



PATIENT PRESENTING CLINICAL SIGNS

Charlie Drake Charlie presented for peracute cough and wheezing. No heart murmur was noted on exam. Xrays were taken to explore further
 Abnormal PE/Chem/CBC/UA Results: Other than wheezing and dyspne/cough no PE abnormalities are noted

SPECIES

Canine **RADIOGRAPHIC STUDY OF THE THORAX**

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

BREED RADIOGRAPHIC FINDINGS

Westie The surrounding bony structures are within normal limits.
 The extrathoracic soft tissues present homogeneous without abnormalities.

SEX 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.

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

15 The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

INTERPRETED BY

In the lateral projections, the lung field is extending up to the caudal vertebral endplate of T9 – expiration – accentuating a generalized diffuse unstructured reticular lung pattern. Increased visibility of the bronchial walls is seen.

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

RADIOGRAPHIC DIAGNOSIS

- Interstitial lung pattern with bronchial component

REFERRING VET INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

James Hornbuckle The interstitial lung pattern is likely accentuated by hypoinflation of the lung parenchyma and – regarding the breed of the patient – idiopathic pulmonary fibrosis. The bronchial pattern in combination with the acute onset of clinical signs is increasing the odds for infectious bronchitis, such as canine infectious respiratory disease complex (CIRDC). Primary inflammatory non-infectious bronchitis (e.g. lymphocytic plasmocytic, eosinophilic) is a potential as well. Bronchoscopy including BAL can be used as advanced diagnostic tool if clinical signs are refractory to empirical management.

INVOICE

57561

DATE

3-30-23

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Golden Isles Animal
 Hospital



PATIENT

Charlie Drake

SPECIES

Canine

BREED

Westie

SEX

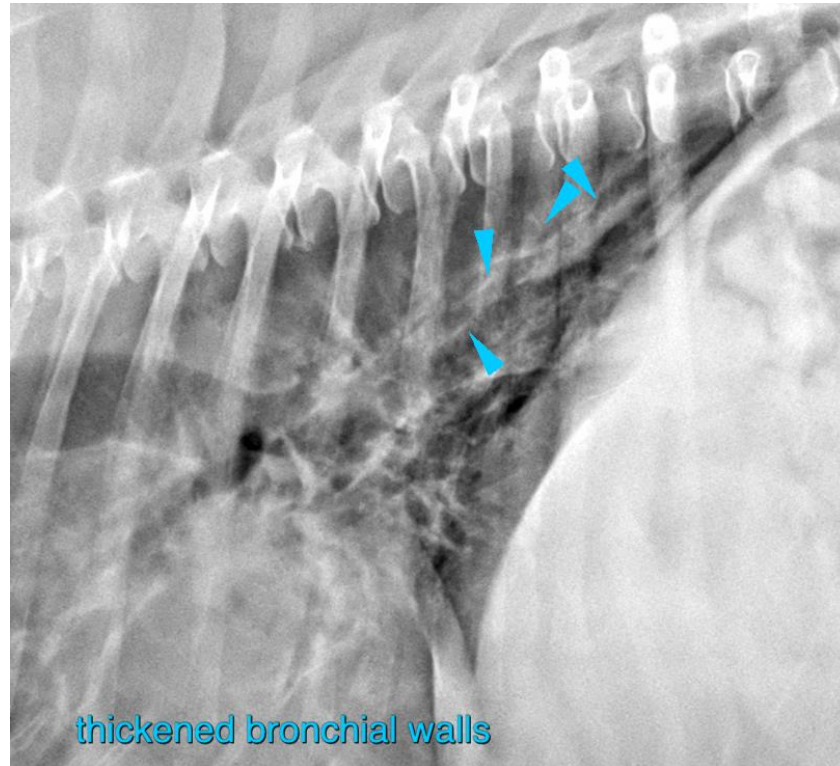
M

AGE

15

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI



HOSPITAL NAME

Golden Isles Animal
Hospital

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.

REFERRING VET

James Hornbuckle

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
sebast.schaub@gmail.com

INVOICE

57561

DATE

3-30-23