



PATIENT

Lily Terry

PRESENTING CLINICAL SIGNS

2 week history of coughing, harsh lungs temp:103.3 OS: cloudy, inflamed

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Aust Shep

The surrounding bony structures are within normal limits.

SEX

Female

In the subcutaneous tissue dorsal to the cranial thoracic spine, multiple variable sized, ovoid shaped soft tissue opaque bodies, measuring up to 2.4 cm in size are visible.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is effaced by the lung pattern.

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

13

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The lung parenchyma presents a generalized moderately to markedly increased radiopacity caused by a reticulonodular lung pattern. Pleural fissure lines are visible between the right lung lobes.

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

HOSPITAL NAME

Pacific Avenue
Veterinary Clinic

RADIOGRAPHIC DIAGNOSIS

- Mixed marked to miliary lung pattern
- Suspect mild pleural effusion
- Non-specific subcutaneous soft tissue nodules dorsal to thoracic spine

REFERRING VET

Dr. Sid Bruckert-Frisk

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of uveitis, the pulmonary changes are most concerning for concerning for neoplasia such as round cell tumor, metastasis (e.g. carcinoma, hemangiosarcoma) or systemic inflammatory response such in case of fungal or Francisella sp. infection. Other potentials can include eosinophilic granulomatosis or protozoal infection. In the current radiographic study, there is no evidence of lymphadenomegaly, check the peripheral lymph nodes for signs of pathological enlargement allow FNA sampling. Bronchoscopy including BAL or FNA sampling of the lung can be used as advanced diagnostic test as well.

INVOICE

50158

DATE

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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.

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