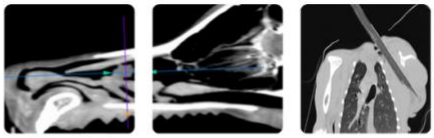

PATIENT

Luke Goldman

SPECIES

Canine

BREED

Australian Shepherd

SEX

Intact Male

AGE

10

WEIGHT

36

INTERPRETED BY

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

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Pine Creek VH

REFERRING VET

Dr. Deanna Taub

INVOICE

35906

DATE

5/1/26

PRESENTING CLINICAL SIGNS

History of chronic GI upset vs bilious vomiting-owner reports episodes of vomiting bile with soft stools every few months-managed on Biosponge/low fat diet-no PPIs. O reports P normal energy this week, did have one episode of vomiting 1-1.5 weeks ago. History prior to presentation, P vomited up bile early AM 5/1/26 and had hacking coughing following. Then owner noticed abdominal breathing, lethargy, and pale mucous membranes. Upon presentation patient was stable but tachypneic, not oxygen dependent, normal ECG, but tracheal cough elicited. Chest radiographs reveal possible left mediastinal shift with focal lung consolidation of left lung fields. Air bronchogram viewed on right lateral consistent with left lung lobe consolidation. Owner reports the day prior patient had separation anxiety resulting in hours of pacing, vocalizing, panting-suspicious for possible lung lobe torsion. Owner also reports historical paroxysmal dyskinesia diagnosed by neurologist (last episode reported ~6 months ago).

Abnormal PE/Chem/CBC/UA Results: Bloodwork largely unremarkable- mild likely incidental decreased Ca, manual platelet count: 260 K/uL

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

Ventral spondylosis is present on some thoracic vertebrae.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina. A small amount of esophageal air is visible in the 4th intercostal space and continues as a thin line cranially where it merges with a crescent shaped, soft tissue opacity overlying the dorsal tracheal lumen in the thoracic inlet.

The lung lobes extend to the thoracic boundaries. The left caudal half of the cranial lobe shows aerbronchograms over the cardiac silhouette, its bronchial tree divides and tapers physiologically. A clear demarcation from the caudo-ventral lobe is present. On the VD this is located between ribs 5 and 9 on the left. In the other lobes the pulmonary vessels are well outlined to the tertiary branches; the bronchial tree is thin walled and tapers towards the periphery.

The tip of the cardiac silhouette appears to be slightly displaced to the left. It occupies 75% of the chest height and 2.5 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Consolidation and atelectasis left cranial lobe (caudal aspect)
- Mediastinal shift, mild
- Esophagus overlying dorsal tracheal lumen

Incidental finding

- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are located ventrally, on the left, and the bronchial tree has a physiological orientation; I therefore rule out a lung lobe torsion. Pneumonia due to aspiration, especially as the dog has been vomiting, or foreign body is the most likely reason. Differential diagnoses are hemorrhage, granuloma or tumor. The mild mediastinal shift is likely due to partial atelectasis; overexpansion of the right lung lobes is less likely due to a physiological position of all lobar edges. Tracheo-bronchoscopy to look for foreign material and to obtain samples for cytology and bacteriology is recommended. Esophagoscopy

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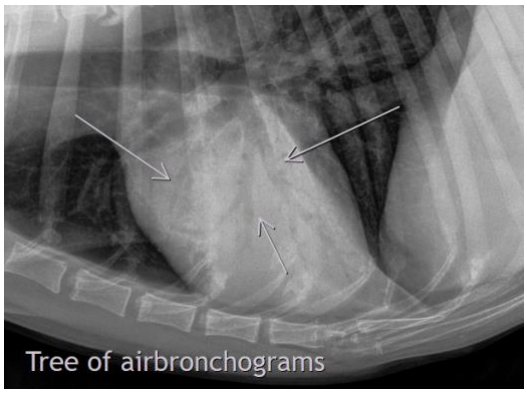
will help identify gastro-esophageal reflux. This should be followed by gastroscopy with sampling to rule out gastritis.



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