



PATIENT PRESENTING CLINICAL SIGNS

Ruby Will
 Ruby presented today for an exam for a 5-6 day history of coughing and bringing up some phlegm. O reports that it has not improved over the past few days and now O's have noticed that Ruby seems a bit lethargic and is not wanting to eat much. O was thinking she may not be eating do to throat irritation from coughing, so he tried soaking her kibble yesterday but she did not want to eat it. She has barely wanted to eat table foods they have been offering as well (ie: piece of apple, shreddies, etc). O says this is abnormal as she usually eats anything they offer her. O says that she has not been around other dogs except during the February break when she was staying with a family member that also had a dog. Ruby's vaccines are UTD as per O however we do not have records (done at another clinic), but he is not sure when her KC vaccine was done last.

SPECIES

Canine

BREED

Bernadoodle Mix

SEX

Female Spayed

Abnormal PE/Chem/CBC/UA Results: Slightly increased RR (44 bpm) & effort for just standing still not moving in exam room - no wheezes or crackles on auscultation but slight increased lung sounds in ventral L lung region. Lethargic in exam room - laying down on stomach; coughing and brought up yellowish-grey phlegm a few times in exam room. MM's pink & slightly tacky (mildly dehydrated). *Impression smear of phlegm coughed up - lots of degenerate neutrophils with mixed bacterial population (gm pos'v cocci, gm pos'v rods). Bloodwork not performed.

AGE

2 Years

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.

Multifocal significant peribronchial cuffing is appreciated. The right caudal lung lobe presents an ill-defined roundish area of significant ground glass opacification.

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

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern and ill-defined zone with significant unstructured interstitial pattern right caudal lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is consistent with bronchitis – given the acute onset of clinical signs an infectious origin (e.g. bacterial, parasitic, viral) is considered more likely than primary inflammatory non-infectious bronchitis (e.g. eosinophilic bronchopneumopathy). The focal zone

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Woodridge
 Veterinary Clinic

REFERRING VET

Breanne
 Couperthwaite

INVOICE

57070

DATE

3-3-23



PATIENT

Ruby Will

with an unstructured interstitial lung pattern in the right caudal lung lobe can be secondary to pneumonia, focal hemorrhage (e.g. Angiostrongylus infection), an aspirated foreign body (but I cannot appreciate bronchial obstruction).

SPECIES

Canine

Complementing workup by complete blood work is recommended to screen for inflammatory changes as well as testing for possible lung worm infection. If clinical signs persist under empirical therapy follow up radiographs would be beneficial. If there is a history of possible aspiration of foreign material, bronchoscopy including BAL ± preceding CT study of the thorax would be ideal.

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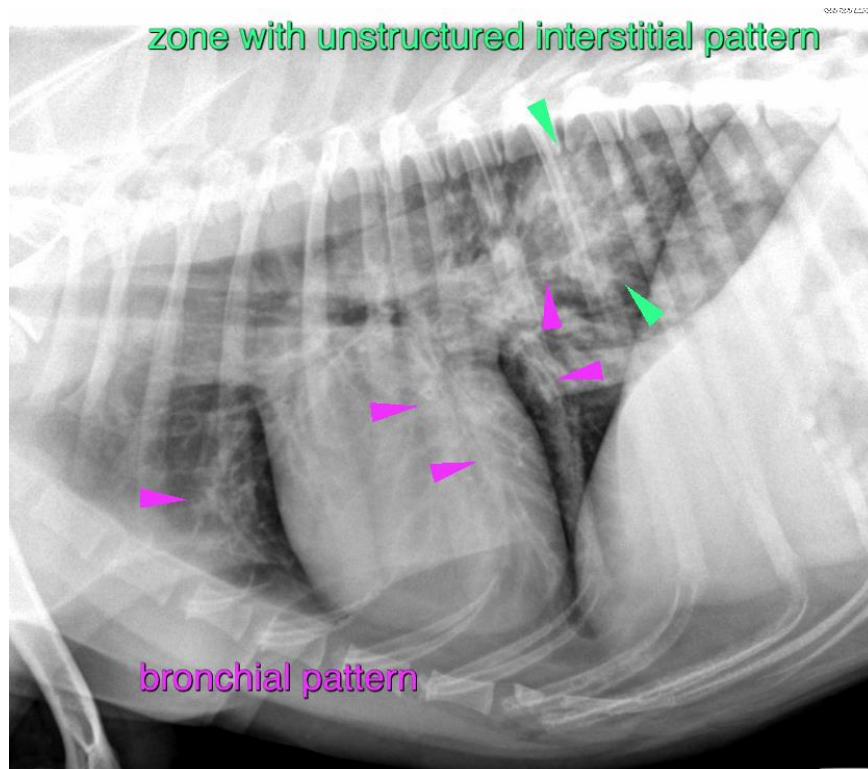
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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