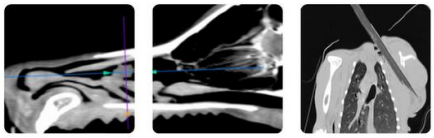

PATIENT

Lexie Stephens

SPECIES

Canine

BREED

Yorkie Mix

SEX

Female Spayed

AGE

10Y

WEIGHT

11lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Mountain West Veterinary Specialists

REFERRING VET

Kim Claus

INVOICE

75111

DATE

5-25-26

PRESENTING CLINICAL SIGNS

1-2 week hx of lethargy, waxing and waning fever, and lameness. Saw rDVM multiple times and ER, was given SQF RX'd ursodiol and gabapentin.
She returned to the ER the day after her first visit for heavy breathing and persistent hyporexia. She had a fever at this visit.
Labs: WBC 21.68, Neut 17.31, Mono 1.52, PLT 126, Glob 4.7, ALP 584. Neg X 4 on 4Dx.
Rads: Diffuse, mild bronchointerstitial pattern.
AUS: Mild depatomegaly, GB sludge with organization,
Was hospitalized 2 nights, a RPL abscess was discovered and treated. Pt on Unasyn, remained hyporexic and started steroids (anti-inflammatory dose).
Today, returned for progressive tachypnea, now anorexia and lethargy. She had a brief episode of possible syncope vs seizure (1 minute). Has a fever again.
Rads repeated and compared: Progressive, now heavy, generalized bronchointerstitial pattern with a nodular appearance in multiple places.
Labs: RBC 5.21, HCT 33.5, HGB 11.9, WBC 43.17, Neut 33.91, Mono 5.49, PLT 77, Cl 108, Glob 5.0, ALP 601, Chol 358
Trans tracheal wash performed. Digital cytology of fluid: Mild neutrophilic inflammation. Harvest of respiratory epithelial cells, suspected alveolar macrophages. No evidence of infectious organisms or neoplastic cells.
Abnormal PE/Chem/CBC/UA Results: Labs: WBC 21.68, Neut 17.31, Mono 1.52, PLT 126, Glob 4.7, ALP 584. Neg X 4 on 4Dx. Rads: Diffuse, mild bronchointerstitial pattern. AUS: Mild depatomegaly, GB sludge with organization, Rads repeated and compared: Progressive, now heavy, generalized bronchointerstitial pattern with a nodular appearance in multiple places. Labs: RBC 5.21, HCT 33.5, HGB 11.9, WBC 43.17, Neut 33.91, Mono 5.49, PLT 77, Cl 108, Glob 5.0, ALP 601, Chol 358

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.

A pleural fissure line is appreciated between the right middle lung lobe and right cranial lung lobe.

The lung parenchyma presents a generalized mild to moderate unstructured reticular pattern, effacing the pulmonary vasculature. Multifocal throughout the lung, ill-defined zones with roundish ground glass opacity are appreciated.

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

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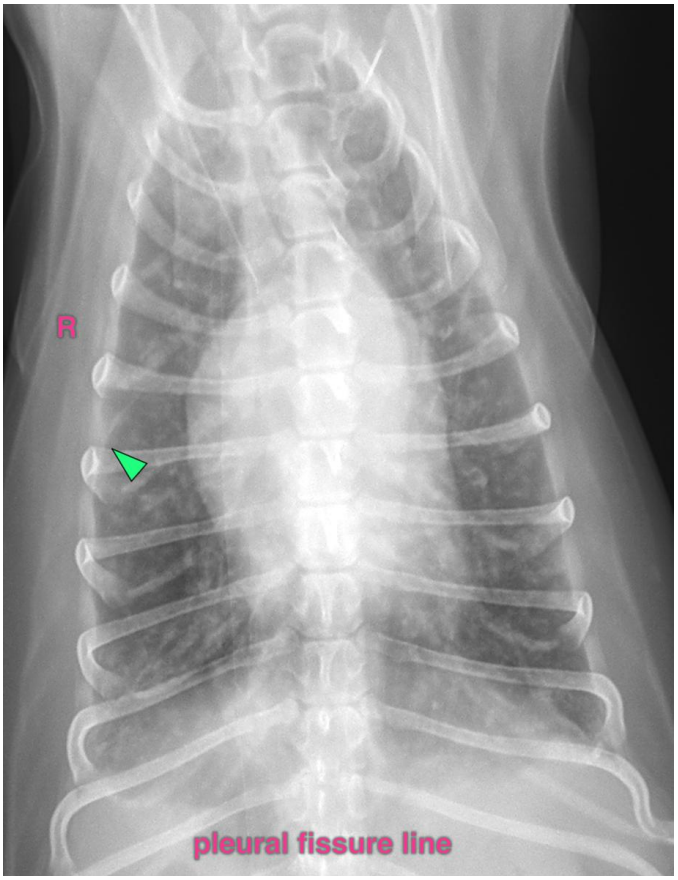
RADIOGRAPHIC DIAGNOSIS

- Unstructured interstitial lung pattern with ill-defined zones with a nodular appearance
- Possible mild pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unstructured interstitial pattern is not specific, the zones with nodular appearing parenchyma are increasing the odds for infectious pneumonitis (e.g. bacterial, mycotic, lung worm infection, viral (e.g. distemper)) or neoplastic origin (e.g. carcinoma). Differentials would include fibrosis, pneumonitis (inflammatory non-infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease). A tracheal wash has already been performed for specification. Complementing workup by testing for possible endemic mycotic infection and a fecal exam to screen for lung-worm infection are beneficial.

An ultrasound examination can be used to rule in/out pleural effusion entirely.



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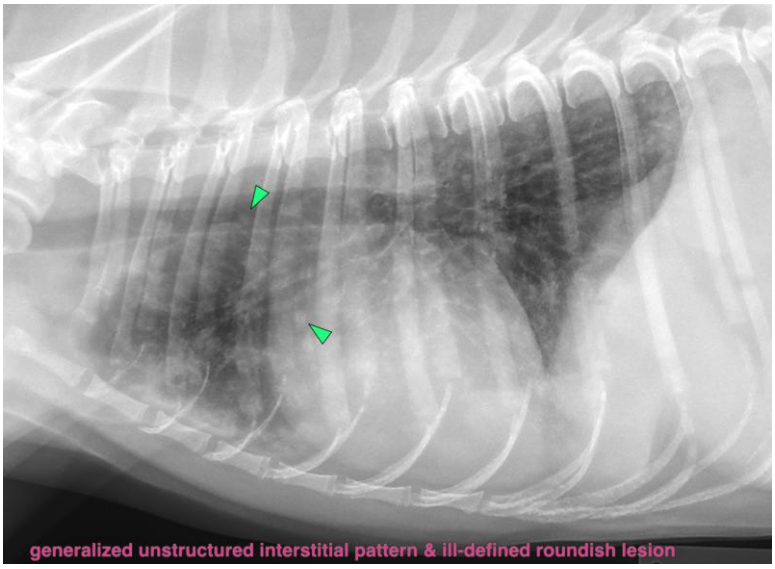

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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