



**PATIENT PRESENTING CLINICAL SIGNS**

**Benny Bramham** History: Has a lump under the front left armpit getting bigger is 7 cm in diameter is getting bigger as per owner.

**SPECIES RADIOGRAPHIC STUDY OF THE THORAX**

**Canine** The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

**BREED** The bones are well mineralized with good trabecular structure and smooth surfaces. Small ribs are present on C7.

**Australian Shepherd** The bony structures appear physiological.

**SEX** The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

**Neutered Male**

**AGE** The cranial mediastinum is of physiological size and opacity. The tracheal air shadow between C2 and C6 is reduced from dorsally by a soft tissue dense band.

**9 Years** The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

**INTERPRETED BY RADIOGRAPHIC DIAGNOSIS**

**Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR**

- Possible tracheal collapse
- Transitional C7 (vestigial ribs)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME** The significance of the tracheal air space variation is questionable, but should a cough be present, tracheoscopy can provide the necessary confirmation. I can see no metastases, but further examination of the axillary nodule is recommended. Depending on its location it may represent a brachial plexus tumor, in which case cross sectional imaging would be necessary. Otherwise FNA of the mass is recommended. This may have to be followed by CT of the thorax in case small lung nodules or lymphadenomegaly is present.

**REFERRING VET**

**Dr. Ehab Yessa**

**TECHNICAL COMMENTS**

**INVOICE** Only jpg images were submitted. The transformation from DICOM to jpg reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports, I suggest submitting DICOM images in the future.

**13283**

**DATE**

**1/6/22**



**PATIENT**

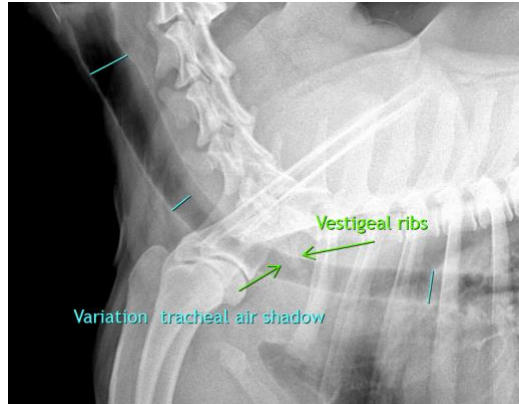
Benny Bramham

**SPECIES**

Canine

**BREED**

Australian Shepherd



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

**SEX**

Neutered Male

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.

**AGE**

9 Years

**Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR**  
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**INTERPRETED BY**

Heike Rudorf, DVM,  
Dr. med. Vet.,  
DipECVDI DVR

**HOSPITAL NAME**

Wilson Road VC

**REFERRING VET**

Dr. Ehab Yessa

**INVOICE**

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