



PATIENT PRESENTING CLINICAL SIGNS

Finnegan Barham Has been coughing for several years with dx of tracheal collapse. On Hydromet. Had dental cleaning under anesthesia a month ago. Was dx'd with murmur at that time. Has been coughing more since then. Abnormal PE/Chem/CBC/UA Results: Grade IV/VI murmur No crackles or wheezing heard

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Schnauzer

RADIOGRAPHIC FINDINGS

The body condition score is 7/9.

SEX

NM

The intervertebral disc spaces T11/T12 and T12/T13 are collapsed and the respective vertebral endplates present spondylosis formation. The periarticular bones of both shoulder joints present mild to moderate osteophyte new bone formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

14

The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. 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 cranial cervical segment of the esophagus contains a small amount of gas.

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

HOSPITAL NAME

Grove Veterinary
Clinic

Generalized mild to moderate thickening of the bronchial walls is seen. The lung parenchyma has a generalized ground glass opacity, due to an unstructured reticular pattern.

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

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Luna

- Bronchial lung pattern with mild interstitial component
- Degenerative osteoarthritis shoulder joints bilaterally
- Mild left sided cardiomegaly without signs of decompensation.
- Obesity
- Chronic discopathy T11/T12 and T12/T13

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

7-18-23

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. The chronicity of clinical signs, is increasing the odds for primary inflammatory non-infectious origin of bronchitis. Bronchoscopy including BAL can be used as advanced diagnostic tool, empirical management can be considered alternatively.



PATIENT Finnegan Barham
The unstructured interstitial lung pattern is likely a sequela to the nutritional status and age related changes of the lung parenchyma. The odds for 'real' interstitial lung pattern are considered low – non specific potentials would include accompanying pneumonitis, systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia.

SPECIES Canine
The mild left sided cardiomegaly is likely a sequela to mitral valve disease; a cardiac echo can be performed for further assessment of cardiac chamber size and function.

There is no sign for pleural effusion and the increased radiopacity level with the ventral aspect of the heart is likely caused by widening of the mediastinum by fat.

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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.

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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.

DATE

7-18-23

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