



PATIENT

Bear Taylor

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

11Y

WEIGHT

85lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Sidney

HOSPITAL NAME

East Hill Animal
Hospital

REFERRING VET

Laura Hall

INVOICE

74284

DATE

3-19-26

PRESENTING CLINICAL SIGNS

- Chronic cough
- Anemia
- mass in throat or chest?

Abnormal PE/Chem/CBC/UA Results: • BW- WNL beside anemia

COMPUTED TOMOGRAPHY OF THE NECK AND THORAX

A high resolution pre- and post-contrast CT study of the neck and thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The osseous and soft tissue structures of the neck reveal no abnormalities. The thyroid glands present the expected size, shape and attenuation behavior.

The trachea presents the expected course and smooth wall.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The pulmonary arteries in the caudal aspects the lung present segments with central irregular mineralization. The pulmonary arteries are prominent.

The caudodorsal dependent aspects of the lung parenchyma present zones with dystelectasis.

The ventral dependent aspects of the right cranial lung lobe present a zone with peribronchial irregular consolidation of the lung parenchyma along with generalized thickening of the bronchial walls and cylindrical dilation of the affected bronchial segments

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mineralization peripheral segments of the pulmonary arteries along with mild dilation of the pulmonary arteries
- Bronchial pattern and peribronchial consolidation ventral aspect right cranial lung lobe along with segmental cylindrical bronchiectasis
- Normal neck

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental bronchial dilation along with the bronchial pattern, patchy peribronchial alveolar pattern and bronchiectasis in the dependent aspect of the right cranial lung lobe is indicative for chronic bronchopneumonia – the bronchiectasis will predispose for recurrent bronchitis and can explain the chronic cough.

The segmental dilation of the pulmonary artery can be caused by preceding or ongoing parasitic infection, such as Dirofilariosis. Testing for potential infection following the guidelines of the “American Heartworm Society” <https://www.heartwormsociety.org> may be beneficial.



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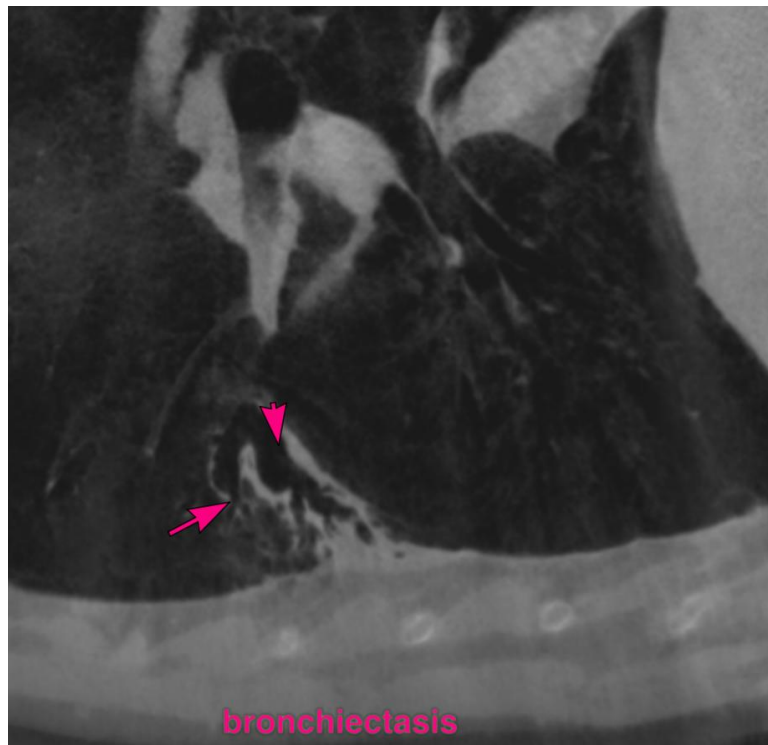
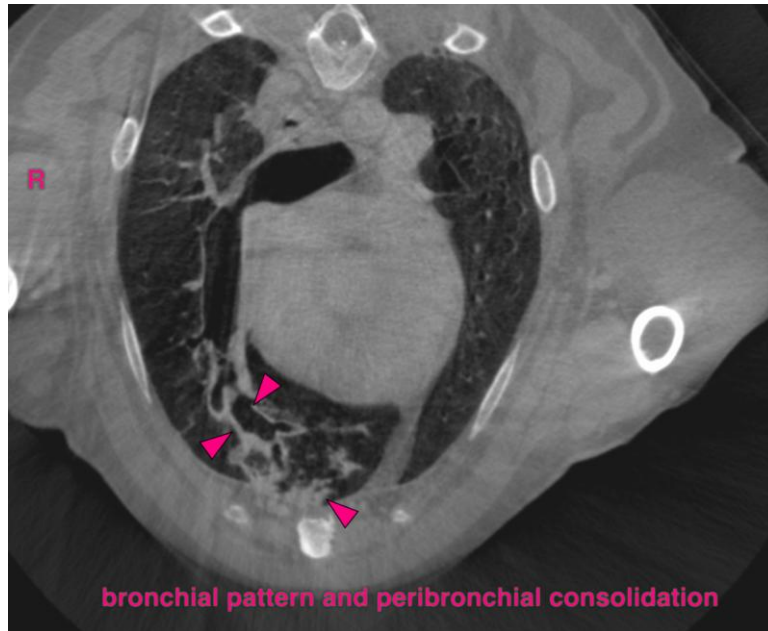
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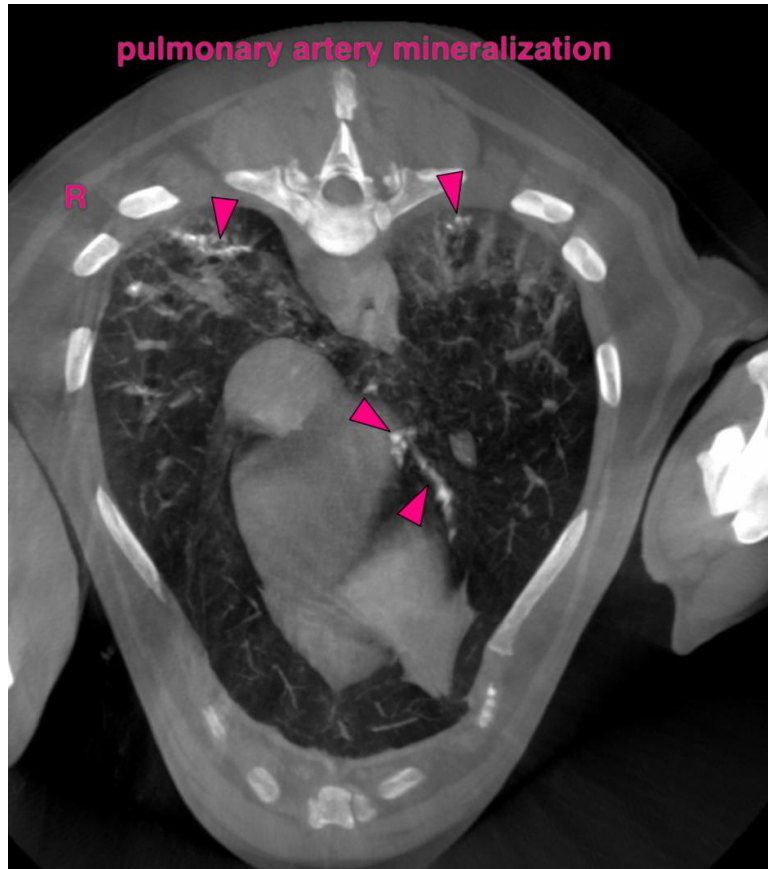
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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