



PATIENT PRESENTING CLINICAL SIGNS

Blaze Lawrence

1/9/23- not eating or drink coughing Cranioventral Parenchymal Pattern: An abnormal signal correlates with the presence of an increased opacity within the cranioventral region of the lungs (right cranial lung lobe, right middle lung lobe, and/or left cranial lung lobe) often with an interstitial and/or alveolar pattern. Lung opacity can be affected by radiographic technique, respiratory phase, obesity of the patient, and other factors. Diagnosis should be based on clinical signs, species, and physical exam findings; the primary differential diagnosis for this pattern is pneumonia, with other differentials including pulmonary hemorrhage/contusion, atelectasis, or other causes. DDx: Pneumonia, pulmonary hemorrhage, pneumonitis, neoplasia, other Shoulder Arthropathy: Mineralization has been detected within the periarticular region of the shoulder, consistent with degenerative joint disease and/or regional tendon inflammation. This mineralization can represent calcification of the biceps tendon or supraspinatus, or it can represent osteophyte or enthesophyte formation. The most common sites for osteophyte formation include the caudal aspect of the humeral head, the glenoid rim, and the bicipital groove. Overlap of structures, obliquity of the shoulder joint, and other factors may affect visibility of the periarticular surfaces. DDx: Primary shoulder arthritis, soft tissue (tendon) inflammation, other Spondylosis: An abnormal test for spondylosis indicates that bony bridging across intervertebral disc spaces has been detected in a lateral projection. Spondylosis deformans is considered a noninflammatory degenerative disorder, typically of no clinical significance. Differential diagnoses include chronic IVDD, age related changes, or other causes. DDx: Chronic IVDD, age-related, other

SPECIES

K9

BREED

Welsh Corgi

SEX

SF

AGE

12

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

INTERPRETED BY

Plain and post contrast studies available for review.

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

Mild bilateral shoulder osteoarthritis is seen.

HOSPITAL NAME

Neel Veterinary
Hospital

C6/7 intervertebral disc space collapse, vertebral end plate sclerosis, vacuum phenomenon, and spondylosis deformans are noted.

Mild spondylosis deformans is also present between C7 and T1.

Thorax

REFERRING VET

Dr. Kishore

A lobar alveolar infiltrate of the right cranial lobe is noted in combination with a mass effect and strong nonuniform contrast enhancement throughout the enlarged right cranial lung lobe. The lobar bronchus is filled with hypoattenuating material which presents diffuse heterogeneous enhancement as well and extends into the lumen of the bronchial bifurcation. The left cranial lung lobe and left caudal lung lobe present regional dystelectasis presumably related to general anesthesia, prior positioning in left lateral recumbency, or due to the altered pressure relationships within the thoracic cavity in conjunction with the mass effect of the right cranial lung lobe. No additional nodules or masses are seen within the lung.

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The mediastinal lymph nodes present within normal limits.

Abdomen



PATIENT A left sided inguinal hernia with protrusion of abdominal fat is seen.

Blaze Lawrence The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

SPECIES Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

K9 The adrenal glands are within normal limits for size, shape and organ architecture.

BREED Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Welsh Corgi A large amount of granulated mineralized material is seen within the dependent portion of the gallbladder and can be traced into the mildly dilated cystic duct.

SEX The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

SF

AGE The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The bony and surrounding soft tissue structures reveal no abnormalities.

INTERPRETED BY **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Nele Eley, DVM
Dr. med. Vet. DipECVDI

- Lobar infiltrate of the right cranial lung lobe with mass effect.
- Gallbladder microlithiasis.
- Left sided inguinal hernia.

HOSPITAL NAME **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neel Veterinary
Hospital

The CT study reveals a lobar alveolar infiltrate with mass effect within the right cranial lung lobe. There is no evidence of lobar torsion. Differential diagnosis includes lobar neoplasia and lobar pneumonia primarily. Lobar neoplasia may be slightly more likely due to the mass effect emerging from the lobar bronchial lumen. However, inflammatory/infectious pathology cannot be ruled out. Lobar hemorrhage with organizing hematoma is considered a low potential here. Surgical exploration with lobectomy of the right cranial lung lobe could be discussed versus further definition by mean of ultrasound guided fine needle aspiration of the right cranial lung lobe.

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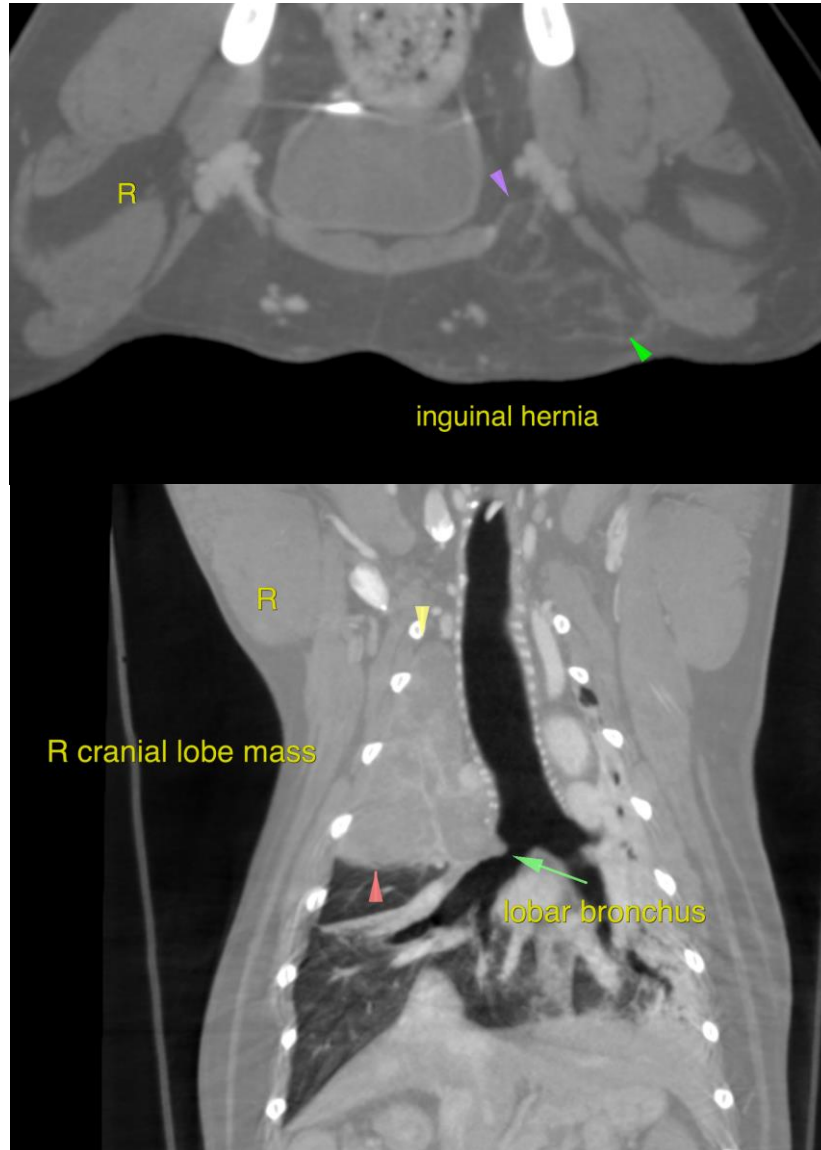
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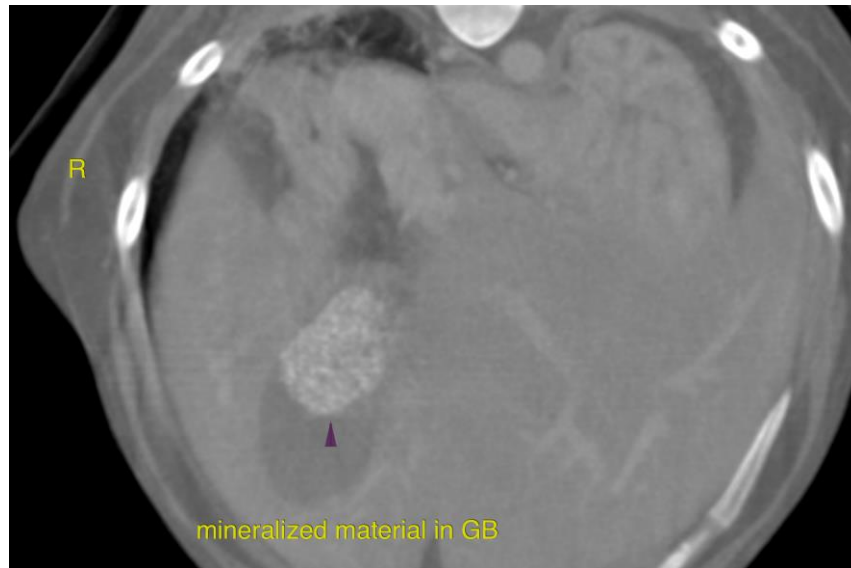
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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