



PATIENT PRESENTING CLINICAL SIGNS

Tovar Butchers

Presented for coughing for last month or so. Coughing with tracheal palpation with nodule felt left of tracheal mid cervical ventrally but left of midline (thyroid?) - sq but firmly attached. P had history of benign tonsil polyp that was removed last year. Today we performed sedated oral exam and evaluated pharynx and larynx. Both normal. Mass in L cervical region (sq) was ultrasounded (4x3 cm in size) and looks like thyroid carcinoma, will be referring to specialty center for biopsy and CT.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Complete bloodwork done, normal T4, p does have well managed DM. slight ele liver enzymes (stable). Submitting xrays of thorax for eval. P was sedated for about 10 min in sternal recom prior to these images taken for oral exam. He was awake when images taken.

BREED

Husky

RADIOGRAPHIC STUDY OF THE THORAX

SEX

Right/left lateral and ventrodorsal views totaling 4 images available for review.

NM

RADIOGRAPHIC FINDINGS

The patient is obese.

AGE

12 Years

Mild T6/7 spondylosis deformans is noted.

The degree of pulmonary inflation is fair. A moderate increase in pulmonary background opacity is seen. There is a moderate generalized bronchial lung pattern with early cylindrical bronchiectasis and multifocal peribronchial cuffing. Age related pulmonary osteomas are seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Course and width of the trachea are considered within normal limits.

No evidence of abnormal mediastinal widening is seen.

HOSPITAL NAME

GROVE VETERINARY
CLINIC

There is mild esophageal aerophagia.

The cardiac silhouette presents within normal limits.

There is a well delineated soft tissue opaque organ in the cranioventral abdomen which may represent the splenic tail or enlarged liver lobe.

REFERRING VET

Dr. Burton

A large subcutaneous lipoma is present in the right cranial abdominal wall.

RADIOGRAPHIC DIAGNOSIS

INVOICE

49686

- Bronchointerstitial lung pattern.
- No evidence of pulmonary nodules or masses.
- Normal radiographic presentation of the cardiac silhouette.
- Large abdominal wall lipoma.
- Cranial position of the splenic tail versus lobar enlargement of the liver.

DATE

1-19-22



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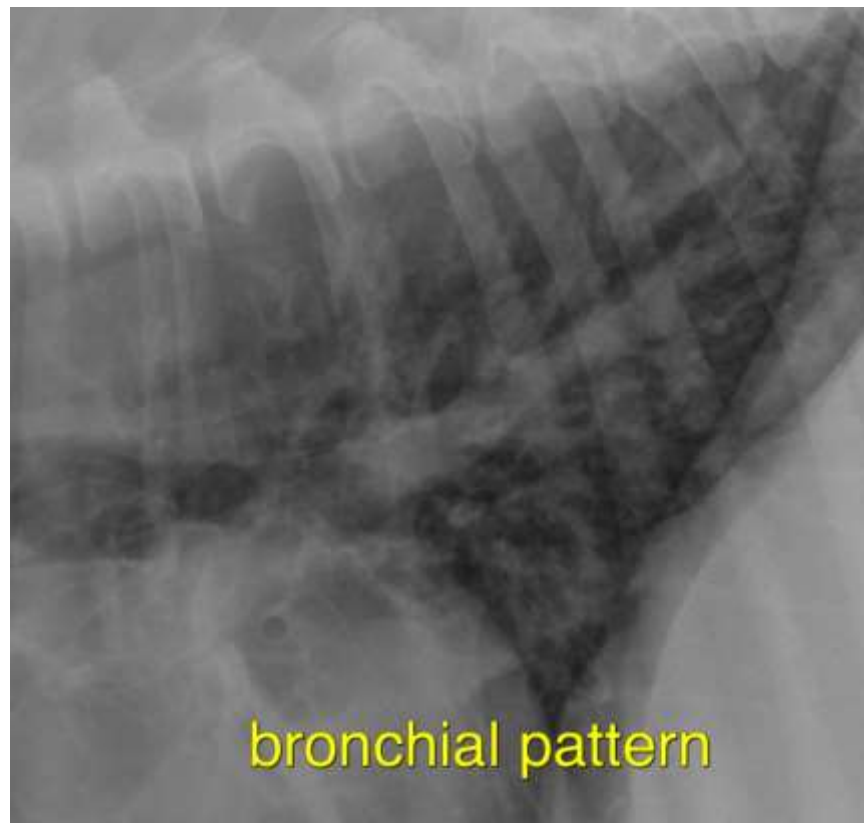
49686

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is considered likely that the relatively poor degree of pulmonary inflation contributes to the overall increase in pulmonary opacity yet there is a generalized bronchial pattern which suggests presence of lower airway disease with the differential diagnoses of eosinophilic/irritant bronchopneumopathy and infectious bronchitis such as viral, bacterial, and less likely parasitic, or protozoal. Airway endoscopy with airway sampling would be ideal for further definition.



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.

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