



PATIENT

Rosie Warren

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

12Y

WEIGHT

7lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Brittany Bethel, CVT

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

Dr. Stephanie Daverio

INVOICE

73870

DATE

2-19-26

PRESENTING CLINICAL SIGNS

PE was performed with Rosie in tx area, os in waiting area, as an urgent care visit -- difficulty breathing since yesterday. Os had administered furosemide last night (1/2 of a 12.5 mg tablet) and this may have helped some, but her breathing was still labored this morning. Her tongue color was "dusty" this am. She ate approx half of her dinner last night and refused breakfast this am. She does have cycles of being off food as a usual problem, which seems to respond to time more than any specific treatment (cerenia, ondansetron have been tried, o was not sure if either really worked for Rosie.) Rosie did not receive her morning Vetoryl dose, or any other oral medication this am, since she was not eating -- she is difficult for os to pill. When os used 10 mg furosemide for Rosie, they felt that although it helped the cough/breathing, Rosie had increased and uncontrollable urination on this dose. Rosie's cough has been a chronic feature for several years, no significant improvement with cough tabs (guaifenesin/dextromethorphan) but some improvement on hydrocodone. She did receive hydrocodone yesterday, but the cough/breathing difficulty did not respond.

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The body condition score is 7-8/9.

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.

In the right lateral view, collapse of the principal bronchi is appreciated.

The lung parenchyma presents the expected architecture and generalized ground glass opacity, effacing the peripheral pulmonary vessels; 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

- Obesity
- Unstructured interstitial pattern
- Bronchial collapse

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unstructured interstitial pattern can be accentuated by age related changes of the lung and the nutritional status of the patient. Non-specific differentials would include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia.



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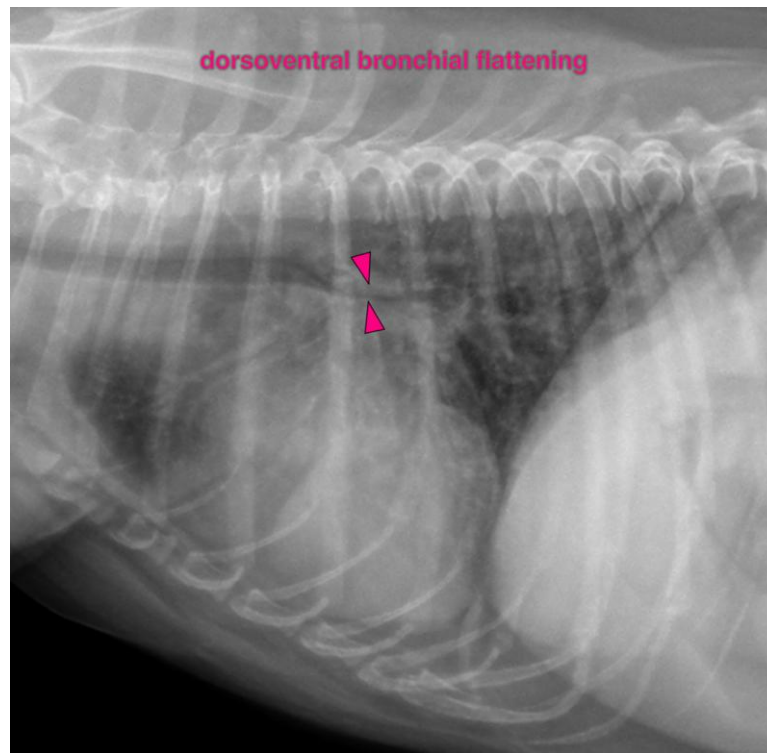
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The clinical relevance of the bronchial collapse for the acute presenting clinical signs is unclear but would be a trigger for cough.

The radiographic study reveals no evidence of cardiogenic pulmonary edema. Workup may be complemented by a cardiac echo to screen for signs of pulmonary thromboembolism.



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. DipECVDDI
info@sonopath.com