



**PATIENT**

Midnight Chavez

**PRESENTING CLINICAL SIGNS**

Midnight presented to the ER service for respiratory distress. He will have difficulty breathing when he runs. Sometimes he has to stop and coughs and sounds like he is choking and has to catch his breath then he recovers. Today he was worse in that he was breathing faster, not able to walk much. Last night he was choking/coughing during the night. Today his neck was up and he wasn't able to lay down and could not put his head down to drink or eat. He ate some this morning but nothing after 11am. He is coughing and it is not productive. His symptoms are similar to when we saw him in July 2021, except now he is having trouble breathing all the time. Owner doesn't think he got any better with the medications we gave in July. She did not follow up with her pDVM or our hosp after the July visit.-- Pred and Clavamox was prescribed in July.

**SPECIES**

Canine

**BREED**

Yorkshire Terrier Mix

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

**SEX**

M

**COMPUTED TOMOGRAPHIC FINDINGS**

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

**AGE**

13 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The right ventricle of heart is prominent. The main pulmonary artery and the pulmonary arteries are prominent.

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

The lung parenchyma presents multiple, randomly distributed, irregular patchy regions of moderate to marked ground glass opacification. There is evidence of alveolar pattern of the left cranial lung lobe with a maintained volume. The reminder of the lung lobes present a mild decreased volume. Multifocal mild peripheral honeycombing of the lung is seen in the periphery.

The tracheobronchial lymph nodes are prominent.

The esophagus is mild to moderately distended by gas.

**REFERRING VET**

Kim Winters

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Randomly distributed zones of marked unstructured interstitial pattern to pulmonary consolidation+
- Ventrally distributed alveolar pattern left cranial lung lobe with maintained volume of the lung
- Mild lymphadenopathy tracheobronchial lymph nodes
- Suspect right heart enlargement and prominent pulmonary arteries.

**INVOICE**

50490

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

2-22-22

The advanced unstructured interstitial lung pattern is highly suggestive for pulmonary fibrosis, possibly due to chronic inflammatory interstitial pneumonitis – infectious, immune mediated or chronic inhalation of allergenic content triggering interstitial lung disease. Theoretically pulmonary carcinoma is a consideration, but this is considered less likely. The acute exacerbation of clinical signs might be a sequela to accompanying pneumonia, explaining the consolidation of



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the left cranial lung lobe. If not done so yet, recommend complementing workup by complete blood work to screen to inflammatory changes. Bronchoscopy including BAL can be performed as advanced diagnostic test as well.

Suspect secondary reactive hyperplasia of the regional lymph nodes.

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The enlargement of the right ventricle of the heart and pulmonary arteries is concerning for secondary pulmonary hypertension with 'cor-pulmonale'. A cardiac echo can be used to confirm pulmonary hypertension.

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The interstitial changes of the lung are likely irreversible, and the long term prognosis is guarded.

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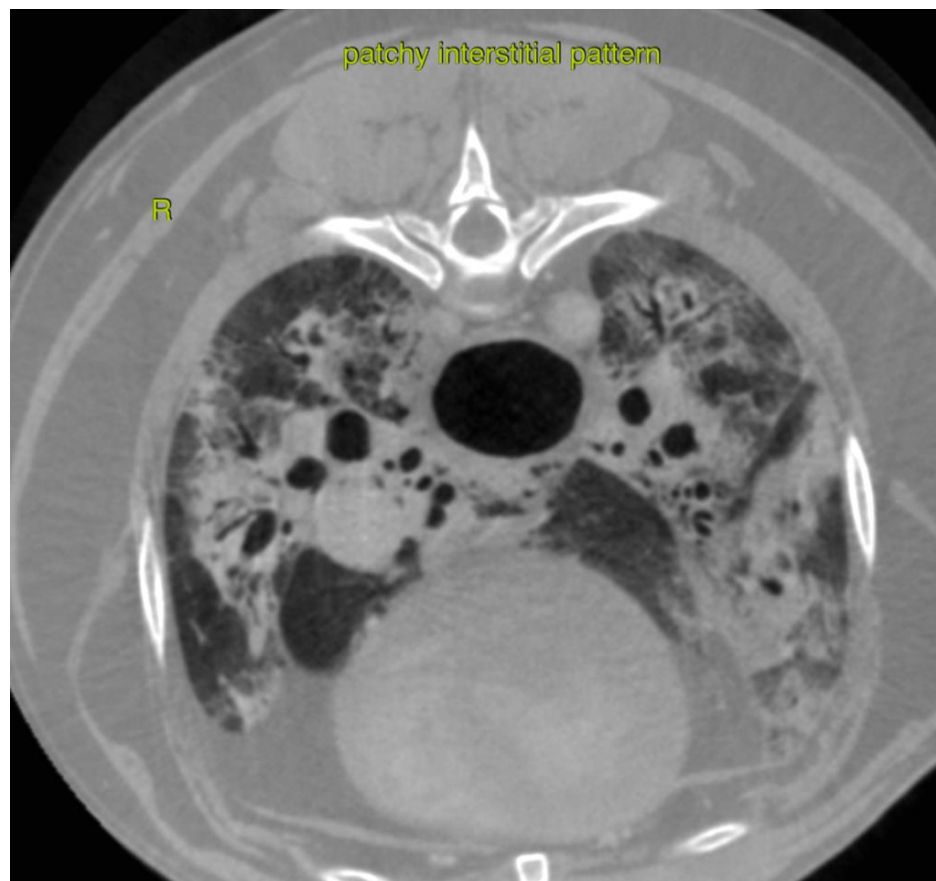
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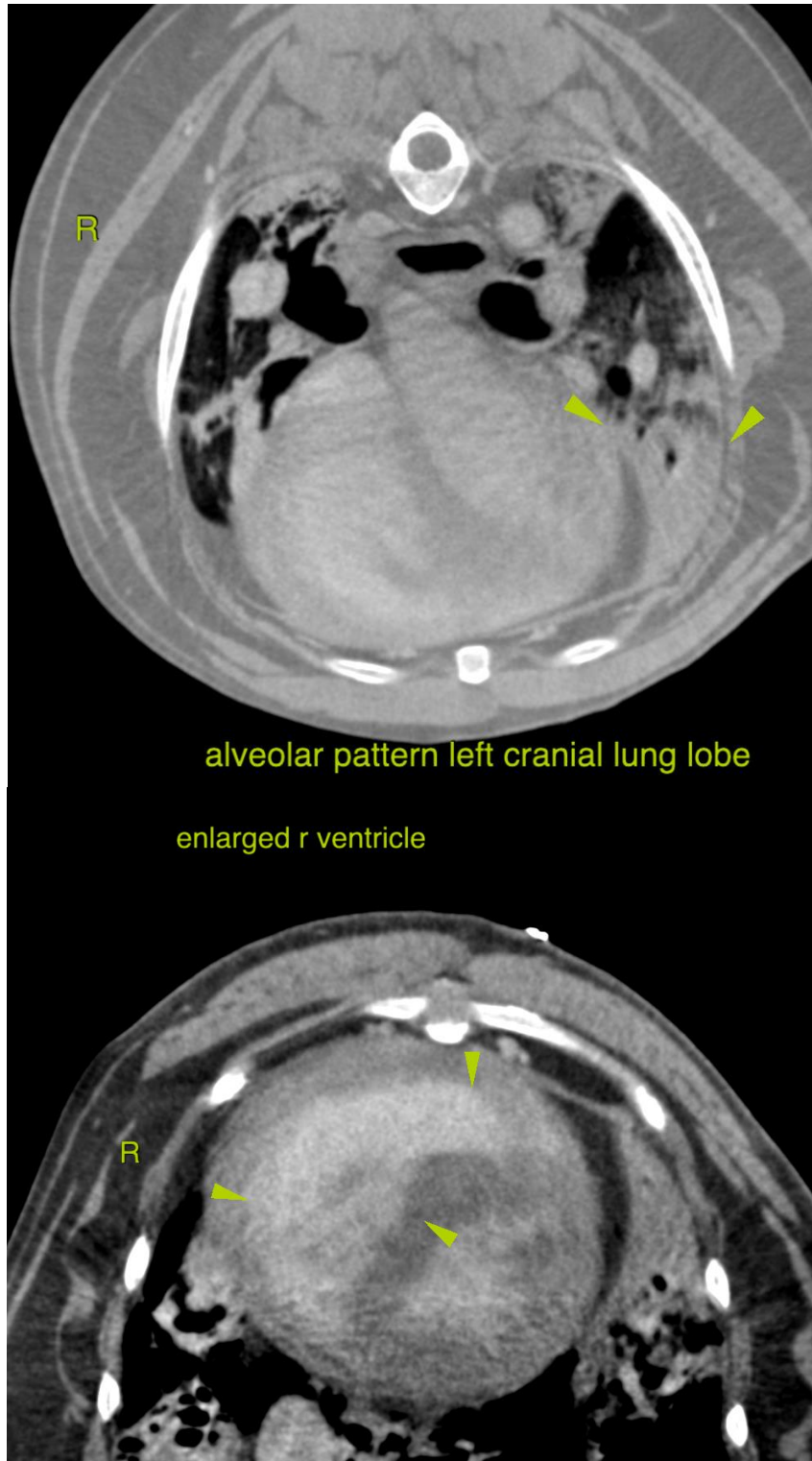
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alveolar pattern left cranial lung lobe

enlarged r ventricle



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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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Canine

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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Yorkshire Terrier Mix

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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