



PATIENT PRESENTING CLINICAL SIGNS

Mercie Victory recurring cough, seen 3-21, "sounds like something caught in throat", HR 120, no murmur, no lung sounds, sinus arrhythmia. treated for tracheitis. only meds: Keterolac eye drops BID (since Aug 2021) 5-2-22: cough, sometimes spits up white phlegm. heart and lungs WNL, treated similarly 7-19-22: still coughing. o says no meds ever really helped. HR 130, no murmur. no lung sounds, sinus arrhythmia, mouth WNL, rads!
 Canine Abnormal PE/Chem/CBC/UA Results: all WNL

RADIOGRAPHIC STUDY OF THE THORAX

BREED Radiographs of the thorax in three imaging planes are provided for review. Radiographs are provided in JPEG file format.

Dach

RADIOGRAPHIC FINDINGS

SEX Generalized moderate image noise is present.

FS The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE 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.

12 Years The volume of the right cranial and middle lung lobe is moderately decreased, and the parenchyma presents a soft tissue opacity. A moderate midline shift of the heart to the right and mediastinal shift to the right is appreciated.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Level with the 3rd left intercostal space and the 5th left rib, a mild ill-defined roundish soft tissue opacity is seen.

HOSPITAL NAME The remainder of the lung parenchyma are aerated and present the expected architecture.

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

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Katie Maher

- Consolidated right cranial & middle lung lobe with significant decreased volume
- Two nodular soft tissue opacities left cranial lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE The consolidated right cranial & middle lung lobe in combination with the decreased volume is suggestive for atelectasis or chronic pneumonia with hepatization of the respective lung lobes. Resorption atelectasis is considered most likely, possibly due to bronchial mucus plugging, mural bronchial mass or extramural compression of the respective bronchi (e.g. neoplasia). Due to the chronicity of clinical signs, I consider the odds for primary inflammatory origin high. To confirm the diagnosis and ruling out any hilar mass of the respective lung lobes, a CT study of the thorax can be considered. Bronchoscopy including BAL can be used for further workup as well.

52960

DATE

7-19-22 The nodular soft tissue opacity can be caused by summation of normal anatomy, such as pulmonary vascular structures. Potentials would include granuloma, mucus impaction, round



PATIENT

pneumonia, fibrosis, cyst or metastatic disease.

Mercie Victory

SPECIES

Canine

BREED

Dach

SEX

FS

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Maier Animal
Hospital

REFERRING VET

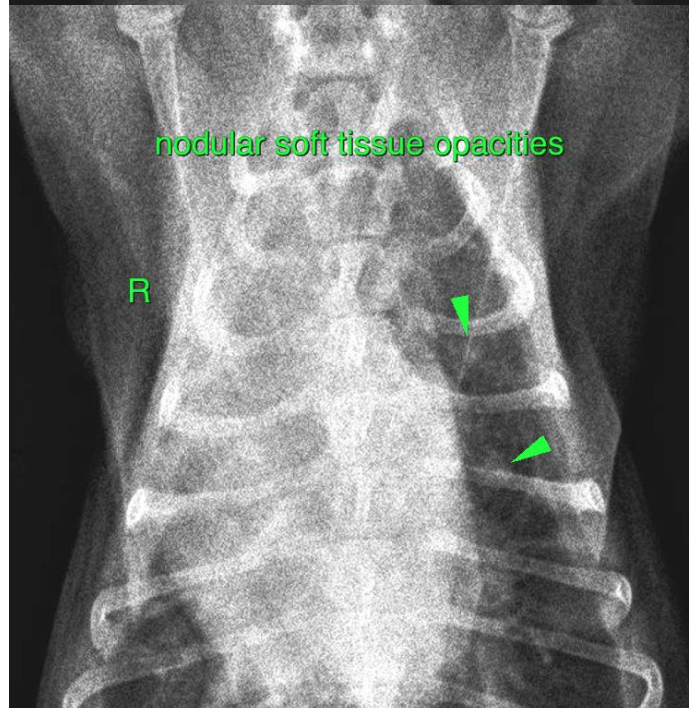
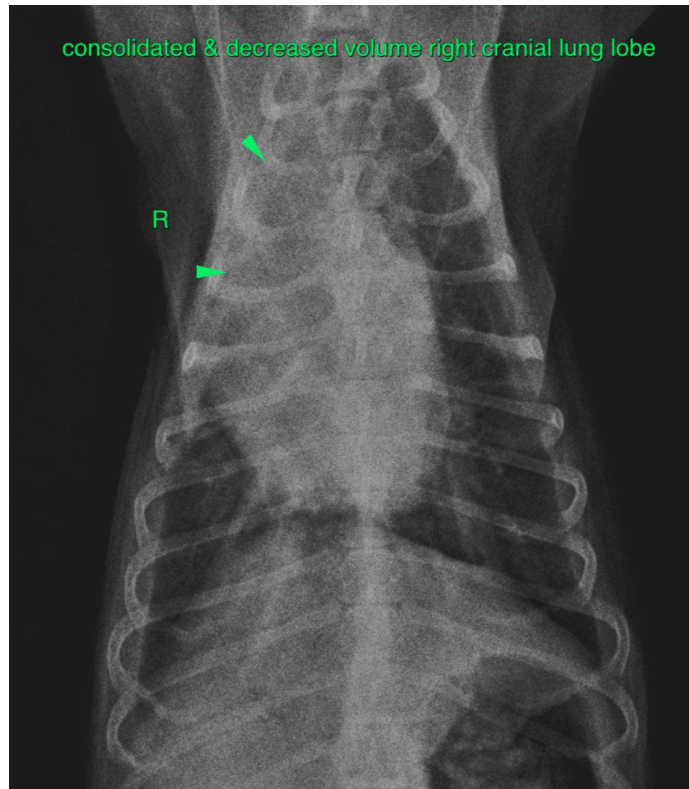
Katie Maher

INVOICE

52960

DATE

7-19-22





PATIENT

Mercie Victory

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.

SPECIES

Canine

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

BREED

Dach

SEX

FS

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Maier Animal
Hospital

REFERRING VET

Katie Maher

INVOICE

52960

DATE

7-19-22