



PATIENT

Rusty Cajigas

SPECIES

Canine

BREED

Mixed

SEX

Male/neuter

AGE

8Y

WEIGHT

63lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dr. Borrero

INVOICE

72890

DATE

12-8-25

PRESENTING CLINICAL SIGNS

Patient is referred for chronic, intermittent coughing persisting for approximately five months. The patient was previously diagnosed with heartworm disease and treated with Immiticide, and is currently negative. The patient is also on medication for hypothyroidism. The patient has been treated with antibiotics and corticosteroids with no improvement, and the cough persists. A thoracic CT is requested to further evaluate for airway disease, residual pulmonary changes related to prior heartworm infection, chronic bronchitis, neoplasia, or other causes of persistent cough.

Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

A high resolution pre- and post-contrast CT study of the neck & thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Moderate mineralization of the epiglottis is appreciated.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The medial aspect of the external ear canal is obliterated by soft tissue material, R>>L. The wall of the external ear canals presents mild shell like mineralization.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The volume of the lung is generalized moderately decreased and the caudodorsal dependent aspects of the lung are consolidated – due to dystelectasis. Generalized moderate thickening of the bronchial walls – accentuated of the caudal lung lobes – is appreciated. Multiple segments of the pulmonary arteries of the caudal lung lobes and right middle lung lobe present central irregular mineralization and appear dilated.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild to moderate bronchial lung pattern – accentuated caudal lung lobes
- Multifocal peripheral pulmonary artery mineralization
- Bilateral mild otitis externa



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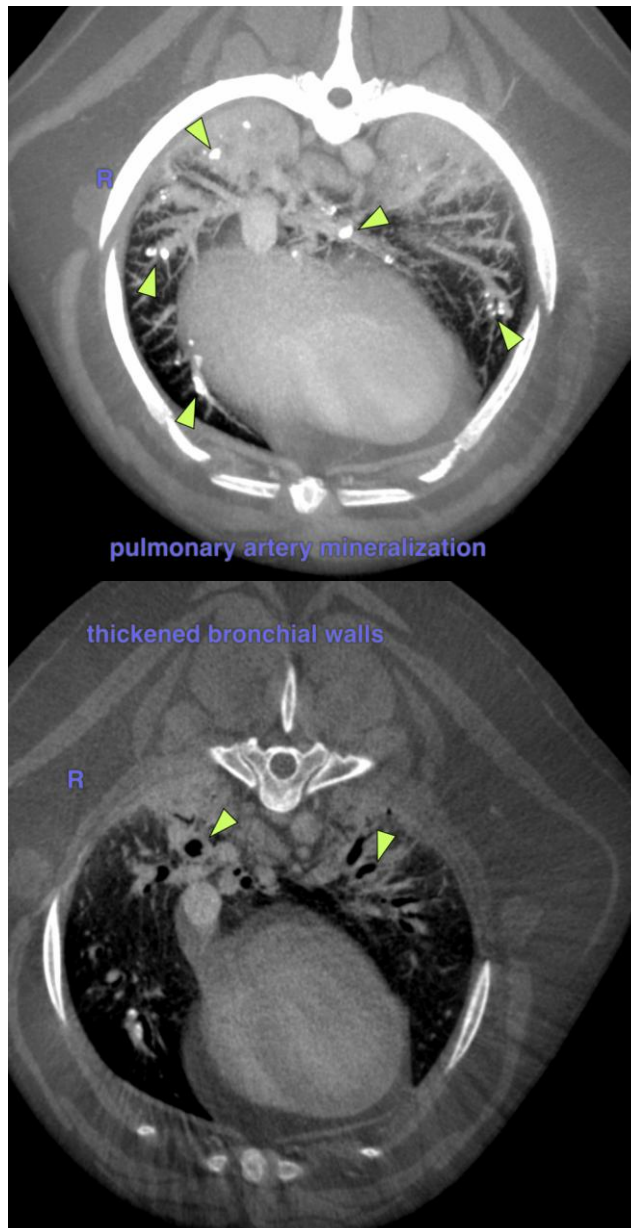
DATE

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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 chronicity of clinical signs, is increasing the odds for primary inflammatory non-infectious origin of bronchitis. Theoretically diffuse neoplastic infiltration of the bronchial walls is a potential as well. A fecal exam can be used to screen for lung worm infection. Bronchoscopy including BAL would be ideal as advanced diagnostic tool as well.

The pulmonary artery mineralization is fitting the history of preceding heartworm infection and present irreversible changes.



pulmonary artery mineralization

thickened bronchial walls



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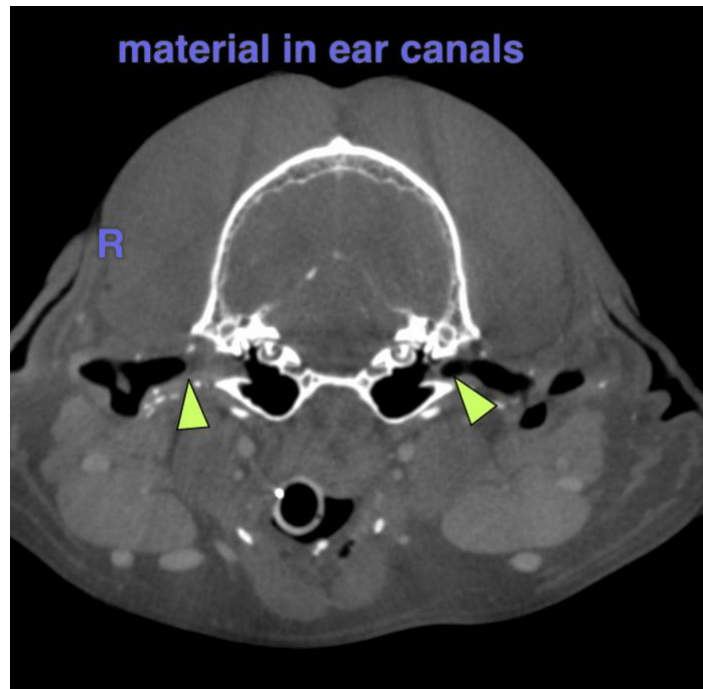
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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