



PATIENT

Uno Pfulger

PRESENTING CLINICAL SIGNS

Breathing hard past week. Not associated with exercise per o.
Abnormal PE/Chem/CBC/UA Results: CBC/Panel WNL, no murmur, no dyspnea

SPECIES

K9

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Mix

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

FS

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.

AGE

4 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Mild peribronchial cuffing is noted.

The caudodorsal aspect of the right cranial lung lobe is consolidated. The volume of the left cranial lung lobe is maintained. The volume of the left cranial lung lobe is decreased, and the heart presents a midline shift to the left.

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In the right lateral projection, level with the 5th intercostal space, a mild irregular ovoid shaped nearly mineral opaque structure is superimposed on the cardiac silhouette – not appreciated in the remaining projections.

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

REFERRING VET

Dr. Connolly

RADIOGRAPHIC DIAGNOSIS

- Focal alveolar pattern caudodorsal aspect right cranial lung lobe
- Mild bronchial lung pattern
- Mineralized structured superimposed on cardiac silhouette in the right lateral projection.

INVOICE

51005

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focal pulmonary consolidation and mild bronchial pattern are concerning for bronchopneumonitis. Due to the unusual dorsal position of the consolidated area rule out parasitic infection (e.g. Angiostrongylus), Mycoplasma infection, viral pneumonia.

DATE

3-17-22

The mineralized structure can be caused by superimposition with dystrophic mineralization of the thoracic wall, bronchial mineralization. A bronchial foreign body is considered less likely as I



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would expect accompanying pneumonia of the affected right middle lung lobe, that is not appreciated here; cough would also be a classical clinical sign.

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Bronchoscopy including a broncho-alveolar lavage would be ideal for further evaluation as well as a fecal exam to rule out lung worm infection. Empirical management for possible pneumonia including prophylactic deworming can be performed alternatively – recommend follow up radiographs in 1-2 weeks to check if the pulmonary pattern is regressive.

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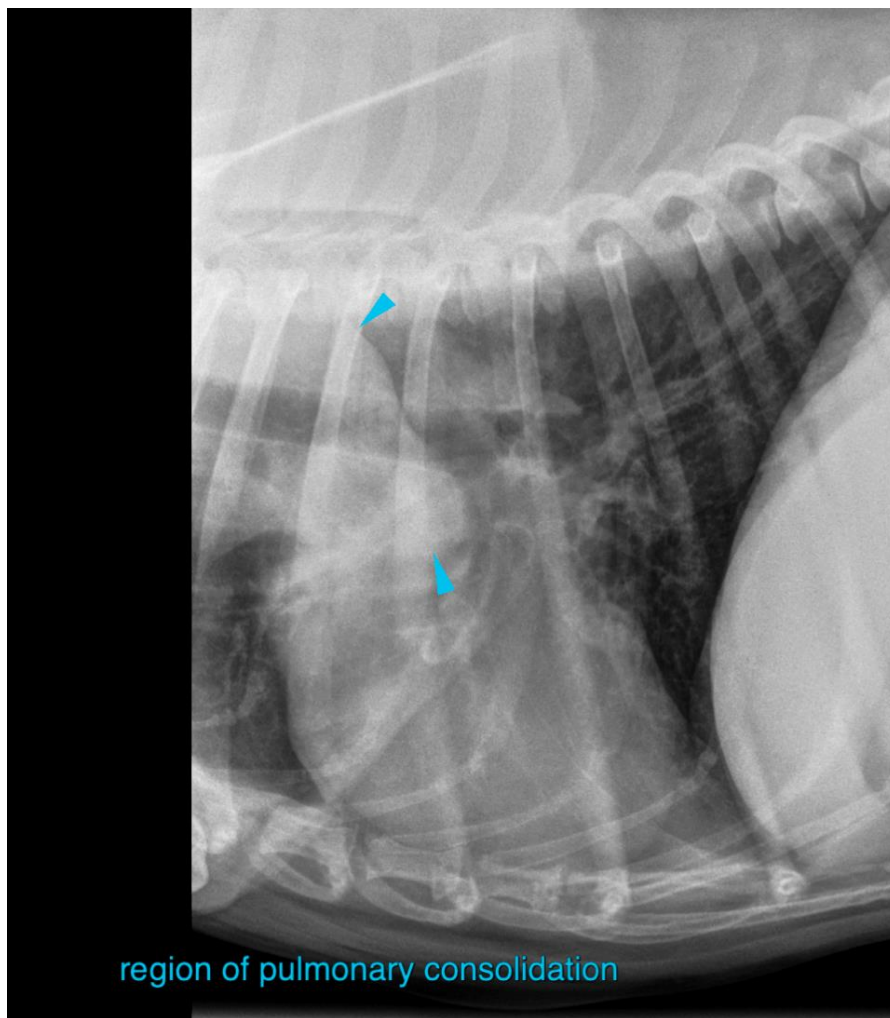
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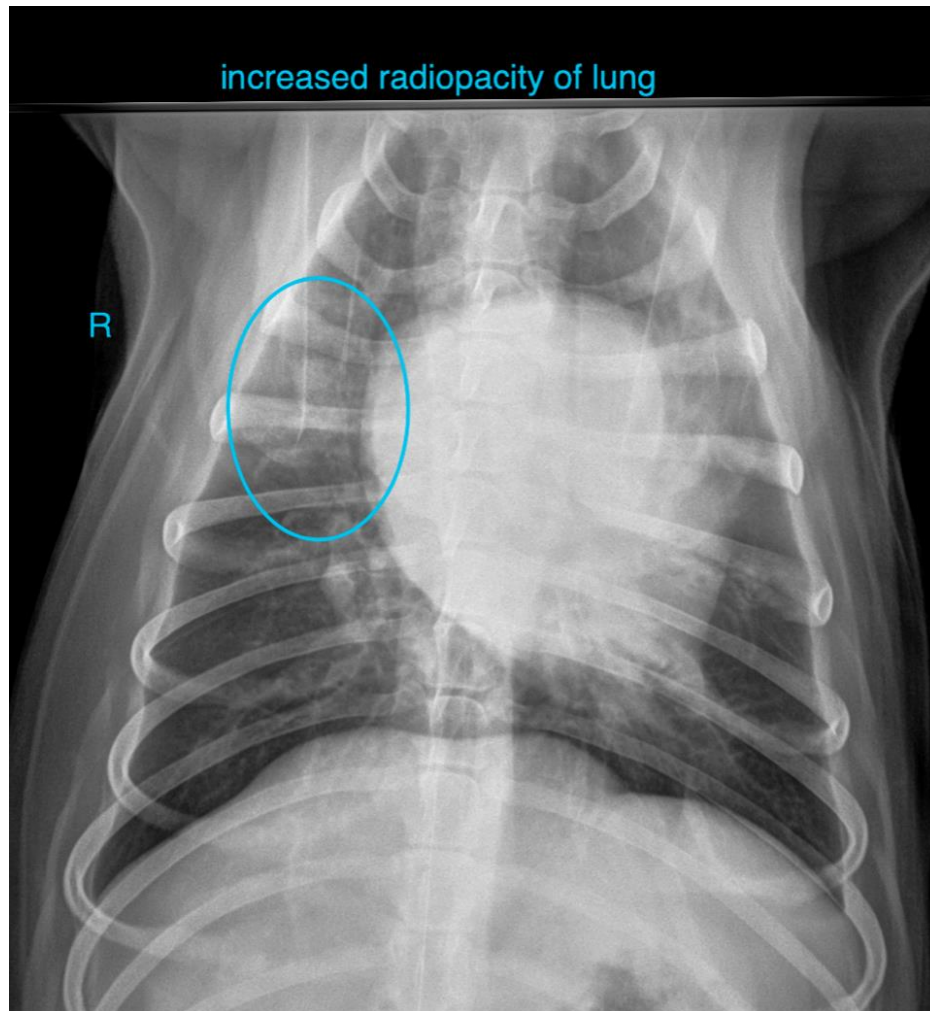
Dr. Connolly

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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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