



PATIENT PRESENTING CLINICAL SIGNS

Shelby Boss History of trauma (slipping on ice and falling) 1 weeks ago with acute respiratory distress immediately following. Other vet diagnosed pneumothorax, unable to tap. Second opinion on pneumothorax and looking for primary lesion if present (mass vs. other). Thoracocentesis today successful, but large amount of gas still present on repeat radiographs. The radiographs submitted are prior to thoracocentesis.

SPECIES

Canine

RADIOGRAPH OF THE THORAX

BREED

RLR, LLR, 2v VD

Shepard Mix

RADIOGRAPHIC FINDINGS

SEX

SF

On both lateral views the cardiac silhouette is elevated from the sternum by a gas lucency and the space between heart and sternum shows thin, linear opacities. The lung lobes have retracted moderately from the chest wall due to surrounding air. The surface of the contracted lobes is opaque and the outline slightly irregular. The mediastinal vessels are highlighted.

AGE

9 Years

On the VD views the center of the right caudal lobe appears particularly opaque around the bronchus. On the left lateral recumbent view two rounded soft tissue opacities are located in the region of the caudal vena cava and the more dorsally located one contains air.

RADIOGRAPHIC DIAGNOSIS

INTERPRETED BY

Heike Rudolf, DVM,
Dr. med. Vet.,
DipECVDDI DVR

- Pneumothorax
- Pneumomediastinum, mild
- Localized lung pathology R side

HOSPITAL NAME

Rockaway Animal
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Kahn

The rounded lung pathology, one of which contains air, can represent abscesses (e.g. foreign body), tumors or cysts. As one contains air, a connection to the pleural space or a bronchus is assumed. The opacity and shape of the lung surface suggests pleural pathology or an inability of the lungs to fully expand due to surface fibrosis. For drainage I suggest to place the animal in sternal recumbency or standing because the air will rise to the most dorsocaudal region of the thorax which should make drainage easier. Ultrasound can be employed to watch the inflation of the lung lobes. A CT examination would be the method of choice for the investigation of the masses and their location; however repeat radiography can also be useful. Should the masses be located close to the chest wall, an ultrasound guided sample can be obtained. In case the pneumothorax keeps reoccurring a permanent drain will have to be placed and a connection between the lung pathology and the pleural space has to be ruled out with CT. Removal of the right caudal lobe may be the only option if the lungs do not remain expanded.

INVOICE

50339

DATE

2-17-22



PATIENT

Shelby Boss

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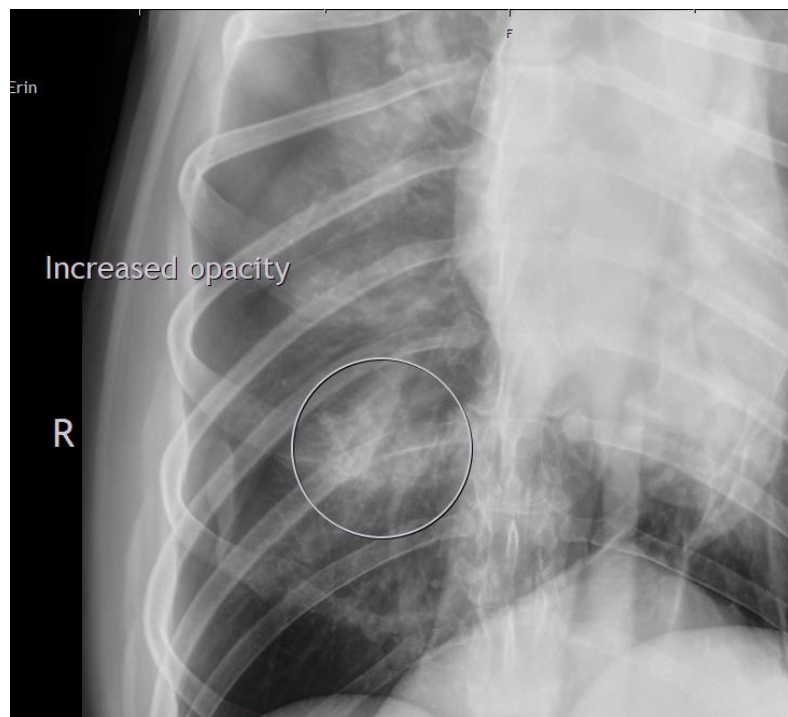
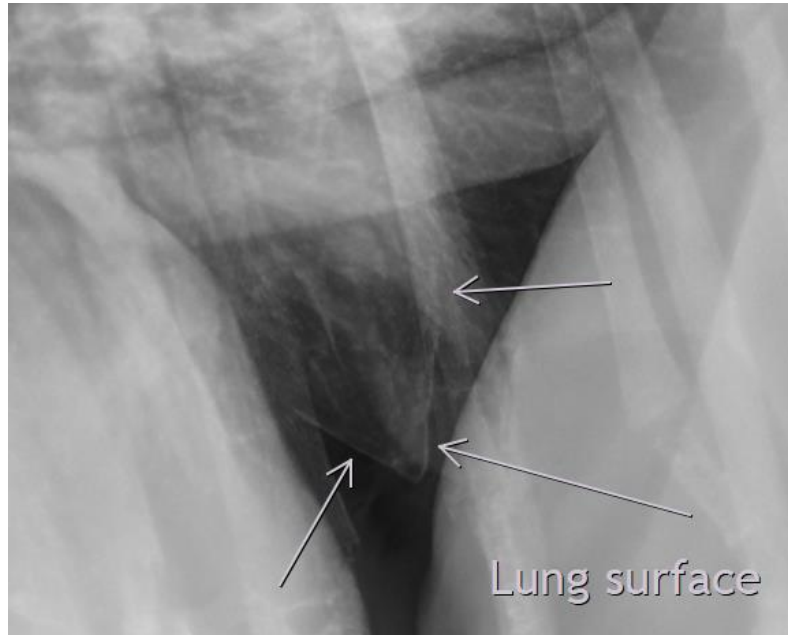
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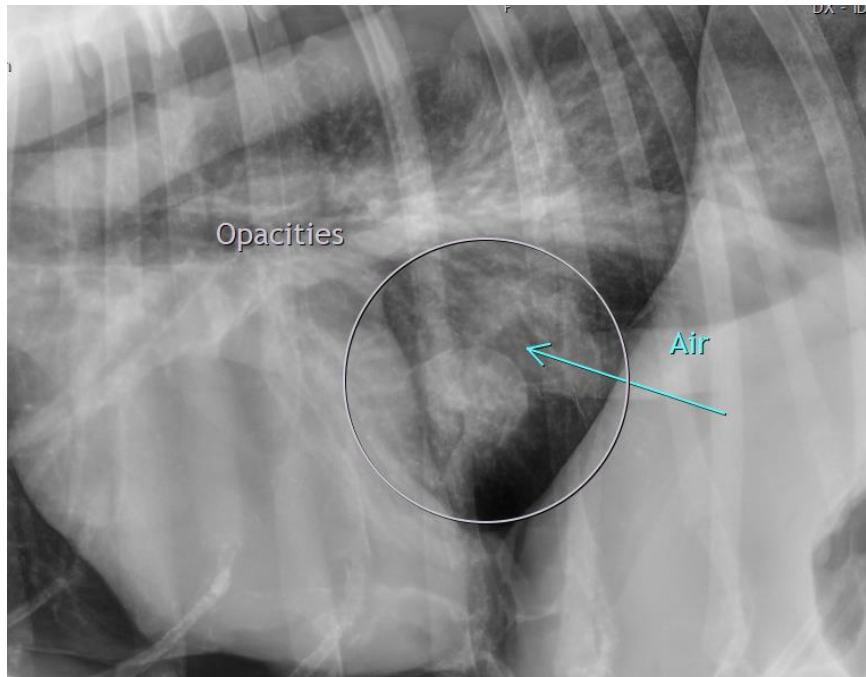
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDDI, DVR
Dr.H.Rudorf@gmail.com

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