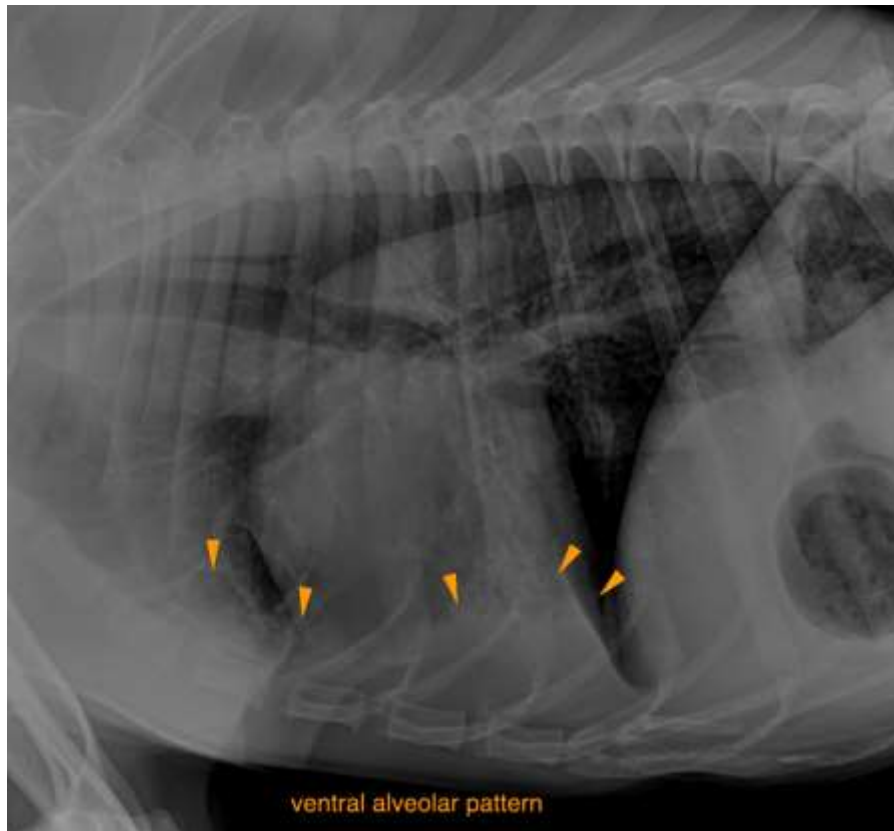
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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