



**PATIENT PRESENTING CLINICAL SIGNS**

Reggie Ellis  
**SPECIES** Canine  
**BREED** Boxer Mix  
**SEX** CM  
**AGE** 11 Years

Reggie presented with a 3 week history of progressive labored breathing. The owner reports shallow forceful breathing. Panting, snoring, restlessness at night, nasal congestion and an episode of epistaxis 5 days ago are also reported. Breathing problems first started 3-4 months ago. He has been significantly gotten worse the last 3 weeks. Weak in the hind end. Previous diagnosis: Hypothyroid Therapies tried and response: No medication tried. Radiographs - NSF by radiologist 2 weeks ago. Current medication: Thyrotab, Rimadyl Current symptoms: Shallow, forceful breathing. Sneezing. Decreased energy levels. Vomited a couple times earlier this week. Panting. Restless at night and snoring. Sounds congested. Eating and drinking okay. No diarrhea. Multiple SQ and dermal masses have been aspirated, all benign or non diagnostic. Travel history last 6 months: Montana, Utah, Idaho, Colorado, Oregon.

Abnormal PE/Chem/CBC/UA Results: PE: There are multiple dermal and SQ masses and nodules over his body. He is able to breathe through his nose and has no nasal discharge or audible nasal congestion today. Heart and lung sounds are normal. Respiratory rate and effort are normal. Lab: Bloodwork is dated 10/1/21. CBC - PCV = 53.6%, WBC = 9100, neutrophils = 7271, lymphocytes = 946, monocytes = 683. Platelets = 114,000. Chemistry - BUN = 38, Creat = 1.4, Phosphorous = 7.4, Potassium = 5.5, Na:K Ratio = 27, T. Protein = 5.2, Albumin = 2.4, AST = 75, Lipase = 732, all else normal. Urinalysis - USG (free catch) = 1.021, pH = 6.5, 3+ protein, WBC = 6-10/hpf, RBC = 2-5/hpf, bacteria = rods > 40/hpf, amorphous urate crystals. T4 - normal. HWT - negative. Tick panel (E. Canis, Lymes, Anaplasma) - negative. Fecal O&P, Giardia - negative. Radiographs taken 9/30/21 are not provided. Radiologist report - mild diffuse bronchial pattern. Coccidiomycosis titer is pending. Coccidiomycosis has been reported in all of the states Reggie has been to in the last 6 months.

**INTERPRETED BY COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

Plain study of the head and plain and post contrast studies of the thorax and abdomen available for review.

**HOSPITAL NAME COMPUTED TOMOGRAPHIC FINDINGS**

VetMed Consultants

**Head**

The plain study of the head confirms no evidence of nasal and paranasal sinus pathology.

**REFERRING VET**

The CT presentation of the nasal cavities, nasal conchae, turbinates, and frontal sinuses is within breed and age related normal limits.

Kristen Blum

**Thorax**

**INVOICE**

The bony and surrounding soft tissue structures are within normal limits.

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

**DATE**

The cardiovascular structures including the pulmonary vasculature are within normal limits.

10-13-21

Multiple faintly hyperattenuating nodules of up to 13mm diameter are seen throughout the pulmonary interstitium. The pattern of distribution of the nodules is relatively regular with

**PATIENT**

Reggie Ellis

subpleural and perivascular position for most of the nodules. No evidence of concurrent mediastinal lymphadenomegaly is noted.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**SPECIES**

Canine

**Abdomen**

Multiple faintly hyperattenuating nodules are seen throughout the mesentery and falciform ligament. The nodules do not appear to be associated with the abdominal viscera. Mild regional fat stranding is noted in the cranial and ventral abdomen.

**BREED**

Boxer Mix

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.

**SEX**

CM

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

There is mild generalized splenomegaly with uniform attenuation and enhancement.

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Mild generalized enlargement of the liver is noted with slightly rounded lobar margins. There is mild diffuse gallbladder wall edema.

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

**INTERPRETED BY**

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Dr. med. Vet. DipECVDI

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

The bony and surrounding soft tissue structures reveal no abnormalities.

**HOSPITAL NAME**

VetMed Consultants

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Multiple pulmonary interstitial nodules without concurrent mediastinal lymphadenomegaly or pleural effusion.
- Multiple mesenteric nodules.

**REFERRING VET**

Kristen Blum

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

With the pertinent history and distribution of the nodules, granulomatous lung disease such as fungal or mycobacterial pneumonia is one of the primary differential diagnoses which is further supported by the presence of the multiple mesenteric nodules. The changes are not necessarily typical for neoplastic infiltrates such as metastatic disease even though this cannot be ruled out entirely. Depending on the results of the pending coccidiomycosis test, further definition by means of ultrasound guided fine needle aspiration of the pulmonary and mesenteric nodules could be considered if indicated. There was no evidence of structural pathology in the nose or paranasal sinuses.

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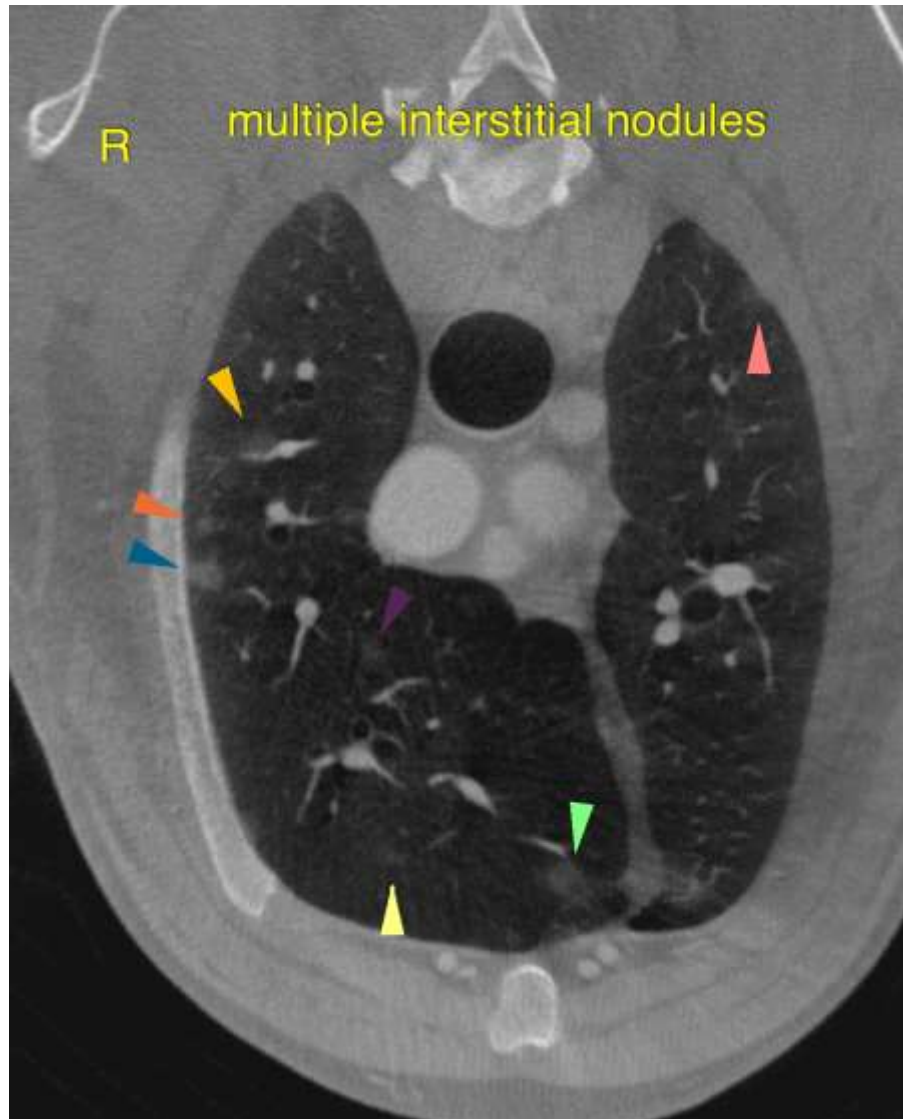
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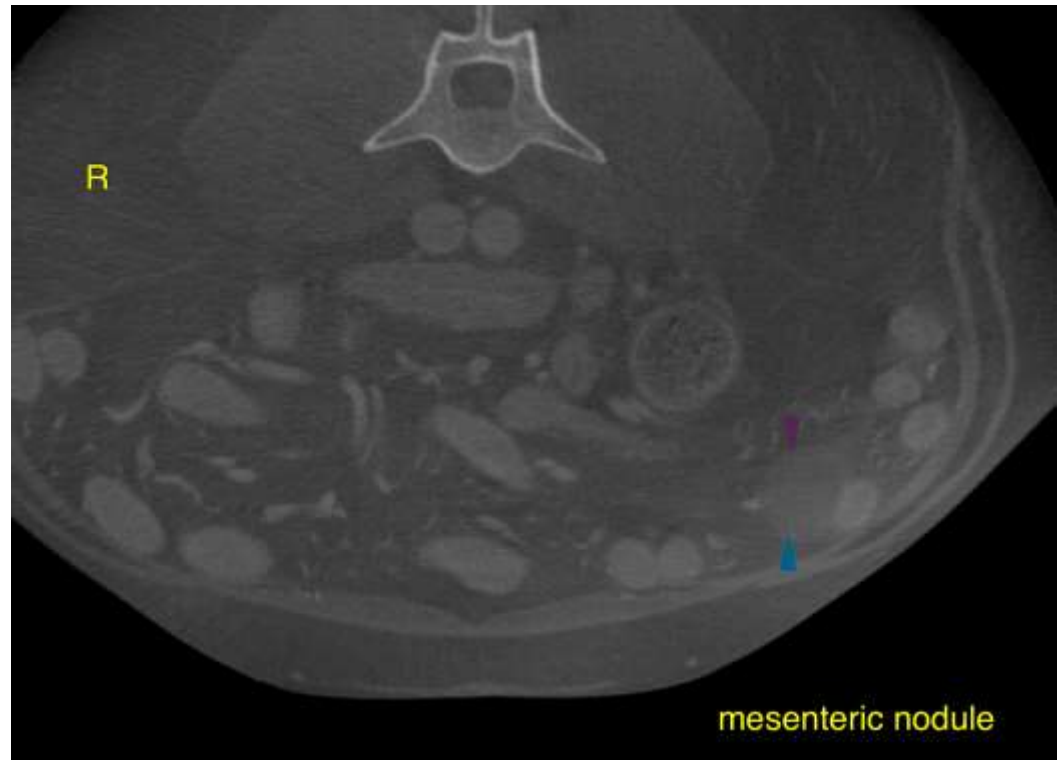
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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