



ABOUT THE DISEASE

Generally speaking, **pneumonia** is a non-specific term used for inflammation within the deeper lung tissues. **Pneumonia** can be a life-threatening disease, but with many different causes it can be a relatively mild disease. Bronchitis is a separate condition from **pneumonia**, which is simply inflammation of the connecting airways. Often these two diseases are combined to yield a blanket diagnosis of bronchopneumonia.

Pneumonia can be caused by any infectious organism (virus, bacteria, fungi, parasites), but may also be caused by aspiration of vomit or food, and in rare circumstances can be from autoimmune (sterile) inflammation. Although, whether it be primary or secondary, there is typically a bacterial component with **pneumonia**.

Coughing is the hallmark symptom, though certainly not all coughing patients have **pneumonia**. Examination with a veterinarian will help determine relevance of symptoms and other risk factors.

OBTAINING A DIAGNOSIS

A thorough clinical history and physical examination will help differentiate **pneumonia** from other conditions like kennel cough. Please see [Kennel Cough](#) document for additional information.

The diagnosis of **pneumonia** is often obtained following x-rays (radiographs). However, depending on the patient's disease progression, there may or may not be severe changes on radiographs.

As **pneumonia** can sometimes be fungal, patients may undergo a blood and urine tests for an infectious disease called Blastomycoses. Please see the [Blastomycoses](#) document for additional information.

In severe circumstances, patients may have a respiratory culture performed by nasal swab, transtracheal wash, or bronchoalveolar lavage. These additional measures can help direct management in refractory cases.

TREATMENT

Almost all **pneumonia** patients are placed on antibiotics, anti-inflammatories, and sometimes mild cough suppressants. However, there is not always one clear antibiotic to treat **pneumonia** and in severe circumstances requires a combination of medications.

Most patients are treated on the outpatient basis, but in severely debilitated patients, some may require hospitalization, with critical care management, oxygen therapy, nebulization, and sometimes inhalers.

The goal is to achieve stability as soon as possible so that treatment can be performed at home. In early management, rechecking once per week is typically necessary to ensure continued improvement.

TIPS FOR SUCCESS

- Seek early examination when patients are coughing, breathing fast, breathing hard, or become lethargic.
- There is not always one simple management, and some patients require several medications to ensure success and resolution.