



PATIENT

Keez Wierzbicki

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

2Y

WEIGHT

38.4kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

NB

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Rally

INVOICE

74549

DATE

4-9-26

PRESENTING CLINICAL SIGNS

Subjective Chief Complaint: Recurring cough with lethargy and decreased appetite. Patient was previously treated for cough in late March, symptoms initially improved but recurred after recent boarding. Currently lethargic, poor appetite for 2 days, and not sleeping in usual location. Medical Hx:: Previous visit March 25th for cough following boarding. Initially triggered by excitement, barking, or exertion, occasionally producing white foam. Treated with doxycycline (5 days due to tablet count discrepancy) and antitussive medication. PCR panel negative. Symptoms improved sufficiently for boarding but recurred Monday night after returning from recent boarding

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

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 pulmonary vasculature is within normal limits.

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.

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.

Predominantly the ventral dependent aspects of the lung present an ill-defined patchy soft tissue opacification with air-bronchograms.

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

RADIOGRAPHIC DIAGNOSIS

- Ventrally distributed patchy alveolar lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung pattern is compatible with pneumonia – bacterial origin is most likely. Differentials can include parasitic pneumonia or far less likely granulomatous pneumonia.



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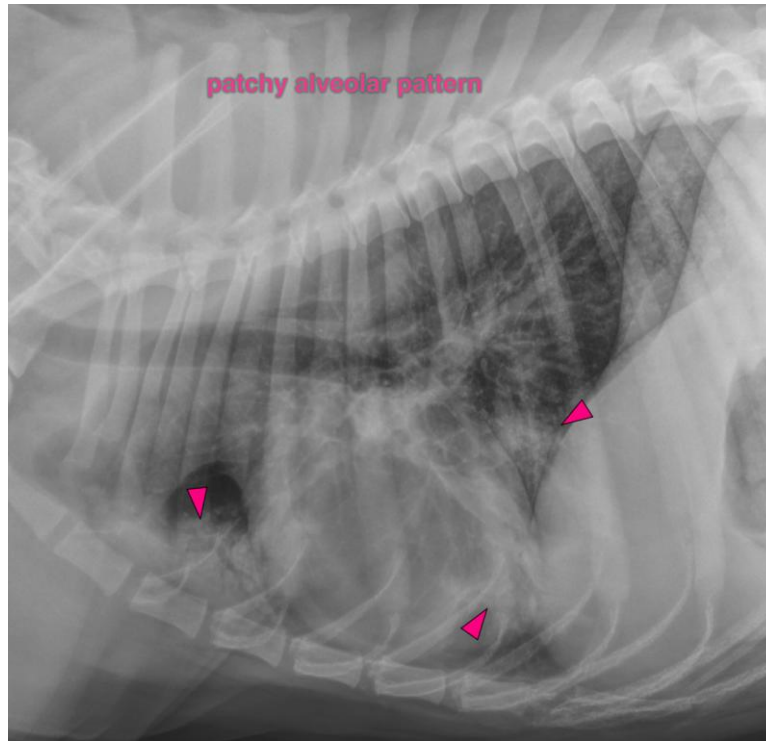
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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. DipECVDDI
info@sonopath.com