



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Sky Brown  
**SPECIES** Canine  
**PRESENTING CLINICAL SIGNS** History: Sky has had a mass under the angle of the jaw on the R side for at least 2 years. FNA of the area has been performed twice and was inconclusive, but mast cells were seen. An MCT was aspirated from the L lateral thorax in March 2022, which client also thinks has been there for several years. Client requested referral to surgeon for resection of the thoracic dermal MCT and potentially removal of the mass under the jaw. Surgeon recommend AUS and three view thoracic rads first to stage the dog. Abnormal PE/Chem/CBC/UA Results: Grade 2, L systolic murmur appreciated, s/s pulses

**RADIOGRAPHIC STUDY OF THE THORAX**

**BREED**

Golden Retriever

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity. The bony structures appear physiological.

**SEX**

Spayed Female

The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The outline of the lobar vessels is blurred, and peripheral bronchi are highlighted. One doughnut was detected.

**AGE**

5 Years 8 Months

The cranial mediastinum is of physiological size and opacity. The terminal trachea diverges slightly from the thoracic vertebrae and dips at the carina. The cardiac silhouette is elevated from the sternum by fat which also outlines the cranial heart border. It occupies 75% of the chest height and 3 intercostal spaces (VHS 10.5). No chamber or outflow tract enlargement is evident.

**INTERPRETED BY**

Heike Rudolf, DVM,  
 Dr. med. Vet.,  
 DipECVDDI DVR

**RADIOGRAPHIC DIAGNOSIS**

- Interstitial pattern

**HOSPITAL NAME**

Central Island VEH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I can see no obvious metastases. Though CT is the gold standard for the detection of small metastases, inflated lateral views can also be of use to differentiate between end-on vessels and small pulmonary nodules.

**REFERRING VET**

Dr. Tim Preston

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

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

**DATE**

6/16/22



**PATIENT** The imaging findings should be correlated with the clinical findings before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out.

Sky Brown

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

5 Years 8 Months

**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.

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**REFERRING VET**

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