



PATIENT

Sir Winston Bunhill III
Selter

SPECIES

Rabbit

BREED

Flemish Giant

SEX

Male

AGE

9 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Agnes Rupley, DVM

INVOICE

54100

DATE

9-16-22

PRESENTING CLINICAL SIGNS

PRESENTED FOR: Sir Winston Bunhill presented 3/23/22 for nasal discharge. Exam: Purulent nasal discharge bilaterally. Increased respiratory sounds ausculted bilaterally, however Winston was nervous on exam. Increased respiratory rate. Respiratory infection suspected. CBC results revealed 3% toxic heterophils. She was treated with trimethoprim sulfamethoxazole based on bacterial culture/ susceptibility that grew Pasteurella multocida and Bordetella bronchiseptica. 4/18/22 Minimal improvement. Antibiotic changed to enrofloxacin orally. 4/28/22 Mild improvement. Continued enrofloxacin orally. 5/6/22 Mild purulent nasal discharge bilaterally. Right nostril heterophilic inflammation and cocci bacteria. Left nostril lymphocytes and heterophilic inflammation cocci bacterial. Owner declined culture today. Continued enrofloxacin orally, and began Gentamicin nasal drops. 7/18/2022: Worsened symptoms (increased nasal discharge and sneezing). Submitted culture. Started Doxycycline Pending culture. Culture grew Pasteurella multocida and Bordetella bronchiseptica. Susceptibility test results reveal no interp possible for doxy for Bordetella strain, and no interp possible for enro for Pasteurella strain. Re-started trimethoprim sulfamethoxazole orally. Began nebulization with saline with enrofloxacin, gentamycin, and acetylcystine, and triz edta added. TODAY: VITALS: 4.22 kg Temperature: 103.1 degree F (99.1-102.9) EXCITED Heart Rate: 220 (normal 130-325) Respiratory Rate: 100 (normal 30-60) EXCITED AND HAS WHITE DISCHARGE Mucous Membrane Color: Pink Capillary Refill Time: <2 CURRENT MEDICATIONS: Medications: Nebulizing twice daily with solution containing Enro, Genta, and Aceylt-last given was this morning. Finished TMPS at 0.5ml twice daily (0.27mg/dose) orally this morning. Owner requests refill of TMPS with vanilla butternut flavor this time (he seems to like the flavor). Discontinued Provable, towards the end of August; she discontinued because she said it made his sneezing worse. -hb
Abnormal PE/Chem/CBC/UA Results:

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

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 thymus can be appreciated in the cranial mediastinum – considered as an age related normal finding or due to normal persistent thymus.

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 opacity; 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.



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RADIOGRAPHIC DIAGNOSIS

- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The radiographic study of the thorax presents without abnormalities. There is a subjective unstructured interstitial pattern that I would still consider normal for a rabbit. Given the reported history, the upper airway infection is the clinically relevant finding.

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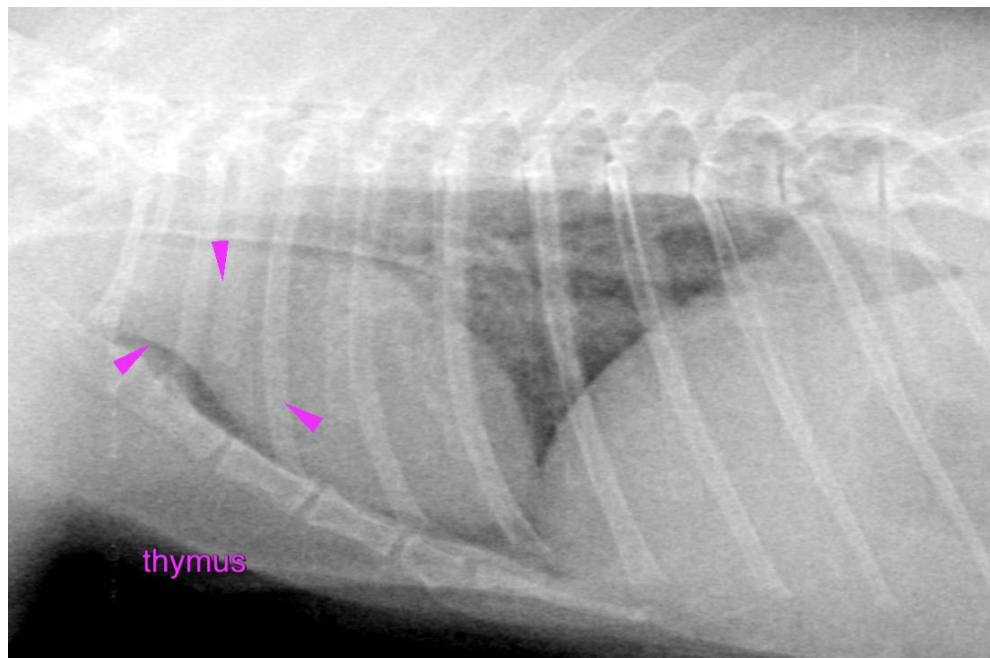
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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