



**PATIENT PRESENTING CLINICAL SIGNS**

Duke Flores P presented for evaluation of abnormal respiratory sounds. O's note that the P has always had a heavy breathing pattern, but they've noted increased wheezing/congestion and loud snoring. P has a history of cutaneous mast cell removals and O's want to ensure this is not related or something more serious

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: - Soft, circumferential, SQ masses were noted on the lateral aspect of the rib cage - Soft, circumferential, SQ, non-moveable mass cranial to prepuce (suspect a non-reducible hernia - No apparent discharge from the nose or eyes - No apparent abnormal lung sounds

**BREED**

Pitbull

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

**SEX**

The surrounding bony structures are within normal limits.

MN

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

9

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

The lung parenchyma presents a generalized mild to moderate unstructured reticular pattern and multifocal mild thickening of the bronchial walls is appreciated.

**HOSPITAL NAME**

Boca Park Animal  
Hospital

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

**RADIOGRAPHIC DIAGNOSIS**

- Broncho-interstitial lung pattern

**REFERRING VET**

Tifanie Silver

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pulmonary interstitial pattern is likely a sequela of hypoinflation of the lung parenchyma. The bronchial pattern indicates bronchitis and primary inflammatory non-infectious bronchitis (e.g. eosinophilic, lymphocytic plasmocytic, allergic) is considered more likely than infectious bronchitis (e.g. bacterial, viral, parasitic). Given the clinical signs rule out upper airway disease (e.g. laryngeal paralysis, upper airway infection/obliteration).

**INVOICE**

52328

**DATE**

6-6-22



**PATIENT**

Duke Flores

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

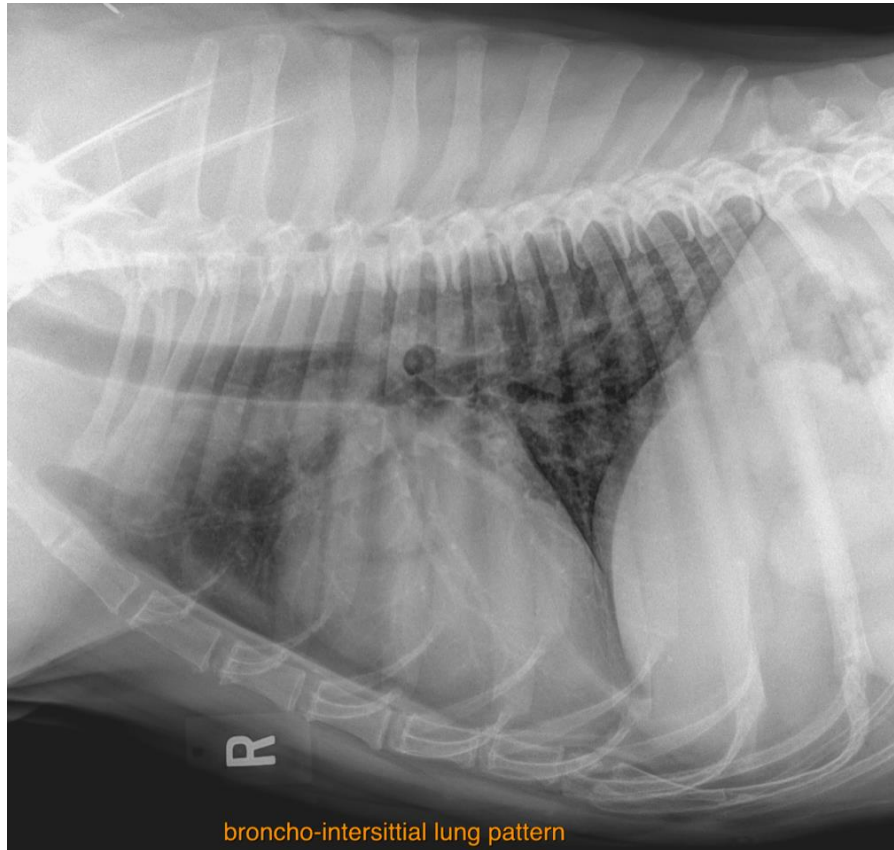
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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