



PATIENT

Lollie Michaels

PRESENTING CLINICAL SIGNS

COUGHING LETHARGY
Abnormal PE/Chem/CBC/UA Results: wnl, EXCEPT ALK PHOS 2000

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Radiographs of the thorax and abdomen in a laterolateral projection are provided for review.

BREED

Mixed Hound

RADIOGRAPHIC FINDINGS

Thorax

Multifocal moderate spondylosis formation is seen.

SEX

Female / sp

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.

AGE

12 Years

In the hilar region of the tracheal, an ill-defined soft tissue opacification is seen. A mild ventral depression of the most caudal aspect of the trachea is noted as well as mild ventral depression of the caudal lobar bronchi. Ventral bending of the lobar bronchus of likely the right cranial lung lobe is seen.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The lung parenchyma presents a moderate unstructured reticular lung pattern with bronchial component.

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

HOSPITAL NAME

New Bridge
Veterinary Practice

Abdomen

Advanced bridging spondylosis formation is seen along the lumbar spine.

REFERRING VET

Dr. Abina Glennon

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.

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The hepatic volume is moderately increased, and the liver is protruding caudally beyond the costal arch and the caudoventral margins are rounded. The gastric axis is deviated caudally.

The splenic body and tail are considered normal for position, size, shape and opacity.

DATE

3-5-22

The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

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

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen



PATIENT within the small intestinal loops and considered within normal limits.

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

RADIOGRAPHIC DIAGNOSIS

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- Possible perihilar mass region of trachea
- Moderate to marked unstructured interstitial lung pattern with bronchial component
- Hepatomegaly
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Female / sp

The increased soft tissue opacification in the perihilar region is equivocal for potential perihilar mass/lymphadenopathy of the tracheobronchial lymph nodes or summation of the vascular structures and pulmonary pattern – in comparison to the previous radiographic study the odds for perihilar mass are high, as distortion of the trachea & bronchi wasn't present. The broncho-interstitial lung pattern in combination with the perihilar lymphadenopathy can be caused by neoplastic disease (history of anal gland adenocarcinoma), round cell tumor or granulomatous lung disease (e.g. mycotic infection, such as Histoplasmosis, Blastomycosis). A second orthogonal imaging plane ± left lateral projection of the thorax will help to support or rule out the diagnosis lymphadenopathy of the tracheobronchial lymph nodes.

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12 Years

If lymphadenopathy of the tracheobronchial lymph nodes cannot be confirmed, active inflammatory broncho-pneumonitis – bacterial, viral, parasitic, protozoal – are the top differential. Potentials would include fibrosis, systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia.

INTERPRETED BY

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Dr. med. vet. DipECVDI

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.

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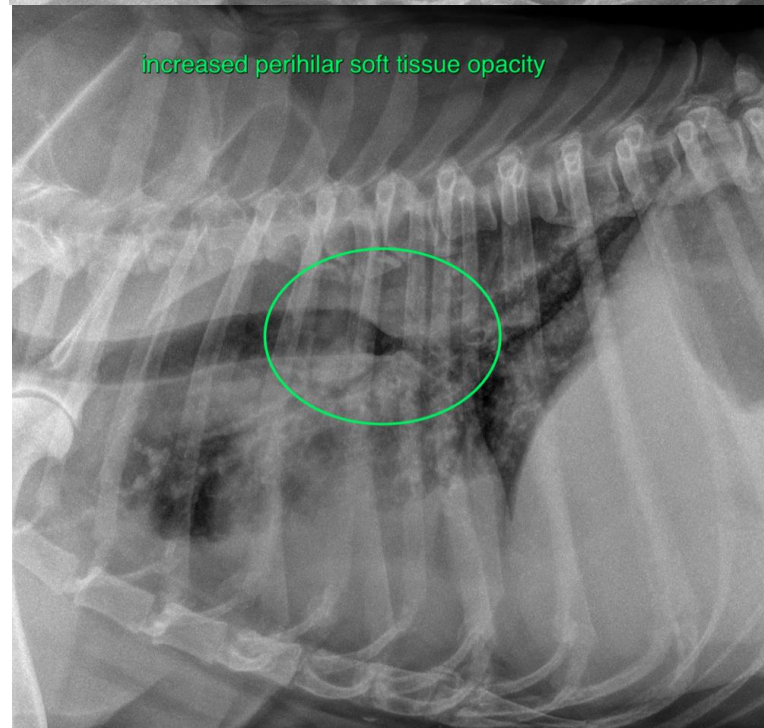
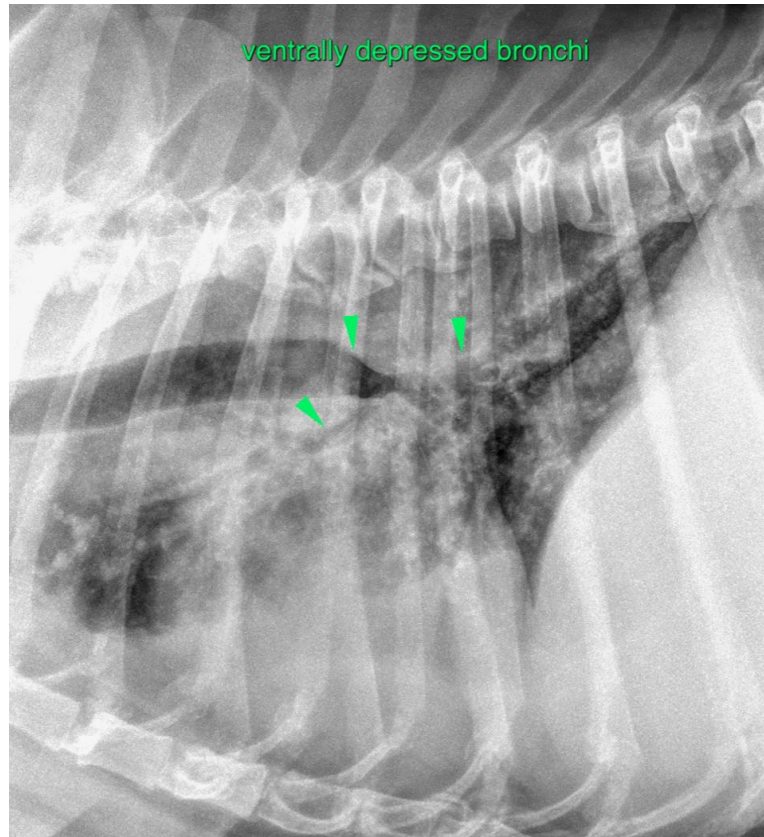
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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