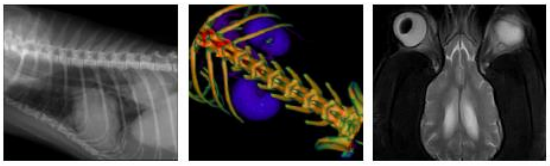
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sonny Tota

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered Male

AGE

7 Years

INTERPRETED BY

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

HOSPITAL NAME

St. Catharine's AH

REFERRING VET

Dr. Boctor

INVOICE

14943

DATE

4/28/22

PRESENTING CLINICAL SIGNS

History: Chronic Cough for 4 weeks
Abnormal PE/Chem/CBC/UA Results: No B/W avail

RADIOGRAPHIC STUDY OF THE THORAX AND NECK

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

Number, shape, opacity and outline of the vertebrae appear physiological. No signs of aggressive osteolysis have been identified along the spine. The bony structures appear physiological.

Thorax

The degree of pulmonary expansion on the lateral views is fair. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible but in LLR the peripheral vessels are blurred, and the bronchi highlighted. The bronchial walls are calcified and on one of the VD views the bronchial walls of both caudal lobes appear thickened.

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The cardiac silhouette is elevated from the sternum by fat. It occupies approx. 65% of the chest height and 2.5 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is obvious.

Neck

The surrounding muscles and fat layers as well as the retropharyngeal space appear physiological. Pharyngeal and tracheal lumen are air filled. In right lateral recumbency a semicircular soft tissue shadow is superimposed onto the dorsal tracheal air shadow between C5 and T1. The tracheal air space is reduced in right, compared to the LL recumbent view.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Bronchial wall calcification
- Localized reduction tracheal air space, mild
- Obesity (incidental finding)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized interstitial lung pattern is a non-specific finding and accentuated by obesity and the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)

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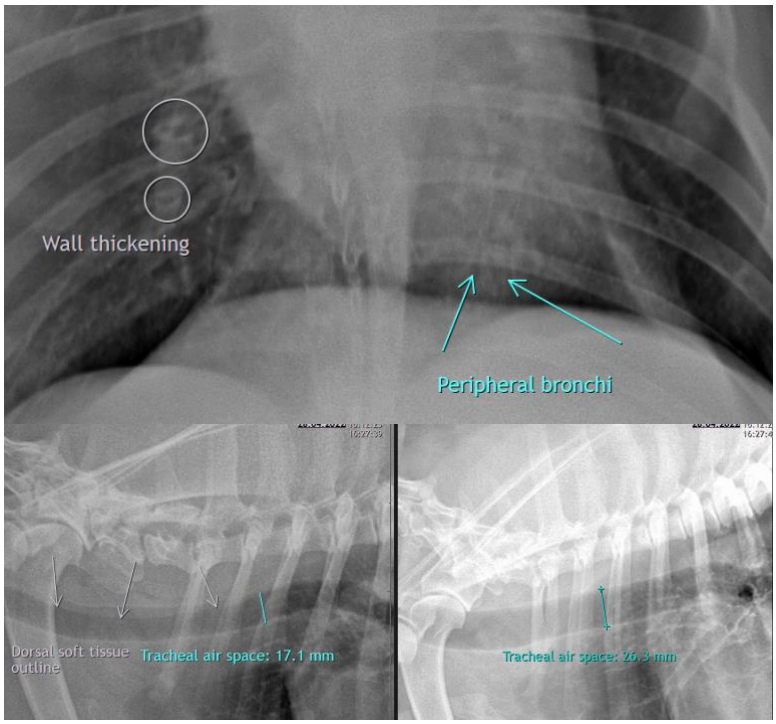
- Edema
- Hemorrhage
- Fibrosis
- Tumor (e.g. lymphoma)

Further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is advised. During induction laryngeal movement should be watched to ensure no laryngeal paralysis is present. A variation of tracheal lumen is physiological during in- and expiration and the dorsal tracheal ligament can dip into the tracheal lumen. In large breed dogs this is, however, not usually significant. The overlying ventral esophageal wall can result in a similar appearance. Obesity is a known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.



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
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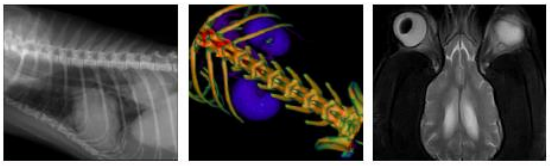

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