



PATIENT

Daisy Doodlebug
Wantland

SPECIES

Canine

BREED

Bearded Collie

SEX

FS

AGE

12 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Jennifer Todd

INVOICE

47761

DATE

10-11-21

PRESENTING CLINICAL SIGNS

Daisy is a twelve year old, FS, Bearded Collie owned by one of our veterinary receptionists. Daisy has had a chronic, progressive cough for the past 2 years. Initially, her cough seemed to be intermittent and more frequent on humid days. Now Daisy's cough is happening all day. No heart murmur is present on exam, lungs are clear on auscultation. There is a soft cough produced on gentle tracheal palpation. Three view thoracic radiographs are submitted for your review. Thank you!

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

Mild osseous remodeling of the shoulder joints is seen.

T4-T7, T8/9, and T9/10 spondyloses are seen.

There is mild esophageal aerophagia indicated by a tracheal stripe sign. No evidence of generalized esophageal dilation is noted.

Mild dorsal flattening of the trachea is seen cranial of the thoracic inlet.

The degree of pulmonary inflation is moderate. A moderate generalized bronchial lung pattern is seen. There is a lobar sign of the right middle lung lobe with maintained pulmonary volume and air bronchogram. Mild peribronchial alveolar infiltrate is noted in the ventral portions of the left and right cranial lung lobes as well.

The liver margins appear to be beyond the costal arch but are presumed to be relatively pointed.

The stomach is post-prandial. Moderate aerophagia is seen.

RADIOGRAPHIC DIAGNOSIS

- Alveolar pulmonary infiltrate with cranial and ventral distribution accentuating the right middle and cranial lung lobes.
- Underlying generalized lower airway pattern.
- Gastroesophageal aerophagia.
- No radiographic evidence of tracheal collapse.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is an alveolar infiltrate of the lung with distribution to the ventral portions of the right middle and cranial lung lobes. No generalized esophageal dilation is seen. Nevertheless, aspiration pneumonia is one major differential diagnosis and appropriate laryngeal function, and morphology and esophageal function should be ensured. There is no radiographic evidence of megaesophagus; however, esophagitis, gastroesophageal reflux, and esophageal dysmotility could be other potential causes of aspiration pneumonia. Infectious pneumonia due to bacterial, viral, or mixed infection is a potential as well and treatment for bacterial pneumonia should be initiated at this point regardless of the underlying cause of the radiographic changes. Based on



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the radiographic appearance, this may not have been the first and only event of pneumonia and/or aspiration, which is why the potentials of upper airway or esophageal dysfunction should be ruled out in this patient.

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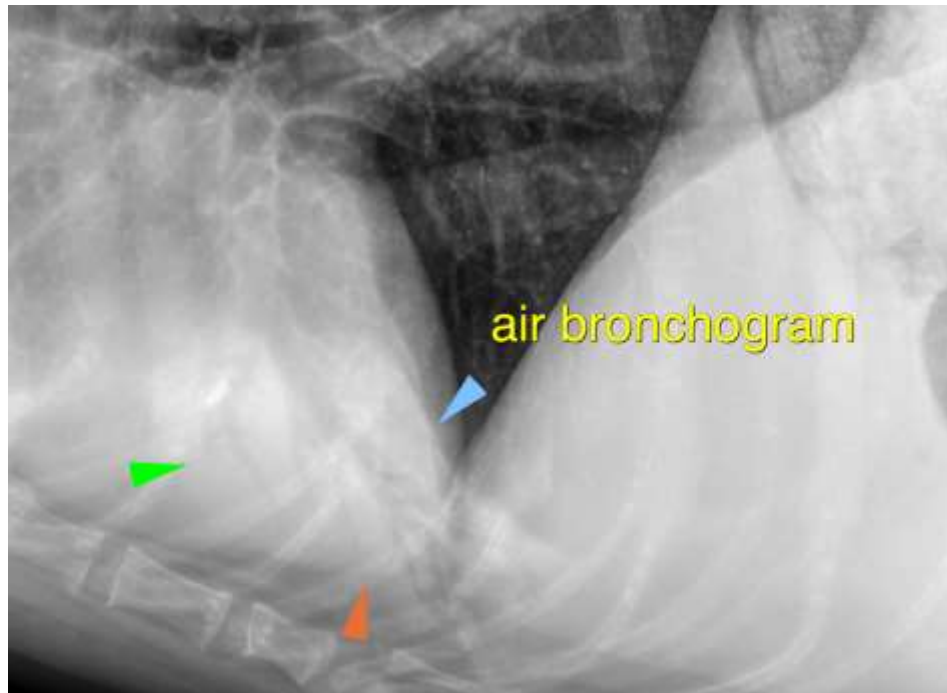
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

REFERRING VET

Dr. Jennifer Todd

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