



PATIENT PRESENTING CLINICAL SIGNS

Miyo Harrelson
SPECIES Canine
BREED Pug
SEX SF
AGE 14 Years, 10 Months

Rechecking: skin History: Pet presents to recheck skin and anemia. O reports hx collapsing trachea per previous dvm, pet would cough when excited. Now coughing daily. C/S/V/D: coughing daily (nonproductive) E/D/U/D: wnl! Diet: rc urinary FAS Score: 1 Current Medications (dose and frequency): cefpodoxime sid, has 4 more days left
 Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: Immature cataracs OU. brown-yellow discharge AD/no discharge AS. No cough on tracheal palpation. Oral cavity: Oligodontia; heavy calculus on remaining teeth. Lymph Nodes: Popliteal lymph nodes are prominent/slightly firm Skin: Mild Generalized erythema, evidence of hair regrowth, greasy-textured haircoat, Collarettes resolved. Distal hindlimbs--skin is softer, crusting resolved. Ventral abdomen--areas of patchy hyperpigmentation but smooth/lichenification resolved.
 CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful. no fluid wave, no palpable masses or organomegaly Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 4/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs Neurological: Alert and appropriate. Long-strided pelvic limbs with mild ataxia Diagnostics & Testing: Thoracic radiographs--consult pending CBC: Hematocrit improved to 33.5% (previously 31%) and inflammatory leukogram resolved Thrombocytosis r/o reactive vs. other HWT--negative

RADIOGRAPHIC STUDY OF THE THORAX

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

INTERPRETED BY RADIOGRAPHIC FINDINGS

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Multifocal moderate spondylosis formation is seen along the thoracic spine. The costal cartilages present moderate degenerative changes. Both shoulder joints present mild osteophyte new bone formation.

HOSPITAL NAME The extrathoracic soft tissues present homogeneous without abnormalities.

DPC Veterinary Hospital
 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.

REFERRING VET 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.

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

INVOICE The lung parenchyma presents a generalized unstructured reticular pattern and mild prominent bronchial walls.

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

DATE RADIOGRAPHIC DIAGNOSIS

- 4-13-22
- Broncho-interstitial lung pattern
 - Moderate degenerative changes along the thoracic spine, costal cartilages and sternum



PATIENT

Miyo Harrelson

- Mild degenerative osteoarthritis shoulder joints bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are compatible with bronchitis and pneumonitis. Primary inflammatory bronchitis (e.g. allergic. Lymphocytic plasmocytic, eosinophilic, mixed) and infectious bronchitis – viral, bacterial, parasitic – are considerations; I consider the odds for non-infectious origin higher.

SPECIES

Canine

Bronchoscopy including a broncho-alveolar lavage would be ideal for further definition as well as a fecal exam to rule out lung worm infection.

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HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

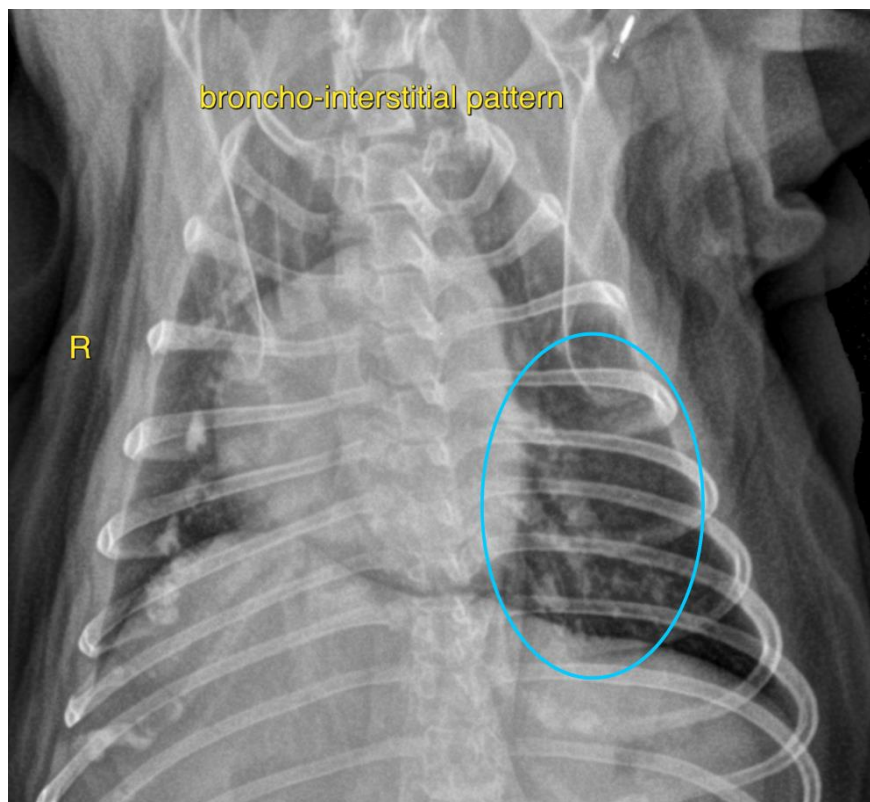
Dr. Ward

INVOICE

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DATE

4-13-22



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.

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