



**PATIENT**

Luna Castillo

**PRESENTING CLINICAL SIGNS**

Patient has megaesophagus, currently on Zeniquin 25mg antibiotics. Medicine sometimes works well, other times not nearly as effective. Suspected aspiration pneumonia. Previous rads sent March 31, 2022. Invoice number 51273

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Dachshund

**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.

**SEX**

FS

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.

**AGE**

9 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The ventral dependent aspects of the left cranial lung lobe present a mild increased radiopacity and a decreased volume. The remainder of the lung parenchyma present the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

**HOSPITAL NAME**

Sunridge Veterinary  
Clinic

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

**RADIOGRAPHIC DIAGNOSIS**

- Unstructured interstitial pattern ventral aspect left cranial lung lobe

**REFERRING VET**

Dr. Magill

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild increased radiopacity of the left cranial lung lobe can be a sequela to dystelectasis, however early stage of pneumonia is a potential – complementing workup by blood work can be used to screen for inflammatory changes.

**INVOICE**

56950

**DATE**

2-27-23



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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  
sebast.schaub@gmail.com