



PATIENT

Indy Malaka

PRESENTING CLINICAL SIGNS

chronic cough since september 2021 crackles on lung auscultation bilaterally significant lower airway collapse on bronchoscopy severe pulmonary arterial hypertension

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies in lung and soft tissue windows available for review.

BREED

Norfolk Terrier

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The pulmonary volume is small.

A moderate multifocal interstitial pattern with varying attenuation is seen. Ground glass opacity of the lung with mosaic pattern is noted predominantly in the dorsal lung.

SEX

Male

Multiple subpleural and interstitial bands are seen.

AGE

10 Years

The visceral pleura appears to be thickened and the cranioventral lung presents an alveolar pattern with volume loss.

Multifocal ovoid deformities of the bronchi are seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The right ventricular volume is larger than the left ventricular volume. Dilation of the pulmonary artery is present and there is an arterial vascular pattern throughout the lung.

Abdomen

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

HOSPITAL NAME

Animal Health
Partners

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.

REFERRING VET

Dr. Westgarth

Benign prostatic hyperplasia is noted.

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

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

INVOICE

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

DATE

1-18-22

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

Mild jejunal and epigastric lymphadenomegaly is seen.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate to severe multifocal interstitial pattern with interstitial scarring.
- Cranioventral pulmonary atelectasis.
- Multifocal bronchial collapse.
- Reduced pulmonary volume.
- Right sided cardiomegaly and pulmonary arterial enlargement with pulmonary arterial vascular pattern.
- Mild mesenteric lymphadenomegaly.
- Benign prostatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic findings are highly suggestive for pulmonary fibrosis with cor pulmonale. The atelectasis may be a consequence of the anesthesia and may also be enhanced by the poor pulmonary inflation and compliance. The multifocal bronchial collapse may be due to bronchomalacia or cicatrised atelectasis. Idiopathic pulmonary fibrosis is considered most likely, however, chronic interstitial pulmonary disease such as pneumonia or pneumonitis cannot be ruled out entirely as a differential diagnosis.

Differential diagnosis for the mesenteric lymphadenomegaly includes reactive hyperplasia versus early neoplastic infiltrate. Fine needle aspiration could be considered for further definition.



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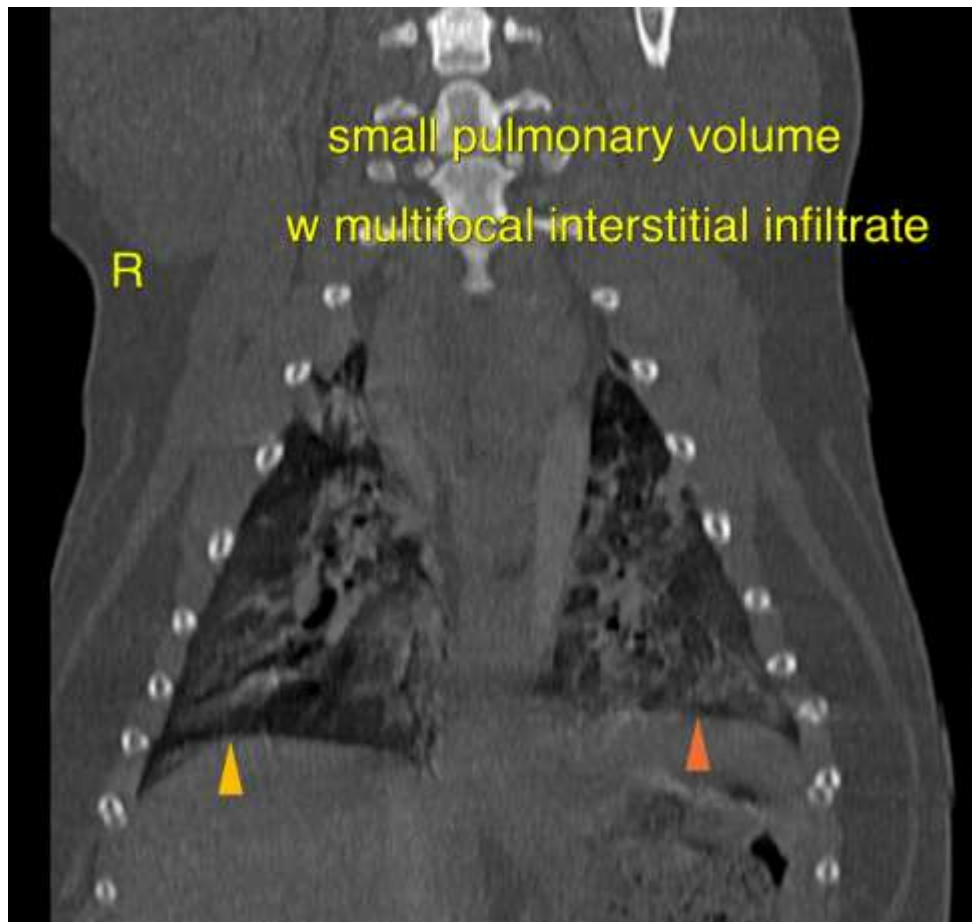
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Westgarth

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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