



**PATIENT**

Jesse Boulanger

**PRESENTING CLINICAL SIGNS**

Ill defined period of intermittent labored breathing. Record does not indicate specific clinical signs on PE. At time of lipoma removal, intermittent breathing suggestive of laryngeal paralysis.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Labrador

**RADIOGRAPHIC FINDINGS**

At the caudodistal aspect of the humeral head bilaterally, mild osteophyte new bone formation is appreciated.

**SEX**

Male Neuter

In the subcutaneous tissue at the left caudal thoracic wall, a fat-opaque welling is appreciated – partially cropped by the collimation.

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.

**AGE**

12

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.

In the cervical segment of the trachea, a soft tissue membrane is bulging ventrally into the tracheal lumen.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

The lung parenchyma presents with a generalized mild to moderate unstructured reticular pattern; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

**HOSPITAL NAME**

Blandford Animal  
Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Mild to moderate unstructured interstitial lung pattern
- Suspect lipoma left caudolateral thoracic wall
- Redundant tracheal membrane

**REFERRING VET**

Hazel Holman

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The unstructured interstitial lung pattern is likely a sequela to mild obesity and age related changes of the lung parenchyma with questionable clinical relevance. Differentials would include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia. Regarding the history, there is suspicion for laryngeal paralysis as source for the presenting clinical signs.

**INVOICE**

52229

**DATE**

6-1-22



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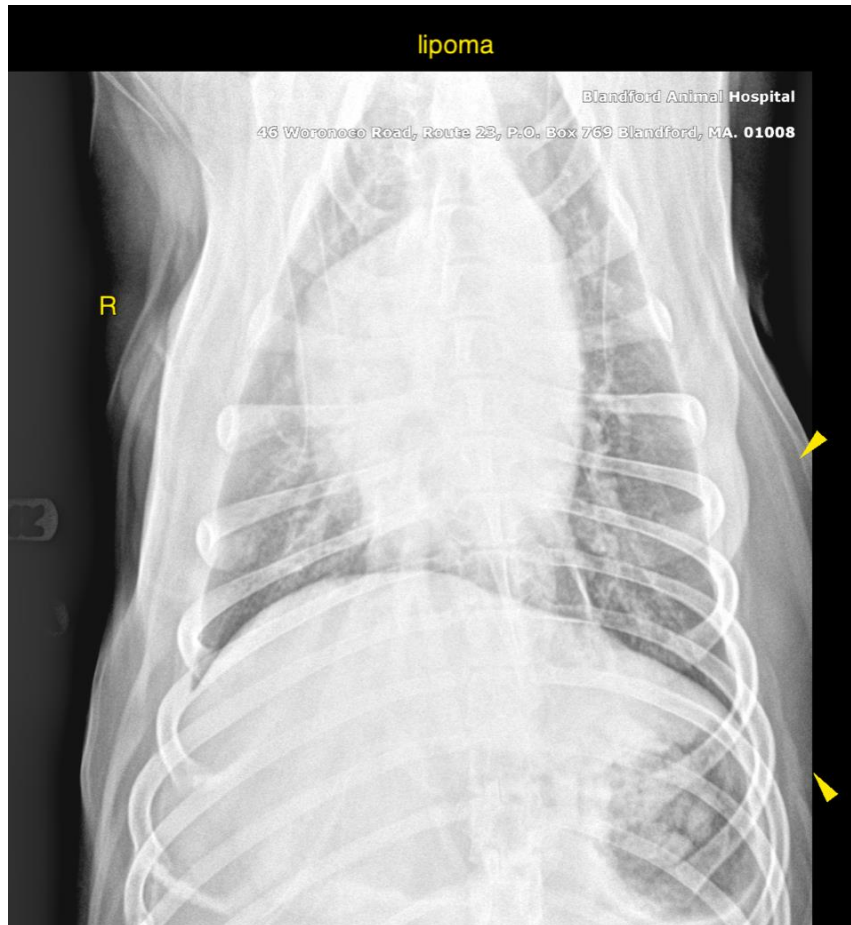
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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