



**PATIENT**

Finnigan Reyes

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Neutered Male

**AGE**

5 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Woodridge  
Veterinary Clinic

**REFERRING VET**

Breanne  
Couperthwaite

**INVOICE**

51930

**DATE**

5-4-22

**PRESENTING CLINICAL SIGNS**

Finnigan presented today for a recheck of his thoracic radiographs. He has been treated with Cephalexin (Rilexine) BID for the past 4 weeks for bronchopneumonia suspected to be caused by infection or aspiration. He has been doing well clinically and cough has resolved. PE today did not reveal and wheezes or crackles and RR was 28.  
Abnormal PE/Chem/CBC/UA Results: N/A.

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

The cranioventral alveolar pattern, especially of the left cranial lung lobe, is regressive in comparison to the previous radiographic study.

There is persistent mild to moderate generalized thickening of the bronchial walls.

The osseous changes of the thoracic spine are stationary.

**RADIOGRAPHIC DIAGNOSIS**

- Remission of the alveolar pattern cranioventral lung field
- Stationary bronchial pattern
- Congenital malformation of multiple thoracic vertebra and spondylosis formation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study indicates remission of the pneumonia under the therapy and there is no evidence of persistent pneumonia.

The bronchial lung pattern might be a sequela to chronic non-infectious inflammatory lower airway disease, due to the lack of clinical signs the relevance of this finding is questionable.



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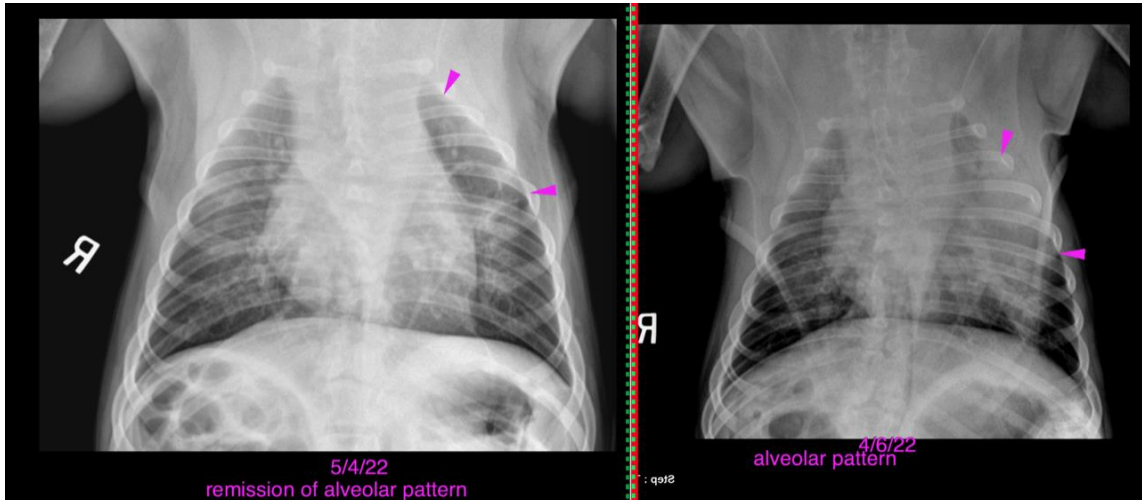
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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. DipECVDI  
sebast.schaub@gmail.com