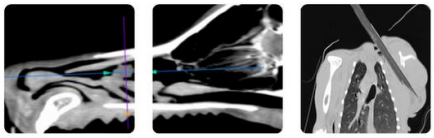

PATIENT

Brody Renz

SPECIES

Canine

BREED

Husky Mix

SEX

Male Neutered

AGE

8

WEIGHT

104

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Kristin Potenzone DVM

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Kristin Potenzone DVM

INVOICE

74074

DATE

3-5-26

PRESENTING CLINICAL SIGNS

- Sever arthritis
- Multiple SQ masses - 1 testing as MCT

Abnormal PE/Chem/CBC/UA Results: elevated BNP >2000

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 8/9.

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 vertebral heart score is 10.2. The pulmonary vasculature is within normal limits.

The cranial mediastinum is moderately widened by fat.

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

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

The lung field is extending up to the level of Th9, indicative for expiration, accentuating a generalized unstructured reticular pattern, partially effacing the pulmonary vasculature.

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

RADIOGRAPHIC DIAGNOSIS

- Obesity
- Unstructured interstitial lung pattern – stationary
- Normal appearing cardiovascular structures

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unstructured interstitial lung pattern is likely a sequela to the nutritional status, expiration and age related changes of the lung parenchyma and appears to be nearly stationary in comparison to the preceding radiographic studies of the thorax. The odds for 'real' interstitial lung pattern are considered low – non-specific potentials would include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia.

No abnormalities of the cardiovascular structures are appreciated – given the increased BNP value, workup may be complemented by a cardiac echo.

There is no evidence of pulmonary metastatic disease, although smaller lesions can be effaced by the lung pattern.

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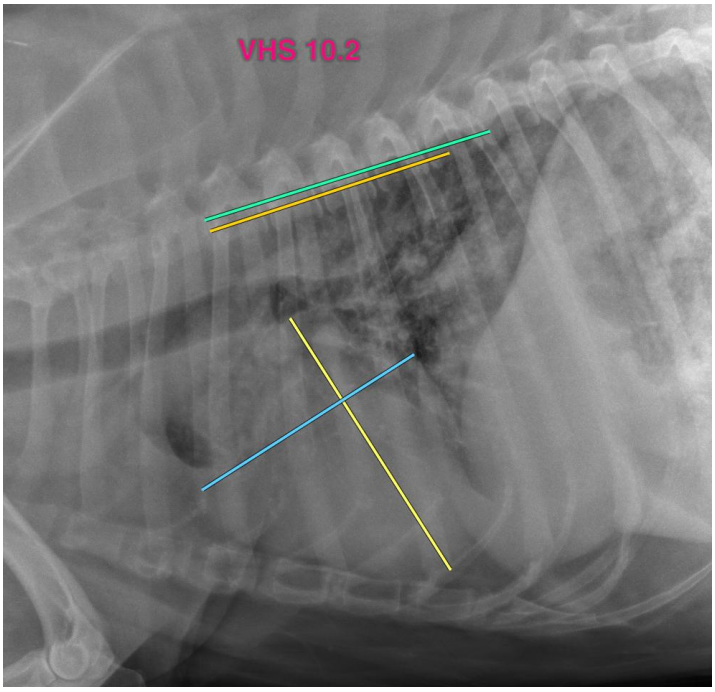

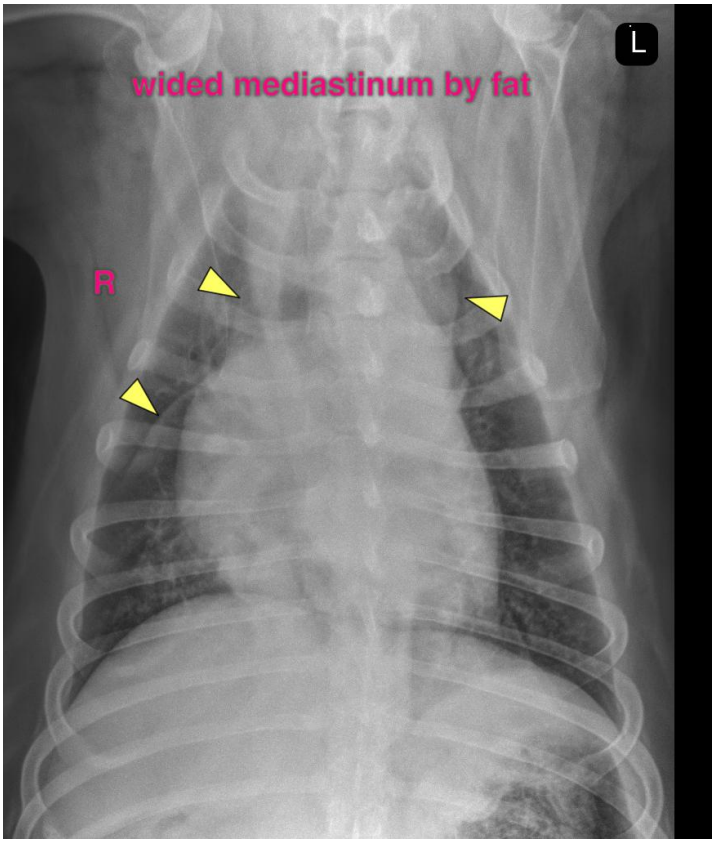

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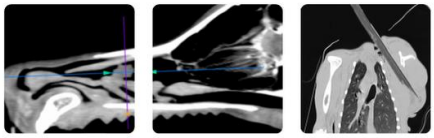

Teleradiology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com