

PATIENT

Perla Condrea

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

11Y, 3M

WEIGHT

48.9

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

73979

DATE

2-26-26

PRESENTING CLINICAL SIGNS

- Perla Clinical was presented with coughing for the last 2 months (P had a similar symptoms 9 months ago). On Physical Exam the auscultation of the lungs reveals crackling and less activity. T (102.6F/39.2C), P (124), RR (60). Bloodwork (2/13/26) showed WBC 39.99 K/L (5.05-16.76), Neutrophils 23.15K/L (2.95-11.64), Lymphocytes 10.34 K/L (1.05-5.1), Monocytes 6.25K/L (0.16-1.12), MPV 13.6 fL (8.7-13.2), Globulin 7.2 g/dL (2.5-4.5), Total Protein 9.8g/dL (5.2-8.2)). Respiratory PCR was negative. Radiology report (2/13/26) concluded that this patient has marked progressive consolidation involving the left cranial lung lobe during with concurrent alveolar disease of multiple additional lung lobes. The chronic cough could be related to chronic bronchiectasis with secondary pneumonia given the alveolar disease seen on this exam and the patient's history, however given the multiple irregular gas bubbles associated with the left cranial lung lobe, a lung lobe abscess or lung lobe torsion cannot be ruled out. There is a biliary tract mineralization. This may represent chronic cholangiohepatitis. Therapy was given (Zeniquin 100mg 1 tablet SID, Cough tabs 1 tablet TID, Hydrocodone 5mls BID and Nebulizations) but after that cough returned. CT was requested to detect severe bronchopneumonia and/or a possible lung lobe abscess or lung lobe torsion

Abnormal PE/Chem/CBC/UA Results: PE: T102.6 F, HR 140, RR Panting, BCS 5/9, MM pink, CRT <2 seg, Wet cough (large production of bloody mucus discharge), Crackles detected in lung auscultation (cranial lobes, mainly left one), subcutaneous mas on the right mandibula, little mass on apical tongue, Dental Calculus 4/4

COMPUTED TOMOGRAPHY OF THE THORAX

A high resolution plain CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Along the thoracic spine, multifocal spondylosis formation is seen.

The cranial mediastinal and tracheobronchial lymph nodes are moderately enlarged, rounded and uniform soft tissue attenuating.

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

The cranial lung lobe bilaterally and the right middle lung lobe are consolidated with air-bronchograms and present a moderate decreased volume. The bronchi of the consolidated lung are cylindrical dilated.

The bronchial walls of the aerated caudal lung lobes present a significant thickened wall, L>R. The bronchial tree of the caudal lung lobe is obliterated by foamy material.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked bronchial lung pattern with foamy material in multiple segments of the bronchial tree
- Resorption atelectasis cranial lung lobes and right middle lung lobe
- Bronchiectasis
- Lymphadenopathy tracheobronchial and cranial mediastinal lymph nodes
- Spondylosis deformans



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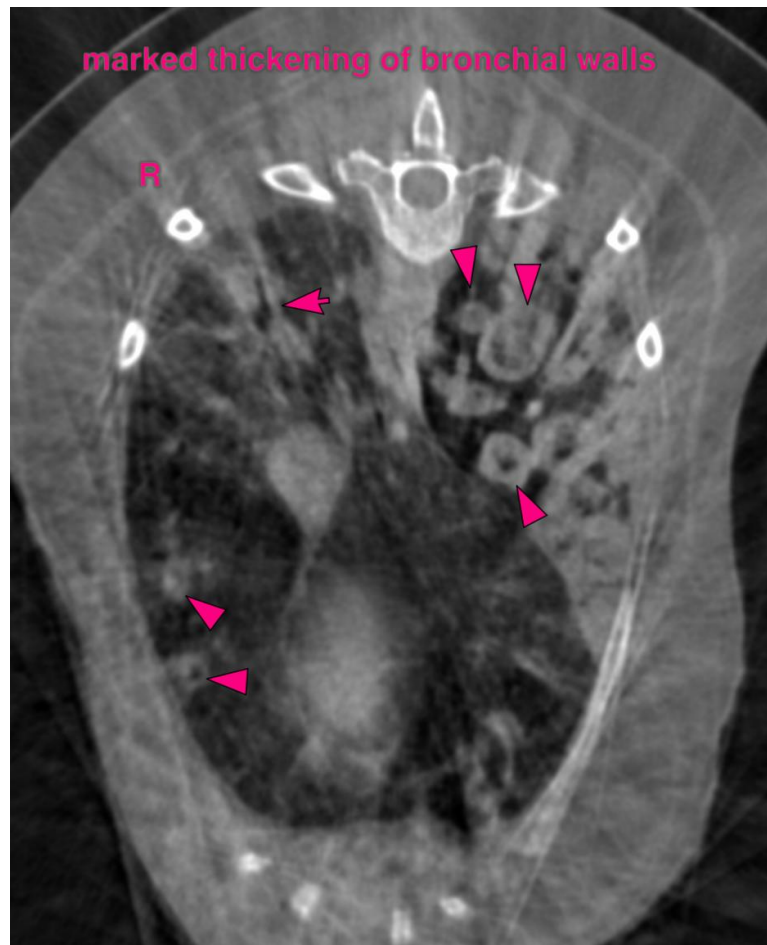
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with marked bronchitis and secondary bronchiectasis. The findings are highly suggestive for eosinophilic bronchopneumopathy/eosinophil and accompanying lymphadenopathy. The atelectatic lung lobes are considered as a sequela to secondary mucus plugging. A differential for the findings is bronchogenic carcinoma, but I consider the odds low. FNA sampling of the lung or bronchoscopy including BAL would be ideal as advanced diagnostic tests.





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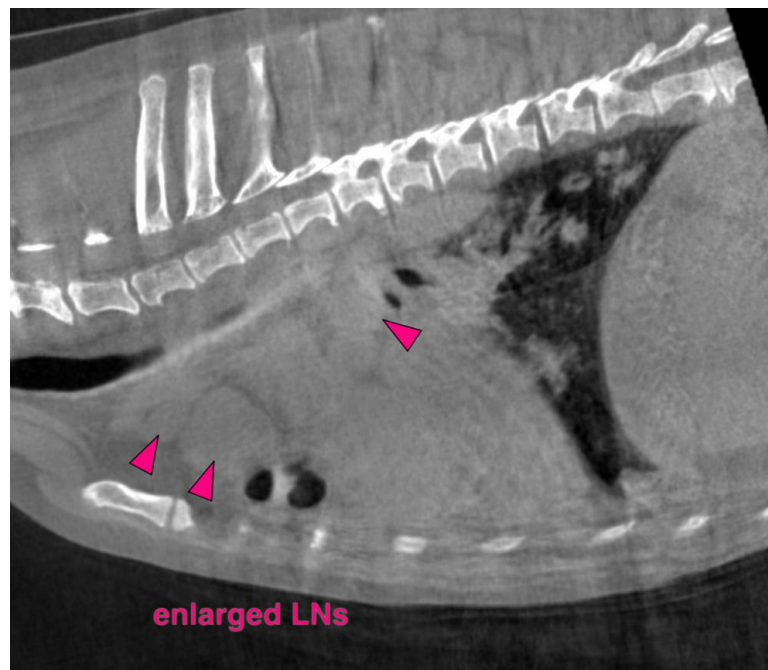
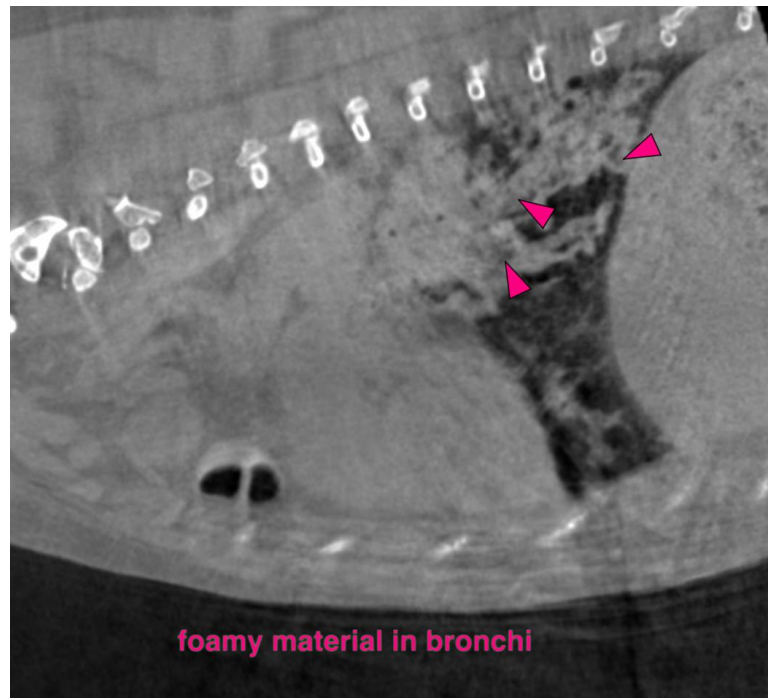
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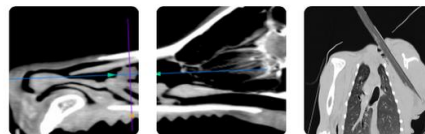
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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