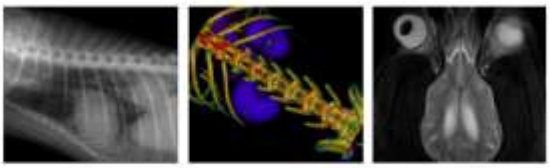
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Brando Ruhle

SPECIES
Canine

BREED
American Bulldog Mix

SEX
Male Neutered

AGE
13

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Harmony Animal Hospital

REFERRING VET
Dr. Epple

INVOICE
49438

DATE
1-10-22

PRESENTING CLINICAL SIGNS

Patient does have a gradual history of weight loss and appetite has been more finicky past several weeks - is on enalapril 20mg, 1/2 tablet BID for PLN, and underwent splenectomy for benign splenic mass ~3 years ago; very low grade heart murmur on auscultation, other findings non-remarkable; given radiographic changes on chest XR, started on presumptive treatment for bronchopneumonia with IVF, cefazolin 22mg/kg TID, Baytril 10mg/kg SID
Abnormal PE/Chem/CBC/UA Results: CBC/CHEMISTRIES - mild leukocytosis 23k w/ predominant neutrophilia 19k A-FAST - non-remarkable

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views totaling 3 images each dated 1-8 and 1-10 available for review.

RADIOGRAPHIC FINDINGS

Study dated 1-8

A regional lobar alveolar infiltrate is seen in the caudal half of the right cranial lung lobe. The pulmonary volume appears to be maintained. The remainder of the lung presents within age related normal limits.

No evidence of mediastinal widening or mass effect is seen.

The radiographic presentation of the cardiac silhouette is within normal limits.

There is moderate gastric aerophagia. No evidence of gastric malpositioning.

Multiple metal clips from prior splenectomy are seen in the cranial abdomen.

Study dated 1-10

The alveolar infiltrate in the right cranial lobe appears to be largely stationary. No significant change in volume and severity is seen.

RADIOGRAPHIC DIAGNOSIS

- Stational lobar alveolar infiltrate of the right cranial lobe.
- Aerophagia - likely secondary to dyspnea.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals a partial lobar alveolar infiltrate within the right cranial lobe. General differential diagnosis includes lobar pneumonia, lobar neoplasia, and hemorrhage, with the latter being unlikely since the distribution does not fit pulmonary hemorrhage entirely and in hemorrhage, a change in radiographic presentation would be expected within 48 hours. The radiographic improvement may lag behind the clinical improvement in lobar pneumonia; however, the differential diagnosis of lobar neoplasia remains, and further clinical and radiographic monitoring is advised and can be discussed versus further definition by means of ultrasound guided fine needle aspiration of the lung using a right cranial parasternal intercostal approach.

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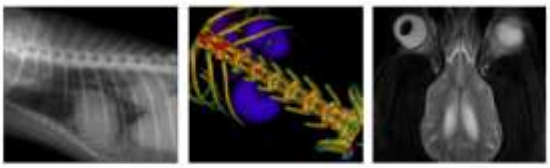

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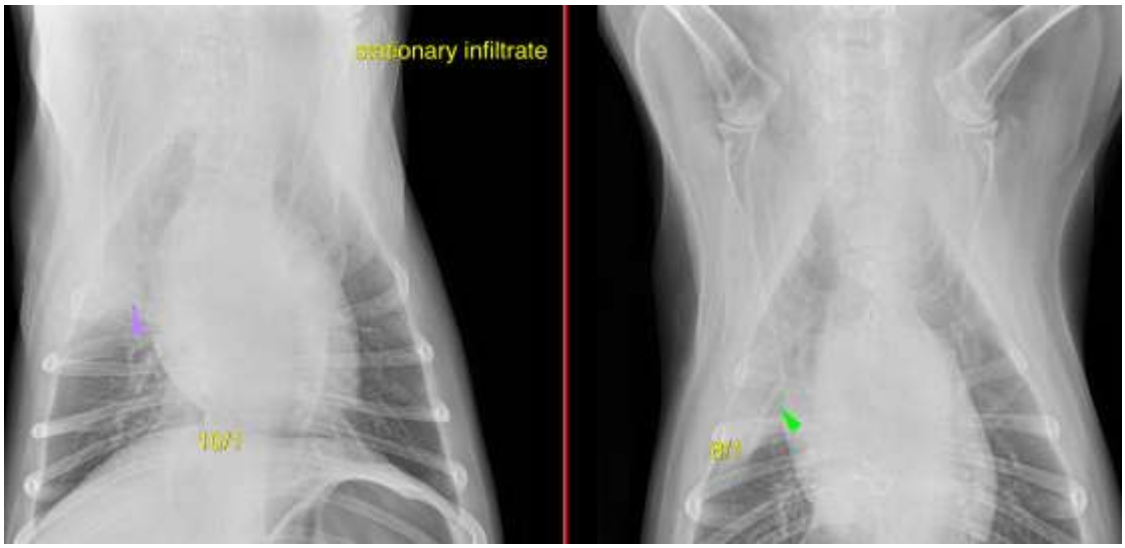

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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