



PATIENT

Willow Cahill

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed Female

AGE

3

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Beaches-Fallingbrook
Veterinary Clinic

REFERRING VET

Dr Sam Shahsavari

INVOICE

52299

DATE

6-4-22

PRESENTING CLINICAL SIGNS

Willow is a 3-year-old Bernese mountain dog neutered who has a history of recurring cough. As per the owner's statements, she has a good appetite and no issues with drinking, She was initially treated at her regular vet with antibiotics and the coughing went away for a bit. The coughing returned approx. a week later and she was taken to an ER. She was diagnosed for pneumonia at the ER and was prescribed antibiotics. The issue seems unresolved and has presented itself again. On PXE BAR HP Chest clear, no heart murmur

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 8/9.

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

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.

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.

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

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

The lung parenchyma presents the expected architecture and generalized moderate ground glass-opacification of the lung parenchyma; 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.

RADIOGRAPHIC DIAGNOSIS

- Obesity
- Generalized increased radiopacity of the lung parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized increased radiopacity of the lung parenchyma is most likely a sequela to the nutritional status and technique rather than being caused by an unstructured interstitial pattern of the lung. The latter is not specific, and potentials include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia.

Despite the negative radiographs, due to recurrent clinical signs, negative radiographs do not rule out inflammatory lower airway disease entirely (e.g. allergic, eosinophilic). Bronchoscopy



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including BAL would be ideal as advanced diagnostic tests. If clinical signs deteriorate, recommend follow up radiographs of the thorax.

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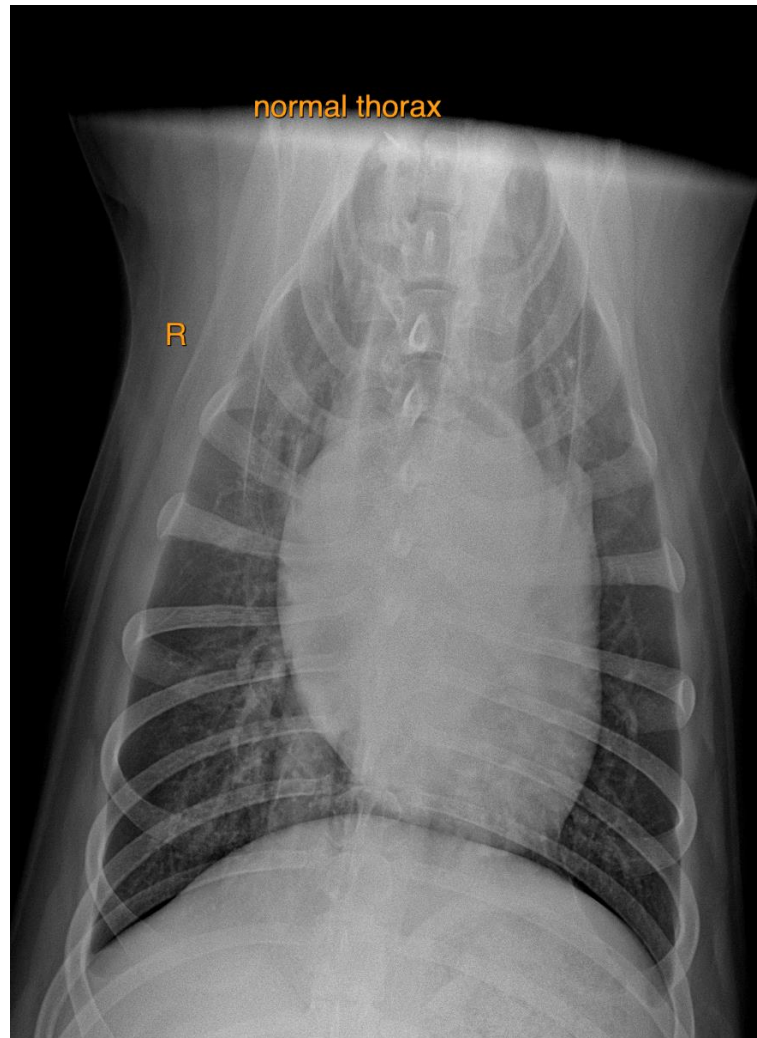
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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