



PATIENT

Gunnarr Potthoff

PRESENTING CLINICAL SIGNS

Gunnarr was admitted to an ER 6/1/2022 for pneumonia. This is a recheck 2 weeks after starting antibiotics
Abnormal PE/Chem/CBC/UA Results: Mild increase in sound at auscultation. Doing good otherwise and putting weight back on.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Weimaraner

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

SEX

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.

MN

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.

AGE

10 Years, 7 Months

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

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 ventral dependent aspects of the caudal part of the left cranial lung lobe presents a diffuse soft tissue opacity with air-bronchograms, the volume is mildly decreased. The consolidated zone is mildly decreased in size in comparison to the previous radiographic study. The remainder of the lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

HOSPITAL NAME

Elizabeth Animal Hospital

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

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Leon Anderson, DVM

- Ventrally distributed alveolar pattern caudal part left cranial lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

52483

The alveolar pattern is mildly regressive in size, but can still be appreciated, this can be due to persistent pneumonia ± hepatization or atelectasis of the lung parenchyma. However, to rule out neoplastic invasion either ultrasound guided FNA sampling or follow up radiographs in 2 weeks with continuation of antimicrobial therapy appears beneficial as radiographic findings lack behind clinical signs.

DATE

6-17-22



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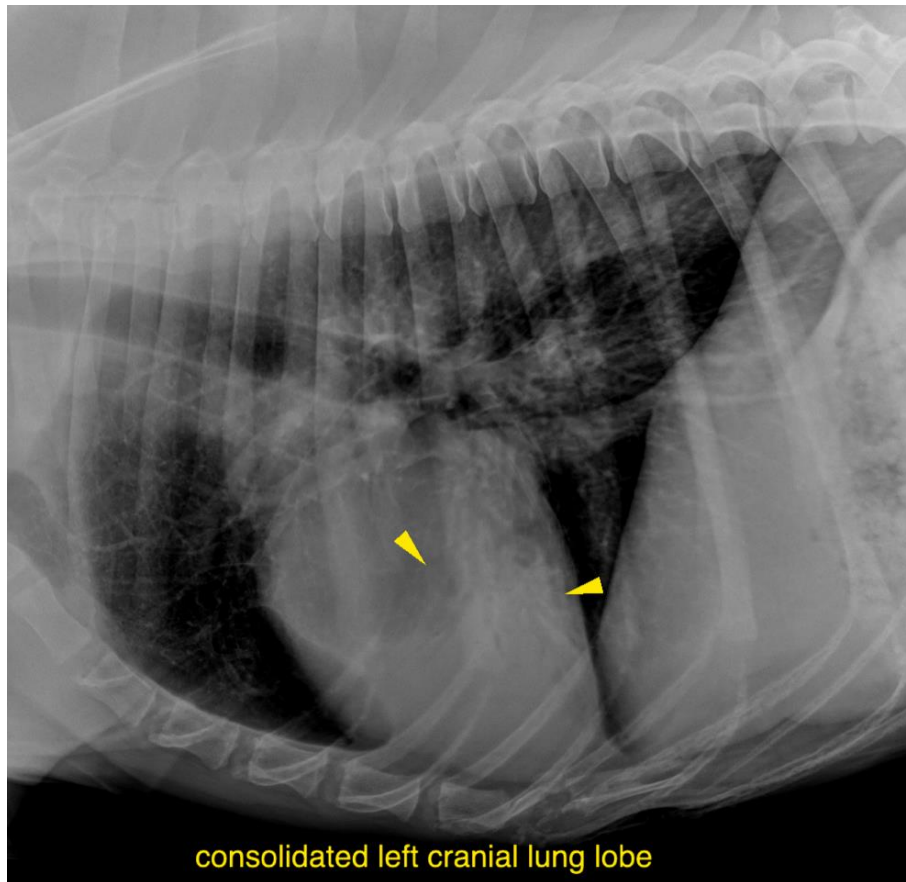
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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