



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Redgie Radasa  
**SPECIES** Canine  
**BREED** Miniature Poodle  
**SEX** Male  
**AGE** 13 Years

History: Redgie is here for further evaluation of his lung fields. He started having issues about 4 weeks ago with an occasional soft cough. About 3 weeks ago, he started to have his rump in the air and he seemed to have more difficulties breathing. He was seen on June 1st at Phoenix AH due to coughing, diarrhea, labored breathing, and coughing up a bit of foamy blood. Chest xrays taken at that visit showed soft tissue opacity in bilateral cranioventral lung fields (predominantly left sided) with patchy, bubbly air pockets within it. He was started on clavamox (rx 14d) and baytril (rx 14 d) for his lungs along with metronidazole (rx 7d) and proviable for his diarrhea. He has one more dose of both baytril and clavamox to give. With antibiotic therapy, he has improved in terms of his lethargy, appetite and comfort breathing but he continues to cough frequently. His diarrhea resolved. He is having a hard time eating firm foods - triggers a cough/gag event. 1 more day of antibiotics and his diarrhea has stopped. Recheck chest xrays taken 4 days ago showed no significant improvement in the lung fields. Over the last few days, Redgie's breathing has gotten worse and he is very uncomfortable at night, though he does cough throughout the day. Denise gave 1/2 trazodone to him one night and that did help him to sleep. Prior to this illness, Redgie has been a healthy dog. Predominantly indoors but has a grass back yard and a covered porch. No access to foxtails. Has 8 rescue dogs at home. They are not showing the same signs. No travel history and he is a home body, so does not go out for hikes, etc.

Abnormal PE/Chem/CBC/UA Results:

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

A high resolution pre- and post-contrast CT study of the thorax is provided for review.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

**COMPUTED TOMOGRAPHIC FINDINGS**

The bony and surrounding soft tissue structures are within normal limits.

**HOSPITAL NAME**

Southern Oregon VSC

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**REFERRING VET**

Kimberly Winters

The right cranial lung lobe left cranial lung lobe and the accessory lung lobe are consolidated and present a heterogeneous soft tissue and gas pattern. Post contrast administration, marked cylindrical dilation of the bronchial tree of the respective bronchi is appreciated, containing heterogeneous gas & soft tissue attenuating material. Post contrast administration, irregular thickening of the bronchial walls of the affected bronchi is appreciated.

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The caudal lung lobes are aerated and present the expected architecture with a bronchial tree tapering physiologically in the periphery.

**DATE**

6/16/22

The tracheobronchial lymph nodes are prominent.



**PATIENT**

Redgie Radasa

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

In the ventral dependent aspect of the gallbladder, two mineral attenuating calculi are appreciated.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Marked bronchiectasis right cranial lung lobe, left cranial lung lobe and accessory lung lobe with inspissated material within the respective bronchi
- Lymphadenopathy tracheobronchial lymph nodes
- Cholelithiasis without evidence of mechanical obstruction

**BREED**

Miniature Poodle

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Male

The pulmonary changes are consistent with marked bronchiectasis of the above-mentioned lung lobes and secondary inspissation of exudate within the bronchi. The altered normal bronchial clearance of the respective bronchi and the inspissated material will predispose for recurrent lower airway infection. Causes for the significant bronchial changes include chronic bronchitis (infectious versus immune mediated) or congenital abnormality of the bronchi (would expect clinical signs have occurred earlier in life). Secondary reactive hyperplasia of the regional lymph nodes.

**AGE**

13 Years

As the changes of the bronchi are irreversible, the chances of conservative management versus surgical options should be discussed with internal medicine and surgeon.

**INTERPRETED BY**

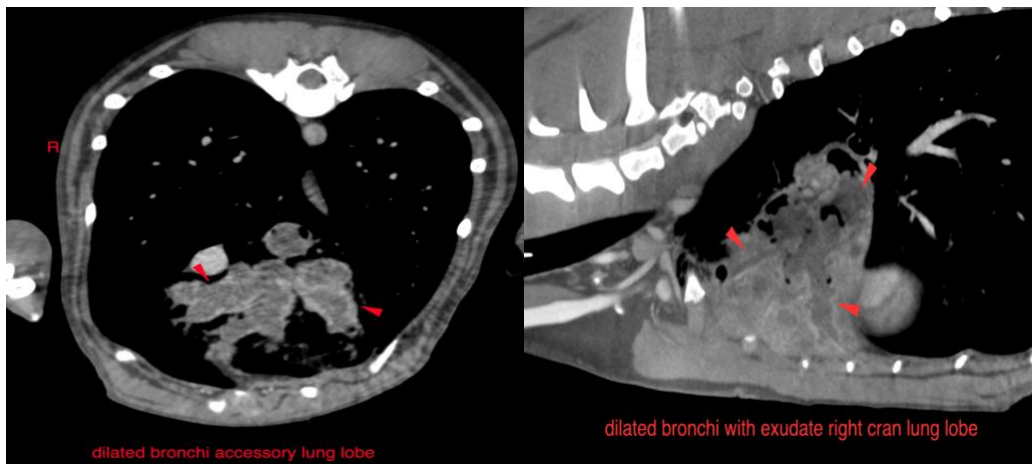
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dilated bronchi accessory lung lobe

dilated bronchi with exudate right cran lung lobe

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**PATIENT**

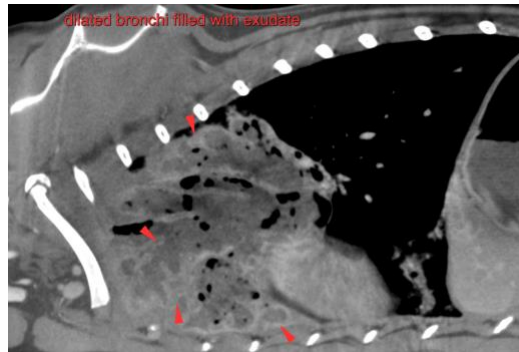
Redgie Radasa

**SPECIES**

Canine

**BREED**

Miniature Poodle



**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.**

**SEX**

Male

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.

**AGE**

13 Years

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