



PATIENT PRESENTING CLINICAL SIGNS

Cato Gull
SPECIES Canine
BREED Labrador Retriever
SEX CM
AGE 4 Years

Cato presented for chronic exercise intolerance. A left caudal lung lobectomy was performed in June of 2020. He had a bronchial foreign body (foxtail) that had become abscessed. He is a working dog (search and rescue) and since the surgery, he has not been able to exercise like he could prior to surgery. The owner reports he has reduced energy, tires more quickly, has heat intolerance, pants a lot, walks instead of running and it takes him longer to recover from exercise. There is no stridor or stertor. Appetite is reduced compared to before surgery. No cough. His travel history includes Utah, southern California, Colorado and Las Vegas Nevada. Current medication: None Current symptoms: Still decreased stamina and heat intolerance. Before surgery he was a picky eater. Since the surgery he has been even pickier and now on a raw food diet with some kibble. Drinking okay. Energy levels decreased. Very hyperactive before surgery. No vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: PE: Normal Lab: Bloodwork is dated 10/7/21. CBC - PCV = 45.7%, WBC = 6680, neutrophils = 3630, lymphocytes = 2040, monocytes = 560. Platelets = 275,000. Mini chemistry - normal. Urinalysis not provided. Radiographs taken 10/1/21. Previous medical records note 3 view thoracic rads: scalloped pleural border, heart shifted to L on VD view, pulmonary veins appear widened in R cranial lobe, bone fragments in stomach (raw diet), spondylosis T12-13 (with possible narrowed disc space) and T13-L1. Ultrasound of left thorax: all views show 1-3 pseudo B lines with nodule at lung surface, did not measure but approximately 1-3 mm diameter, no pleural effusion noted." An echocardiogram was performed today. The heart is normal. Pulmonary hypertension is ruled out.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The patient has a history of inhaled foreign body and abscessation with lung lobectomy of the left caudal lung lobe in June 2020.

Stapler clamps are seen at the prior surgery site.

The cranial and caudal subsegments of the left cranial lung lobe fill the left hemithorax.

Mediastinal shift towards the left side is seen owing to the reduced volume within the left hemithorax.

The right lung presents within age related normal limits.

INVOICE 47817
 The cranial and caudal subsegments of the left cranial lung lobe present subpleural and peribronchial areas of interstitial ground glass opacity with multifocal subpleural bands and mild bronchial wall thickening.

DATE 10-14-21
 A thin walled gas filled cavitory lesion of 1.0 cm diameter is seen ventrally within the caudal subsegment of the left cranial lung lobe.

No evidence of pleural effusion or mediastinal lymphadenomegaly is seen.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDF

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Laura McLain



PATIENT

Cato Gull

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of left lung lobectomy.
- Bulla, multifocal interstitial bands, and ground glass opacities within the left cranial lung lobe.
- Structurally normal right lung.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis for the structural changes within the left cranial lung lobe includes interstitial scarring and lobar cortication versus interstitial pneumonia / pneumonitis with pleural fibrosis. Spontaneous development and reduced pulmonary compliance due to interstitial scarring are the most likely underlying causes of the development of a bulla. Synthesizing the CT findings with the clinical history, I do consider interstitial and pleural scarring slightly more likely than active inflammation or infection and the structural pulmonary changes may not necessarily be relevant in the context of the clinical signs in this patient. No evidence of pulmonary nodules or masses was seen. The patient may have a slightly increased risk of developing spontaneous pneumothorax.

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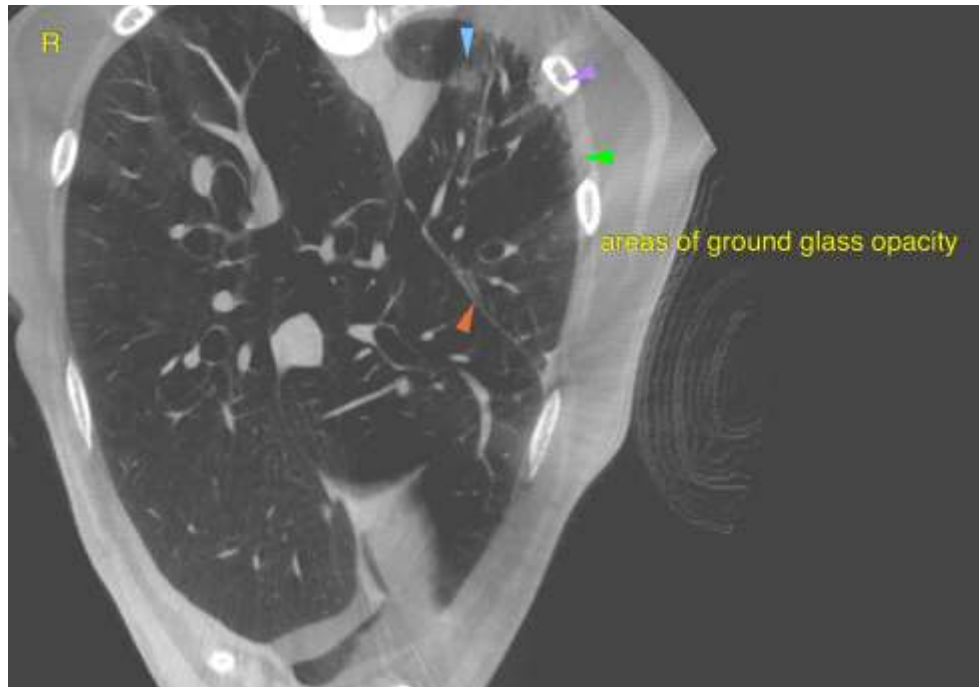
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

VetMed Consultants

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