



PATIENT PRESENTING CLINICAL SIGNS

Fudge Clark
Reason for Visit: Coughing when 1st gets up and when excited. Sounds moist, usually has a dry cough, owner worried is pneumonia. Decreased appetite Itchy History: History of Heartworm disease....finished treatment last year Prior chest rads 2/2022 consistent with allergic bronchitis, cough generally improves with cytopoint Chronic history of fleas, owner treats with frontline q 2 weeks, absolutely refuses to use an oral monthly flea prev because she says it killed her dog+
SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: left ear inflamed, moderate amt rust brown discharge Oral Cavity: mm pm, mod-heavy tartar, gingivitis Lymph Nodes: N Skin: Live flea, inflamed lower back/focal area top of head CV/Respiratory: N
BREED
Mixed
Abd/GI: N Uro/Perineum: N Musculoskeletal: BCS 8/9 Neurological: N Fecal: Diagnostic Testing Needed: CBC/Chem: Neutrophilia 14,430 - infection vs stress Monocytosis 1,130 - chronic inflammation/infection....r/o from fleas, allergic bronchitis

RADIOGRAPHIC STUDY OF THE THORAX

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

SF RADIOGRAPHIC FINDINGS

The body condition score is 9/9.

AGE
The surrounding bony structures are within normal limits.

5 Years
The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY
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.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The mediastinum is mild to moderately widened by fat.

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

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

DPC Veterinary Hospital

The lung parenchyma presents a generalized ground glass opacification.

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

Dr. Feldt

RADIOGRAPHIC DIAGNOSIS

- Obesity
- Moderate unstructured interstitial lung pattern

INVOICE

52201

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unstructured interstitial lung pattern is accentuated by the nutritional status of the patient. Differentials for a 'real' unstructured interstitial pattern include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia. Overall, the odds for inflammatory non-infectious (e.g. eosinophilic, lymphocytic plasmocytic) lower airway disease are considered high. A fecal exam can be considered to rule out lung worm infection. Bronchoscopy including BAL might be used as advanced diagnostic

DATE

5-31-22



PATIENT

tests. Obesity is also a known predisposing factor for cough and weight management is beneficial.

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HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

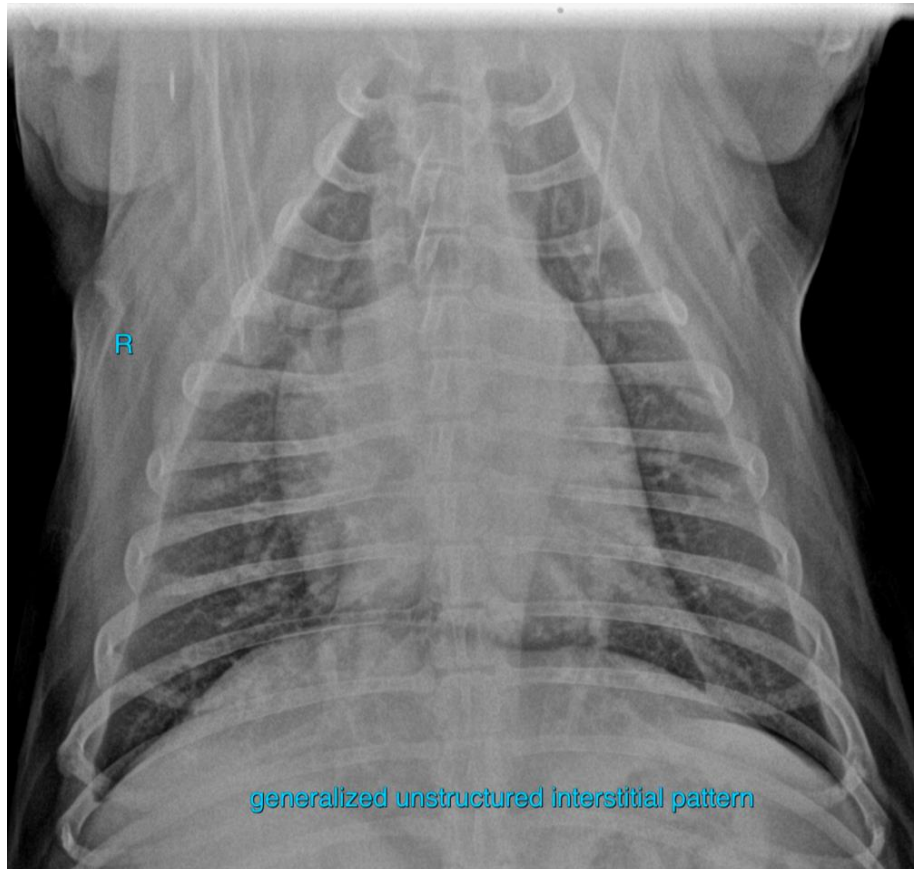
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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