



PATIENT PRESENTING CLINICAL SIGNS

Abbey Farlow History: Coughing with exercise for 3 weeks Acute vomiting (suspected dietary indiscretion) Tues-Thurs, no vomiting today, keeping food and water down - other dog in house also vomiting acutely in this time period (no coughing from other dog) Mild dehydration on exam, otherwise BAR

SPECIES Abnormal PE/Chem/CBC/JA Results: Marked eosinophilia 6.06 (range 0.06-1.23) Moderate basophilia 0.19 (range 0-.1) Mild elevation ALT 132 (range 10-125) Moderate elevation in GGTn 27 (range 0-11) Mild decrease in cholesterol 2.69 (range 2.84-8.26)

Canine

RADIOGRAPHIC STUDY OF THE THORAX

BREED The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

Labradoodle The bony structures appear physiological.

SEX A soft tissue mass is located between trachea and the right cranial lobar bronchus. The mass surrounds the proximal aspect of the bronchus and reduces the lumen by approx. 50% while displacing it laterally. An increased soft tissue opacity runs along the bronchial walls and changes into a more mineral opacity after the first bronchial branching. On the right lateral recumbent view the aortic arch is obscured by a soft tissue opacity between carina and T5-7. On the VD view, the air-filled pulmonary parenchyma of the R cranial lobe has an irregular outline on the lateral aspect of the mass rather than continuing towards the trachea. The peripheral vascular outline is reduced, and bronchial enhancement is present.

AGE

5 Years An ill-defined, dome shaped soft tissue opacity dorsal to sternebra 2 and 3 is evident on both lateral but not on the orthogonal view.

INTERPRETED BY The cardiac silhouette appears to be of physiological size.

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

RADIOGRAPHIC DIAGNOSIS

- Soft tissue mass R cranial thorax
- Compression and displacement of R cranial lobar bronchus
- Possible sternal lymphadenomegaly
- Interstitial pattern, generalized

HOSPITAL NAME

Wellington AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Liz Dennis

The mass is located midline, compresses the proximal right cranial lobar bronchus and changes the outline of aerated lung parenchyma. It is thus most likely located at the base of the right cranial lobar bronchus. However, it could also represent a combination of mediastinal and pulmonary pathology. Differential diagnoses include tumor and granuloma; in association with the blood eosinophilia, an eosinophilic granuloma is possible. The region of the sternal lymph node appears to be involved but atelectasis of one cranio-ventral lobe can also result in this appearance. Ultrasounding this region will be able to differentiate between lymph node and lung lobe collapse; a sample can be obtained in case of a mass and may be sufficient for a diagnosis. I can see no lung metastases, but a CT is necessary to confirm this and to evaluate the relationship between mass and normal anatomical structures in case surgery or CT biopsy are considered. Alternatively, bronchoscopy can be tried to obtain a sample via the bronchus.

INVOICE

16721

DATE

7/22/22



PATIENT The generalized interstitial lung pattern is a non-specific finding and possible differential diagnoses for a true infiltrate include:

Abbey Farlow

- Inflammation (allergic e.g. eosinophilic bronchopneumopathy)
- Tumor (e.g. lymphoma)

SPECIES

- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)

Canine

- Edema
- Hemorrhage
- Fibrosis

BREED

TECHNICAL COMMENTS

Labradoodle

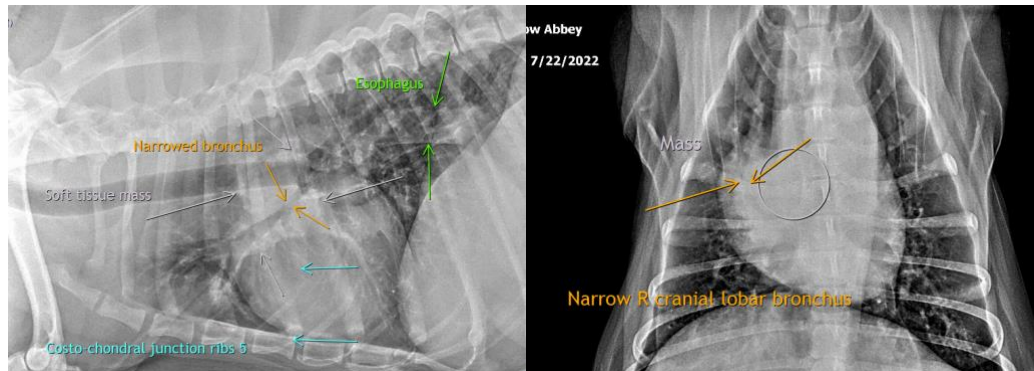
Rotation of lateral images. Non-DICOM images were submitted. The transformation from DICOM to other formats reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports, I suggest submitting DICOM images in the future.

SEX

Spayed Female

AGE

5 Years



INTERPRETED BY

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Dr. med. Vet.,
DipECVDI DVR

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.

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Wellington AH

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.

REFERRING VET

Dr. Liz Dennis

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

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Abbey Farlow

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