

**PATIENT PRESENTING CLINICAL SIGNS**

Hamilton Scott  
Hamilton presents for chest radiographs after speaking with Dr. Anderson yesterday evening. Hamilton was up all night suffering from raspy, labored breathing and restlessness. His balance does seem off as well. Craig did say he's barely picked at his food since yesterday morning and has not seen him go to the bathroom for the past 2 days. The right side of his face has swollen starting yesterday as well.

**SPECIES**

Canine  
Abnormal PE/Chem/CBC/UA Results: Mucous Membranes MUDDY COLOR, PTYALISM, CRT 2 seconds Cardiovascular/ Respiratory HEAVILY PANTING AND DROOLING, CRACKLES HEARD THROUGH ALL LUNG FIELDS, LOUDEST MID THORAX. No murmur or arrhythmia. I REVIEWED THE EXAM FINDINGS AND X-RAY FINDINGS OF AN ASPIRATION PNEUMONIA.

**BREED**

Australian Shepherd  
Toy

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

**SEX**

One elbow joint presents moderate osteophyte new bone formation.

Neutered Male

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.

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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.

**HOSPITAL NAME**

Dr. Leon Anderson

The caudal part of the left cranial lung lobe and the right middle lung lobe present a homogeneous soft tissue opacity with air-bronchograms; the volume of the respective lung lobes is maintained. The remainder of the lung parenchyma are aerated and present the expected architecture.

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

**REFERRING VET**

Leon Anderson, DVM

**RADIOGRAPHIC DIAGNOSIS**

- Ventrally distributed alveolar lung pattern
- Degenerative osteoarthritis one elbow joint

**INVOICE**

53774

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pulmonary pattern is supporting the diagnosis of bacterial pneumonia – possibly secondary to aspiration. Theoretically pulmonary hemorrhage or far less likely neoplastic infiltration are differentials. Recommend empirical management, follow up radiographs in 2-3 weeks might be used to confirm remission of pulmonary changes.

**DATE**

8-27-22



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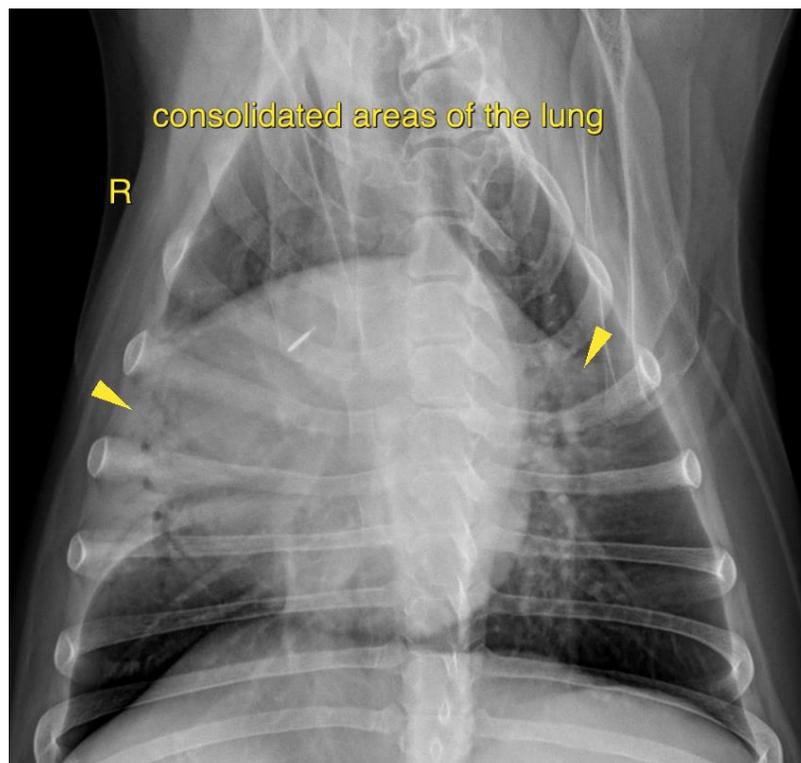
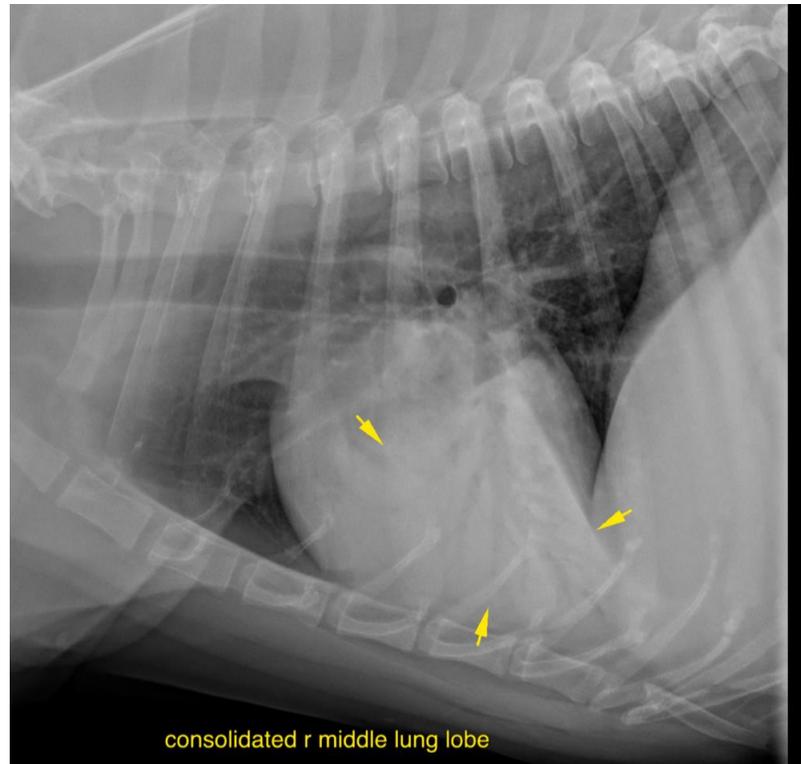
Leon Anderson, DVM

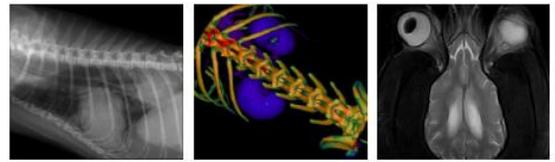
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**PATIENT**

Hamilton Scott

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

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