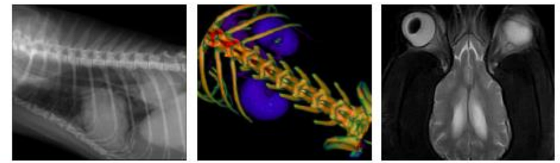
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hudson Sorley, DVM

SPECIES

Canine

BREED

Irish Setter

SEX

Male

AGE

12 Years

INTERPRETED BY

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

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Kim Allyn, DVM

INVOICE

21889

DATE

3/30/23

PRESENTING CLINICAL SIGNS

History: He has pneumonia we think and we got her meds for that and he did great for 2 weeks. Then once he was off the meds or in the afternoons he would start to shake and have raspy breathing. He had another episode in March and he was doing great with the meds. Yesterday morning he was eating and playing with his toys but by 3pm yesterday he started to shake and got worse and started to have raspy breathing again and started to vomit. Anything he eats he throws up has not had his meds because anytime he tries to take his meds, he throws them back up. was given 1L of fluids throughout the day.

Abnormal PE/Chem/CBC/UA Results: PE: INCREASED RESPIRATORY RATE AND EFFORT DECREASED LUNG SOUND RIGHT SIDE AMBULATORY WEAK IN REAR QUIET, DEPRESSED TARTAR/GINGIVITIS SENT BLOOD WORK OUT TODAY

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 4/9 with very little s.c. fat and soft tissue opacity.

A varying degree of spondylosis is present along the thoracic spine. Smooth new bone is also present dorsal to the intersternebral spaces. Ossification of the costal cartilages is present.

The lungs are in close contact with the thoracic boundaries. The lobes on the right are very well inflated and a mediastinal shift to the left is present. The cranial lobes are rounded. A gap is present between caudal heart border and diaphragm. Air bronchograms are present in the caudal aspect of the left cranial lobe, which are best visible over the cardiac silhouette in right lateral recumbency. On the VD view the lobar consolidation extends cranially along the ribs. The lobar vessels are small.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. A small amount of air is located in the cranial thoracic esophagus.

The cardiac silhouette occupies 65% of the chest height and 2 intercostal spaces (VHS 9.5). No chamber or outflow tract enlargement is evident. The caudal vena cava is narrow.

RADIOGRAPHIC DIAGNOSIS

- Consolidation left cranial lobe
- Mediastinal shift to the left
- Hypovolemia
- Microcardia

Incidental findings

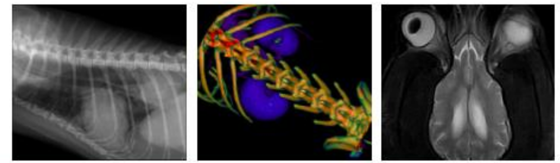
- Spondylosis
- New bone dorsal to intersternebral spaces
- Ossification of costal cartilages

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the left lung likely represent pneumonia. This would also explain the mild mediastinal shift because a primary lung tumor would fill the space and thus lung expansion should not change.

SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hudson Sorley, DVM

SPECIES

Canine

BREED

Irish Setter

SEX

Male

AGE

12 Years

INTERPRETED BY

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

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Kim Allyn, DVM

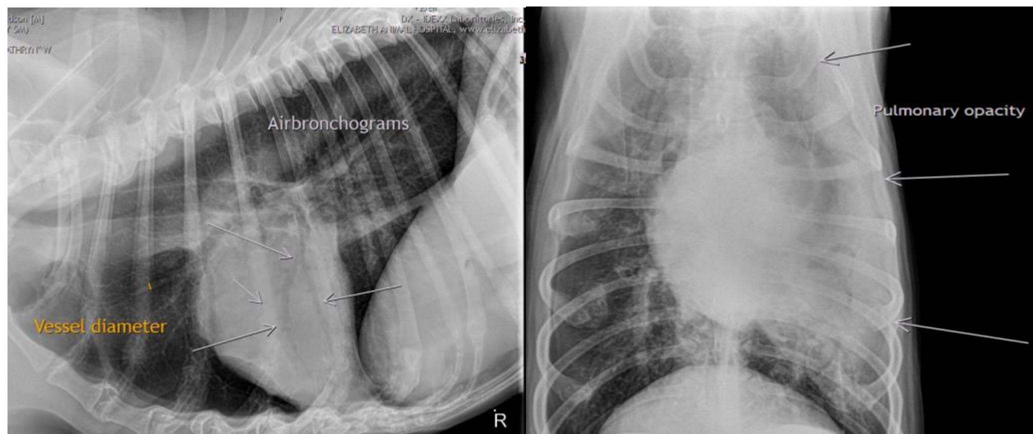
INVOICE

21889

DATE

3/30/23

However, as the clinical signs are so severe, obtaining a sample for bacteriology and cytology is recommended. This can be performed under ultrasound guidance as the changes are close to the left rib cage. Once the sample has been obtained, i.v. antibiotic treatment can be initiated. Recurrent pneumonia in the ventral lobes can be the result of an esophageal motility disorder related aspiration. This should be investigated with fluoroscopy once the dog is stable and histology has ruled out a coexisting tumor.



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
dr.h.rudorf@gmail.com