



PATIENT PRESENTING CLINICAL SIGNS

Bobo Yee Presenting Complaint: increased respiratory rate and effort, cough Significant PE Findings: pale to cyanosis without oxygen supplementation, tachypnea with harsh lungs sounds **DIAGNOSTICS:**

SPECIES Thoracic Radiographs: moderate generalized bronchial interstitial pattern inflammatory lower airways disease, such as of infectious origin (e.g. bacterial, parasitic pneumonia), noninfectious origin (e.g. eosinophilic bronchopneumopathy), idiopathic pulmonary fibrosis. Cardiogenic pulmonary edema due to left-sided congestive heart failure is considered less likely differential diagnosis in this case. A diffuse form of pulmonary neoplasia (e.g. carcinoma) cannot be excluded. CBC: WBC 22.06, NEU 18.25 Chemistry: unremarkable PT: 12s (normal) Thoracic Radiographs sent for review: There is a moderate generalized bronchial interstitial pattern within the lungs. There is no overt consolidation of the pulmonary parenchyma. The pulmonary vessels appear within normal limits. There is mild/borderline cardiac enlargement with slight increased contact with the cardiac silhouette and the sternum, slight increased caudal and dorsal bulging of the cardiac border on the lateral projections. On the VD view it is suspected mild increased separation of the caudal main stem bronchi associated with left atrial enlargement. The trachea is unremarkable. There are no visible abnormalities of the pleural and mediastinal space. The skeletal structures and the abdominal structures included in the field-of-view are unremarkable. **CONCLUSIONS:** The differential diagnosis for the pulmonary pattern includes inflammatory lower airways disease, such as of infectious origin (e.g. bacterial, parasitic pneumonia), noninfectious origin (e.g. eosinophilic bronchopneumopathy), idiopathic pulmonary fibrosis. Cardiogenic pulmonary edema due to left-sided congestive heart failure is considered less likely differential diagnosis in this case. A diffuse form of pulmonary neoplasia (e.g. carcinoma) cannot be excluded. There is mild/borderline cardiomegaly. Differential diagnosis includes a normal variation, bilateral valvulopathy (e.g. mitral, tricuspid valve disease). Another differential diagnosis for the right-sided component of the cardiomegaly includes cor pulmonale and pulmonary hypertension. CT done to differentiate carcinoma vs idiopathic pulmonary fibrosis Abnormal PE/Chem/CBC/UA Results:

BREED

Chihuahua, Longhair

SEX

Intact Male

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Ravi Seshadri

INVOICE

51314

DATE

4-2-22

COMPUTED TOMOGRAPHY OF THE THORAX

A high resolution pre- and post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral body of T1 and T10 present with a roundish zone of sclerosis respectively. Both shoulder joints present mild osteophyte new bone formation. In the subcutaneous tissue dorsal to C7, a well-defined ovoid shaped nodule is visible.

The cranial mediastinal lymph nodes are prominent.

The main pulmonary artery is enlarged, measuring approximately 2.1x the width of the aorta at the same level.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents a generalized coarse marked unstructured reticular lung pattern with confluent zones of pulmonary consolidation.



PATIENT Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Bobo Yee

COMPUTED TOMOGRAPHIC DIAGNOSIS

- SPECIES**
- Generalized marked unstructured interstitial pattern with coalescing zone of irregular pulmonary consolidation
- Canine
- Lymphadenopathy cranial mediastinal lymph nodes
 - Enlarged main pulmonary artery
 - Non-specific subcutaneous nodule caudodorsal aspect of the neck
- BREED**
- Mild degenerative osteoarthritis shoulder joints bilaterally
 - Suspect osseous infarction vertebral body of T1 and T10 - incidental

Chihuahua, Longhair

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Intact Male

The changes seen appear to be limited to the pulmonary interstitium & alveoli with irregular coalescing zones of pulmonary consolidation – accentuated in the periphery of the lung lobes. Unfortunately, the pattern is not specific and the top differential idiopathic pulmonary parenchymal disease/interstitial lung disease – a group of poorly defined diseases with pathology largely limited to the interstitial space between the basement membrane and the capillaries (alveolitis) - which can be triggered by parasitic infection, inhaled or hematogenous irritating agent inducing local inflammatory response (e.g. fibrosis, eosinophilic pneumonitis, parasitic infection, steroid responsive pneumonitis). Neoplastic infiltration is a consideration as well (e.g. carcinoma, round cell tumor). The enlarged main pulmonary artery is suggestive for secondary pulmonary hypertension.

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Recommend complementing workup by echocardiography as well as testing for potential parasitic infection following the guidelines of the “American Heartworm Society” <https://www.heartwormsociety.org>. Bronchoscopy including BAL can be used as advanced diagnostic test as well. FNA sampling of the lung parenchyma may be used as advanced diagnostic test as well. Depending on the clinical development under empirical management, the prognosis is guarded.

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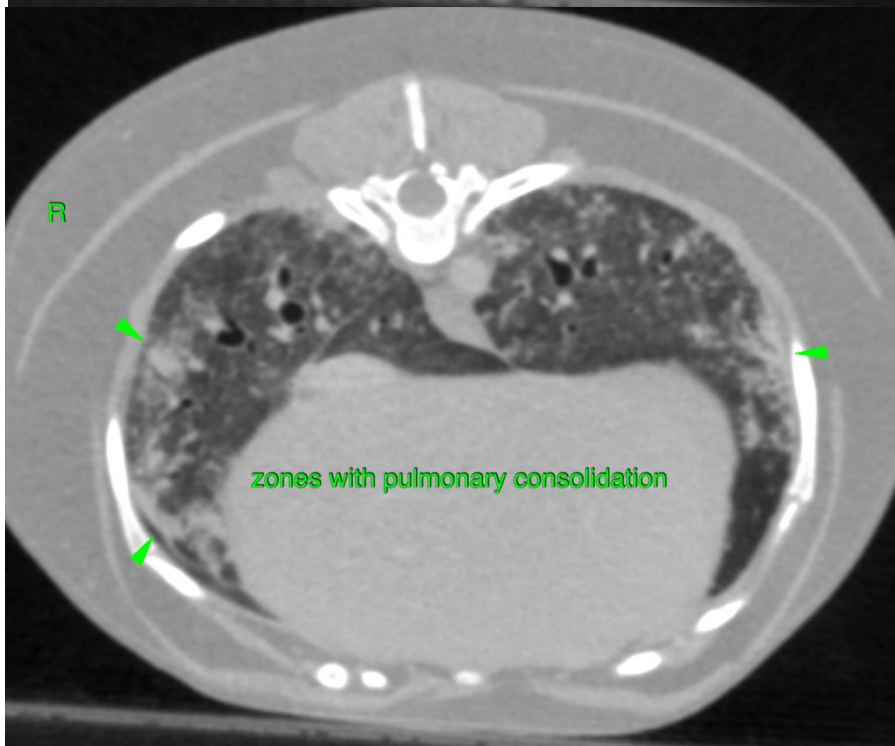
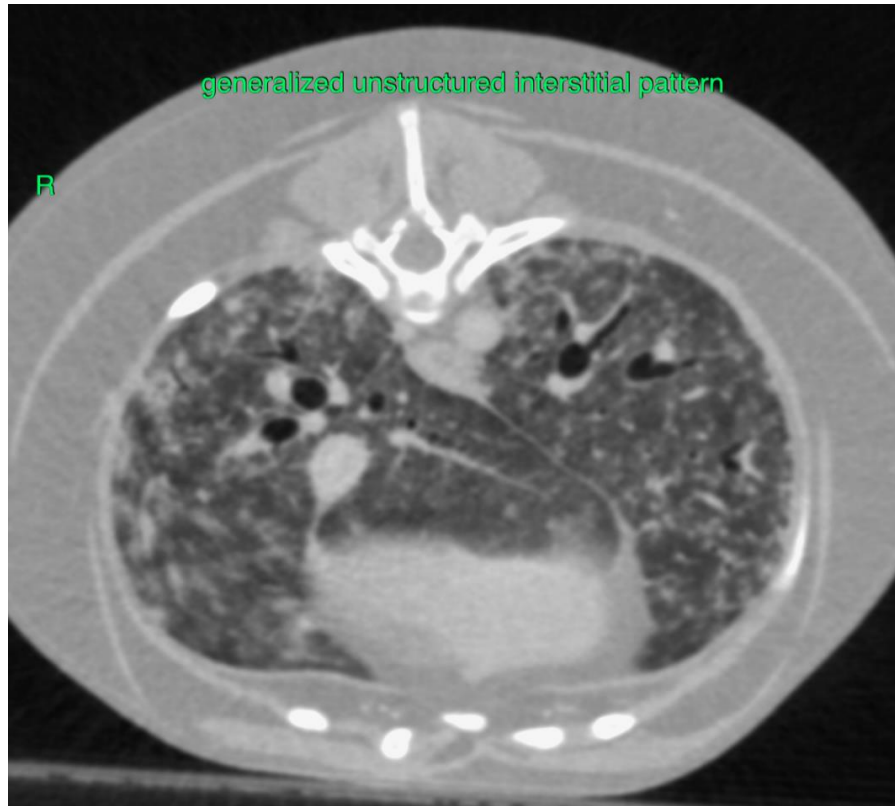
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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