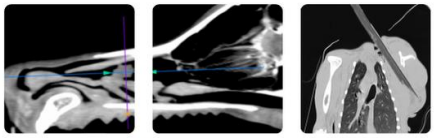

PATIENT

Jackson Moore

SPECIES

Canine

BREED

Poodle, Miniature Mix

SEX

MN

AGE

11Y

WEIGHT

11.8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

EH, CJ

HOSPITAL NAME

The Collegeway Animal Hospital

REFERRING VET

Dr. Ehab Hanna

INVOICE

73622

DATE

2-4-26

PRESENTING CLINICAL SIGNS

History:

- hacking cough
- trouble breathing
- patient moved during VD - unable to repeat - we apologize for the inconvenience.

RADIOGRAPHIC STUDY OF THE THORAX

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

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.

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.

Generalized moderate thickening of the bronchial walls is appreciated. The lung parenchyma presents a generalized mild ground glass opacity, effacing the peripheral pulmonary vessels. The cranioventral aspects of the lung present a moderate ground glass opacity.

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

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern accompanied by a mild unstructured interstitial pattern – accentuated in the cranioventral lung field

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is most consistent with bronchitis and pneumonitis, 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 (e.g. eosinophilic bronchopneumopathy). In few cases bronchogenic carcinoma can present with a predominant bronchial pattern as well. A fecal exam can be used to screen for lung worm infection. Bronchoscopy including BAL would be ideal as advanced diagnostic tool, empirical management can be considered alternatively.

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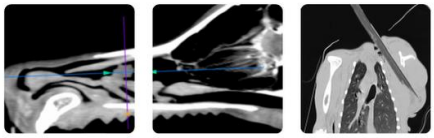

Teleradiology
Educational Teleconsultation Services™

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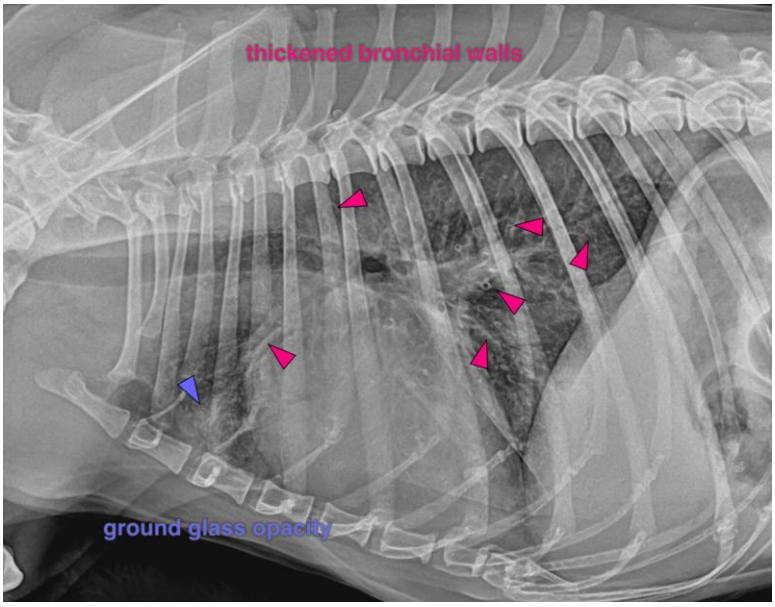

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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