

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Oliver Barnhill
SPECIES Canine
BREED Bernese Mtn. Dog
SEX Neutered Male
AGE 6 Years

History: seen on 2/12/22 for cough no xrays were taken placed on doxycycline and tussigon minimal response 3/1/22 seen for cough xrays taken placed on zeniquin 200 mg sid 3/8/22 recheck doing better new xrays taken viewed as improvement continue zeniquin for 2 more weeks = 4 weeks total did well finished antibiotics relapse of coughing 2 days after stopped antibiotics last week today cough on exertion repeat xrays and lateral abdomen to assess for organomeglia

Abnormal PE/Chem/CBC/UA Results: neutrophilia of 20,00 on 3/1/22 rest chem nsf increase bronchial sounds bilaterally rest nsf

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A complete set of radiographs of the thorax and a lateral projection of the abdomen is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

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.

Ventrally accentuated increased visibility of the bronchial walls is seen in combination with a generalized unstructured interstitial pattern.

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

Abdomen

The surrounding bony structures are within normal limits.
 No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.
 The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

HOSPITAL NAME

Belvedere VC

REFERRING VET

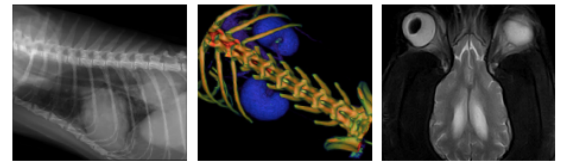
Dr. Jamie Molinelli

INVOICE

14475

DATE

3/30/22



PATIENT The splenic tail presents with a roundish, mild irregular nodular soft tissue opaque lesion protruding from the caudal margin, measuring 1.1 cm in diameter.

Oliver Barnhill

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

SPECIES

Canine

The stomach is in its anticipated position and presents normal content.

BREED

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

Bernese Mtn. Dog

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

SEX

- Bronchointerstitial lung pattern
- Splenic nodule

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

6 Years

The broncho-interstitial pattern is suggestive for inflammatory lower airway disease that appears to be more accentuated in the current set of radiographs in comparison to the radiographs dated 3/8/22. Infectious causes – viral, bacterial, parasitic – versus primary inflammatory non-infectious causes (e.g. lymphocytic plasmocytic, eosinophilic, mixed) are considerations here. Due to reoccurrence of clinical signs, bronchoscopy including BAL would be ideal as advanced diagnostic test.

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There is evidence of a splenic nodule, rule out neoplasia, granuloma, hematoma. An abdominal ultrasound examination can be used for further assessment of the spleen.

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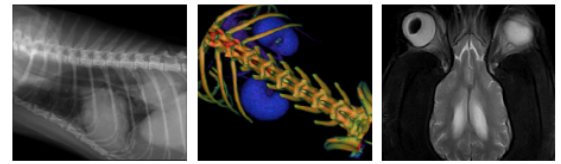
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PATIENT

Oliver Barnhill

SPECIES

Canine

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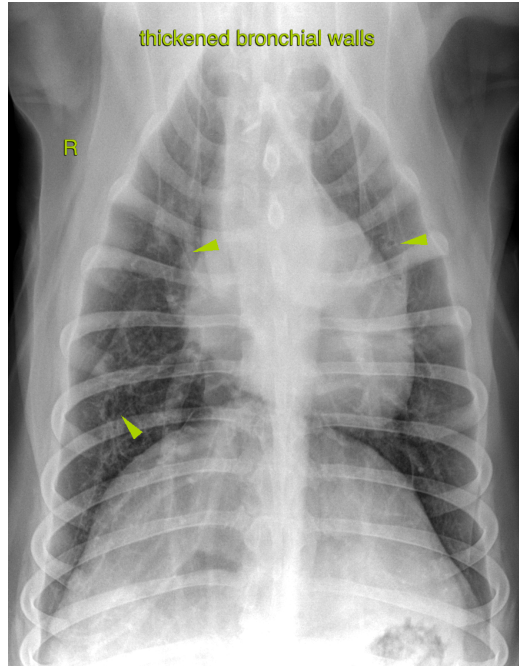
Bernese Mtn. Dog

SEX

Neutered Male

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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.

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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.

HOSPITAL NAME

Belvedere VC

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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