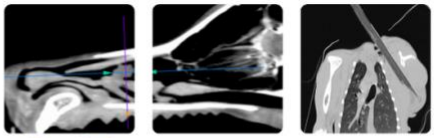

PATIENT

Mollie Fountain

SPECIES

Canine

BREED

Mix Lab

SEX

Spayed Female

AGE

13

WEIGHT

76

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Russ LaPierre

HOSPITAL NAME

Blandford AH

REFERRING VET

Dr. Russ LaPierre

INVOICE

35920

DATE

2/19/26

PRESENTING CLINICAL SIGNS

History: Past 3 weeks phlegm like to dry cough intermittent that can be 3-4x day but can be protracted bouts at night. Last 2 days has increased significantly. Remains otherwise BAR, eating and drinking

Abnormal PE/Chem/CBC/UA Results: Moderately harsh right>left lung fields no cough upon palpation

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7/9 with smooth, alternating layers of fat and soft tissue opacity.

The ribs are parallel to and superimposed onto each other. Bony spurs are located on the caudal humeral heads. Spondylosis is present along the ventral aspect of the thoracic spine.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5. The esophagus is completely air filled in on of the two lateral recumbencies; on the other the air opacity stops cranial to the mass.

The lung lobes are slightly displaced from the thoracic boundaries by fat. A cranially rounded, soft tissue mass is located in the left caudo-dorsal lobe. On the VD it is separated from the diaphragm by air filled lung but superimposed onto the left side of the cardiac shadow; the main bronchus is not visible. Between ribs 7-9 it is in close contact with the rib cage. Blurring of the pulmonary vasculature follows the right caudal main bronchus; only one set of caudal pulmonary vessels is evident on the lateral views.

The cardiac silhouette occupies 65-50% of the chest height and approx. 2.5 intercostal spaces; it appears to be ventrally displaced by the esophagus. Chamber or outflow tracts are obscured/altered by the thoracic mass.

RADIOGRAPHIC DIAGNOSIS

- Mass left caudal lung lobe
- Interstitial infiltrate right caudal lobe
- Megaesophagus
- Dyspnea

Incidental findings

- Arthrosis shoulders
- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are compatible with a pulmonary mass (e.g., tumor, granuloma, abscess, hematoma) and interstitial infiltrate (e.g., infection, inflammation, bleeding) on the right side. Due to the close proximity of the mass to the rib cage, ultrasound guided sampling should be possible. In case surgery is considered, a CT examination is recommended to look for pulmonary metastases and lymphadenopathy. It is likely that in right lateral recumbency the esophagus is compressed by the mass which stops the esophageal air shadow cranial to the mass.

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Teleradiology
Educational Teleconsultation Services™

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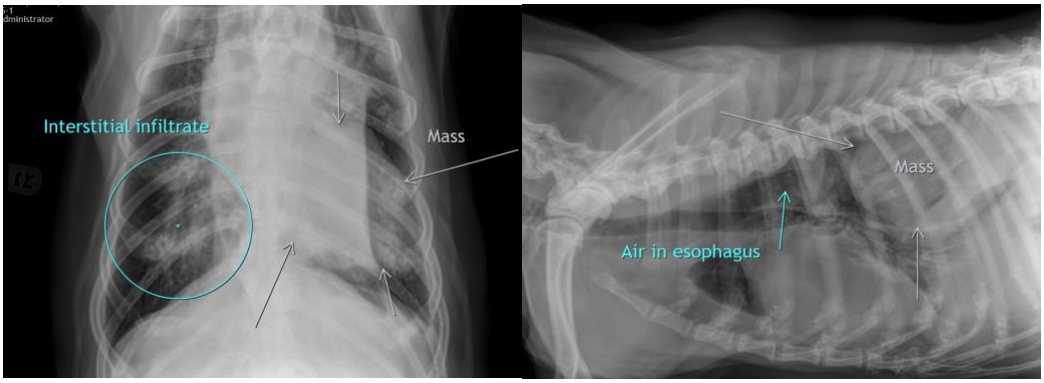

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com