



PATIENT PRESENTING CLINICAL SIGNS

HUNTER GOLIN History: Patient was seen a week ago with a decreased appetite and a hacking cough that had been going on for 2 weeks. He did have a recent bout of pancreatitis as well. Owner reports that some days he seems listless and has possible increased bowel sounds. Per exam, bradycardic HR 52-56 with mild arrhythmia and normal lung sounds. Patient started on doxycycline. Patient was rechecked on 6/30/22 and his cough had improved some but he was still having coughing bouts when active. Owner still reported minimal eating and acting more subdued. Radiographs taken of left, right, and VD chest showed a mediastinum that appeared widened and irregular, perihilar area congested, air bronchograms visible in lungs, and possible mass on right lateral overlaying dorsal heart. Doxycycline was refilled and Baytril was added.

SPECIES

Canine

BREED

Goldendoodle

Abnormal PE/Chem/CBC/UA Results: Attached are the left, right and VD view of the chest

RADIOGRAPHIC STUDY OF THE THORAX

SEX

Male

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

The bony structures appear physiological.

AGE

7 Years 7 Months

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

INTERPRETED BY

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

The trachea runs parallel to the thoracic vertebrae and dips acutely at the carina. The carina is surrounded by a soft tissue opacity which, on the VD, displaces carina and trachea to the right and compresses the left main stem bronchus. A second soft tissue opacity appears to be present between the main stem bronchi resulting in their lateral displacement on the VD view. Level with T1 and 2 a crescent shaped soft tissue opacity is evident cranial to the heart on the VD view. On the left lateral recumbent view these soft tissue structures create a flask shaped soft tissue opacity which extends from T2 to T7.

HOSPITAL NAME

Faith AC

The cardiac silhouette occupies 3 intercostal spaces, the height is difficult to assess due to mass and tracheal displacement. No chamber or outflow tract enlargement is obvious.

REFERRING VET

Dr. Tay

RADIOGRAPHIC DIAGNOSIS

- Perihilar mass
- Cranial and middle mediastinal soft tissue masses

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are compatible with mediastinal masses, most likely lymph nodes. Thus, tumour (e.g. lymphoma) and infection with abscess formation have to be considered; granulomata, hematomata and cysts are also differential diagnoses, though less likely. Further imaging is recommended; ultrasound of the heart will identify the perihilar mass and may allow sampling. A CT examination is

DATE

7/1/22



PATIENT the gold standard as it will provide the best anatomical information and contrast will highlight the vessels to assess involvement. CT sampling is then also an option.

Hunter Golin

TECHNICAL COMMENTS

SPECIES Both lateral views are rotated.

Canine

BREED

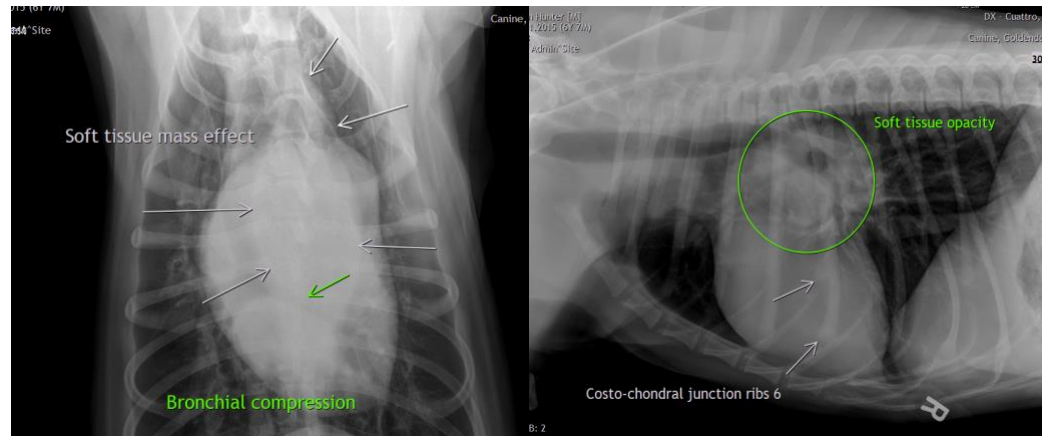
Goldendoodle

SEX

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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.

INTERPRETED BY

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

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com

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