



PATIENT

Kiko Osterlund

PRESENTING CLINICAL SIGNS

15 year old pug, presented for evaluation of cough getting worse over 1 week. O reports P is still eating/drinking however energy/activity level is declining. On exam deep harsh cough appreciated. P is tachypneic with labored resp effort. Harsh lung sounds with loud wheezes present. No fever.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Pug

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

The extrathoracic soft tissues present homogeneous without abnormalities.

MN

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

15 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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

The lobar bronchus of the right middle lung lobe and bronchi of the right cranial lung lobe present moderate peribronchial cuffing.

HOSPITAL NAME

Grove Veterinary
Clinic

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

REFERRING VET

Dr. Wesley Pospichal

RADIOGRAPHIC DIAGNOSIS

- Bronchial pattern right cranial & middle lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

50743

The bronchial pattern is compatible with bronchitis and the odds for infectious origin – such as viral, bacterial, parasitic – are considered higher than for primary inflammatory causes (e.g. allergic, eosinophilic, mixed). If not done so yet, complementing workup by complete blood work to screen for inflammatory changes (e.g. leukocytosis, elevated crp) is recommended. Consider empirical management.

DATE

3-5-22



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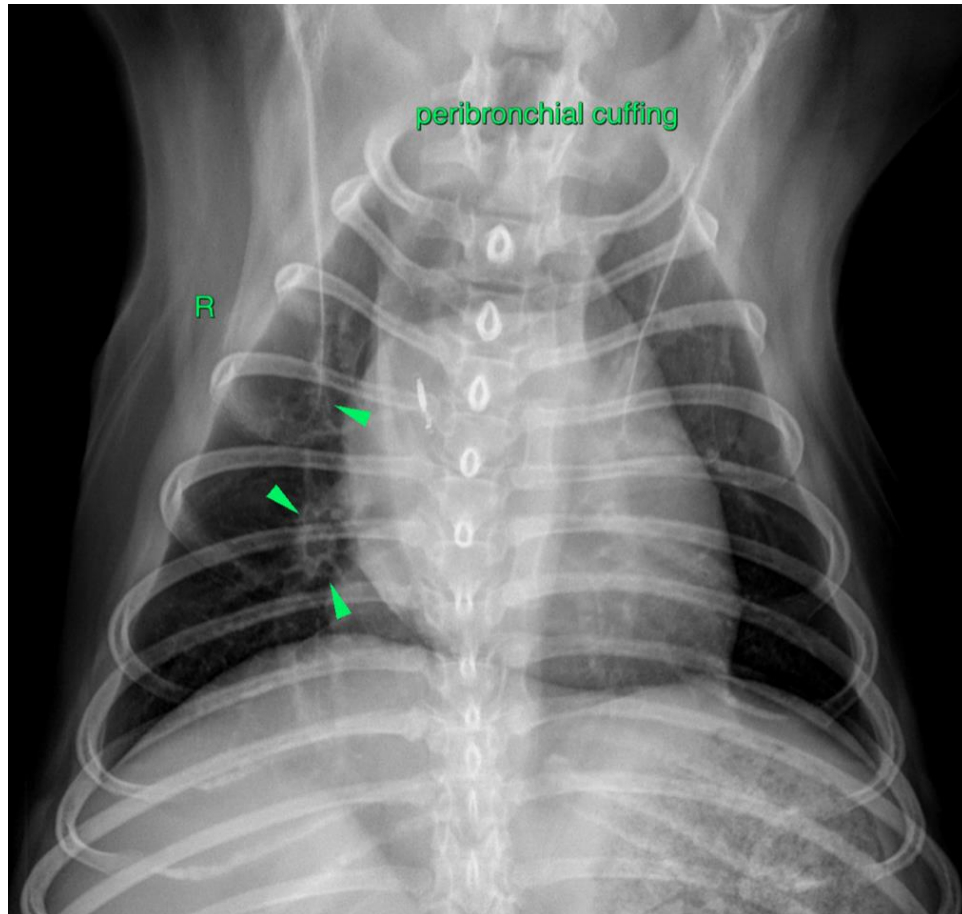
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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