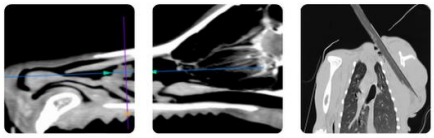

PATIENT

Bandit Olizarowicz

SPECIES

Canine

BREED

Border Collie

SEX

MN

AGE

9Y, 11M

WEIGHT

43.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Taylor Todora

HOSPITAL NAME

Pocono Peak Veterinary Center

REFERRING VET

Dr. Christine Coyle

INVOICE

74264

DATE

3-19-26

PRESENTING CLINICAL SIGNS

History of Laryngeal paralysis, having difficulty breathing, coughing.

Abnormal PE/Chem/CBC/UA Results: Firm mass along right side of neck

RADIOGRAPHS OF THE THORAX

R/L lateral and VD are provided, totaling three radiographs for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 5/9 with little s.c. fat.

New bone is present on both elbow joints and on the endplates of sternebrae 3-5. Ventral spondylosis is located on T5/6 and T9/10

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5/6. A small amount of air is located in the cranial thoracic esophagus.

The dorsal lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery. Ventrally a wedge-shaped soft tissue opacity with a rounded, caudal edge is located dorsal to sternebrae 1-5; this is less well outlined in left lateral recumbency. On the VD skin folds make assessment of the cranial thorax difficult but both cranial lobes appear to be partially air filled; a soft tissue opacity obscures the right cardiac border. The wedge-shaped opacity is separated from the cranial heart border by a thin line of fat. Air-bronchograms are in or superimposed onto its cranial border level with sternebra 1. A mixed infiltrate affects the caudo-ventral lobe in both lateral recumbencies.

The cardiac silhouette is elevated from the sternum by fat and the tip of the wedge-shaped opacity. It occupies 65% of the chest height and 2.5 intercostal spaces Chamber or outflow tract enlargement is not obvious.

Retropharyngeal mass compressing the larynx while displacing it ventrally.

RADIOGRAPHIC DIAGNOSIS

- Aspiration pneumonia
- Retropharyngeal mass

Incidental findings:

- Elbow arthrosis
- Spondylosis
- Sternal new bone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The wedge-shaped structure most likely represents the ventral aspect of a cranial lobe, especially considering the air-bronchograms. However, a ventral mediastinal mass, e.g., thymic mass, cannot be completely ruled out. The mixed infiltrate is compatible with aspiration pneumonia and likely caused by the retropharyngeal mass compressing the larynx. Further imaging is recommended after the histological diagnosis for the retropharyngeal mass is available. Antibiotic treatment should be initiated and follow up radiographs obtained in approx. 7 days. Should the wedge-shaped opacity still be present despite an absence of the ventral pulmonary infiltrate, ultrasound can help identify a mass and obtain samples. A

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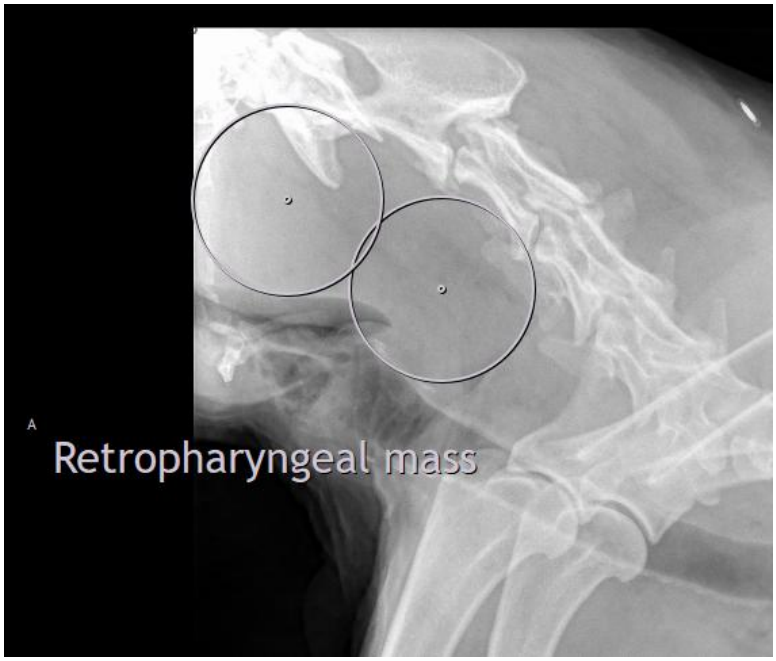
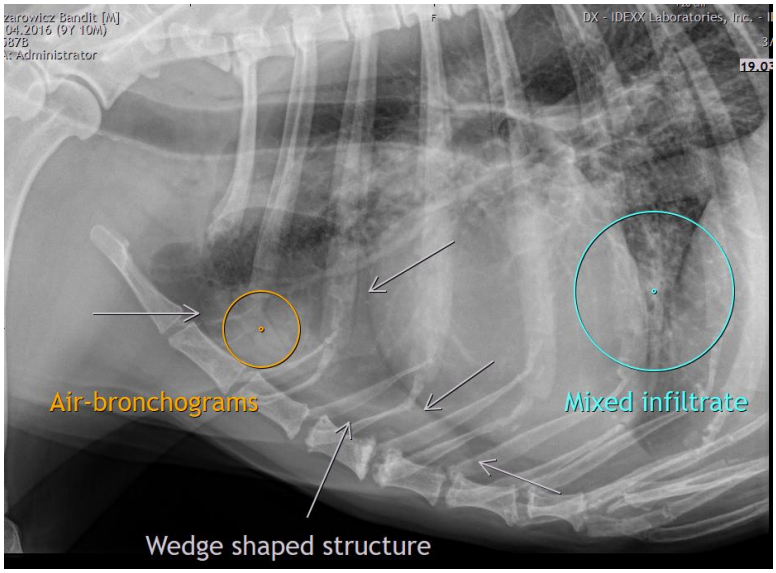
CT examination will allow assessment of masses, lungs and lymphadenomegaly, sampling is usually done under ultrasound or CT guidance.





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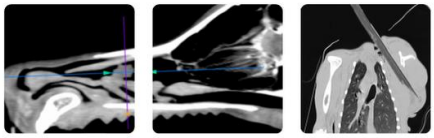

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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