



PATIENT

Rio Gonzalez

PRESENTING CLINICAL SIGNS

Started about 4 days ago that pet was not wanting to eat as much and was lethargic. O started to home cook and he ate a small amount but not the normal amount. Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: 3-5% dehydrated Mentation: QAR EENT: No nasal discharge; clear no discharge OU; mild brown debris AU; No cough on tracheal palpation. Oral Cavity: mild dental tartar present, Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, tachycardia Normal bronchovesicular sounds. Abd/GI: Soft painful abdomen with mid palpation, firm mass in retroperitoneal region - enlarged kidney - painful with palpation Uro/Perineum: N Musculoskeletal: Normal ambulation, no lameness noted. No pain on palpation of limbs, normal flexion/extension present in all joints of all limbs. BCS 3/9 Neurological: Appropriate Abnormal PE/Chem/CBC/UA Results: CBC - WBC 29.01 H (5.05-16.76), NEU 22.58 H (2.95-11.64), MONO 3.41 H (0.16-1.12), EOS 0.03 L (0.06-1.23) CHEM - ALKP 666 H (23-212) Electrolytes - Cl 107 L (109-122) fPL - Normal

SPECIES

Canine

BREED

Golden Retriever

SEX

NM

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Right lateral and ventrodorsal views of the thorax and abdomen each, totaling 4 images available for review.

AGE

6 Years, 9 Months

RADIOGRAPHIC FINDINGS

Thorax

Mild spondylosis deformans is seen between T5 and T6.

The degree of pulmonary inflation is moderate.

Thin pulmonary vasculature and thin caudal vena cava are noted. The cardiac silhouette is upright and thin.

The lung is slightly hyperlucent. A round 4.0 cm sized soft tissue opaque mass is seen in the caudodorsal aspect of the left caudal lung lobe. No other pulmonary masses or nodules are noted.

There is no evidence of mediastinal lymphadenomegaly or other abnormal mediastinal widening.

Abdomen

The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal shape, delineation and opacity. The renal size is in the upper reference range with 3.5 times the length of the 2nd lumbar vertebra on both sides. No

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abnormal opacities or obvious masses of the kidneys are seen. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

The stomach is in its anticipated position and presents normal content.

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The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

BREED

Golden Retriever

RADIOGRAPHIC DIAGNOSIS

- Single caudodorsal soft tissue mass within the left caudal lung lobe.
- Renal size in the upper reference range.
- Hypovolemia with microcardia and underperfusion of the lung.

SEX

NM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the presence of a soft tissue mass within the left caudal lung lobe. The mass is unfortunately does not appear to be accessible with ultrasound; however, direct lung lobectomy could be considered. Differential diagnosis includes neoplasia and less likely metastatic disease, granuloma, or abscess. No additional pulmonary nodules or masses are seen.

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The presence of a renal mass or mild renal enlargement cannot be ruled out entirely; however, the radiographic study does not show direct evidence of which. Consider abdominal ultrasound in order to complete the screening and further verify the suspicion of structural nephropathy.

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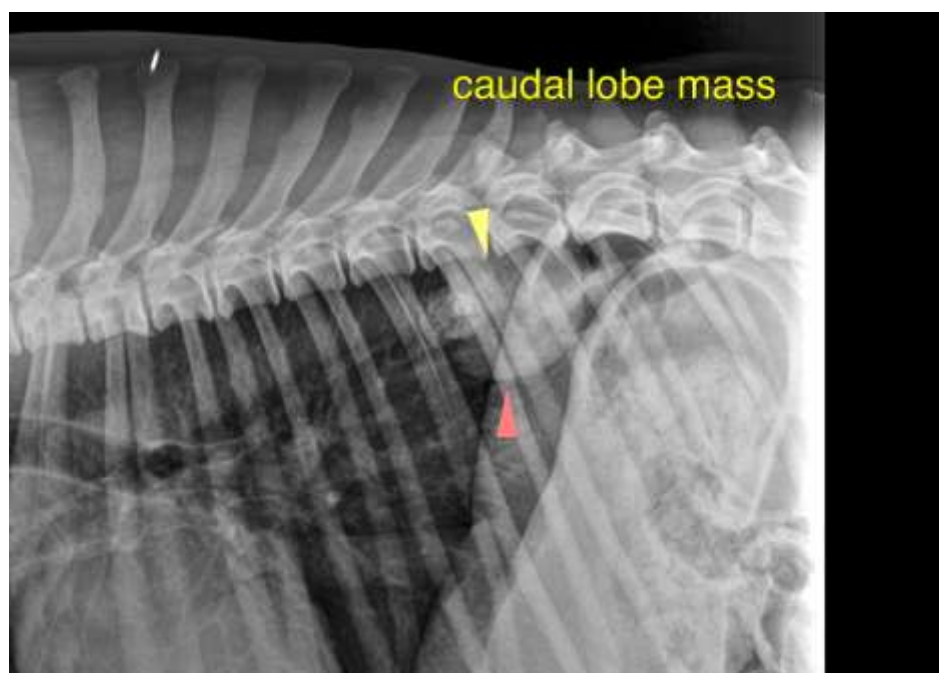
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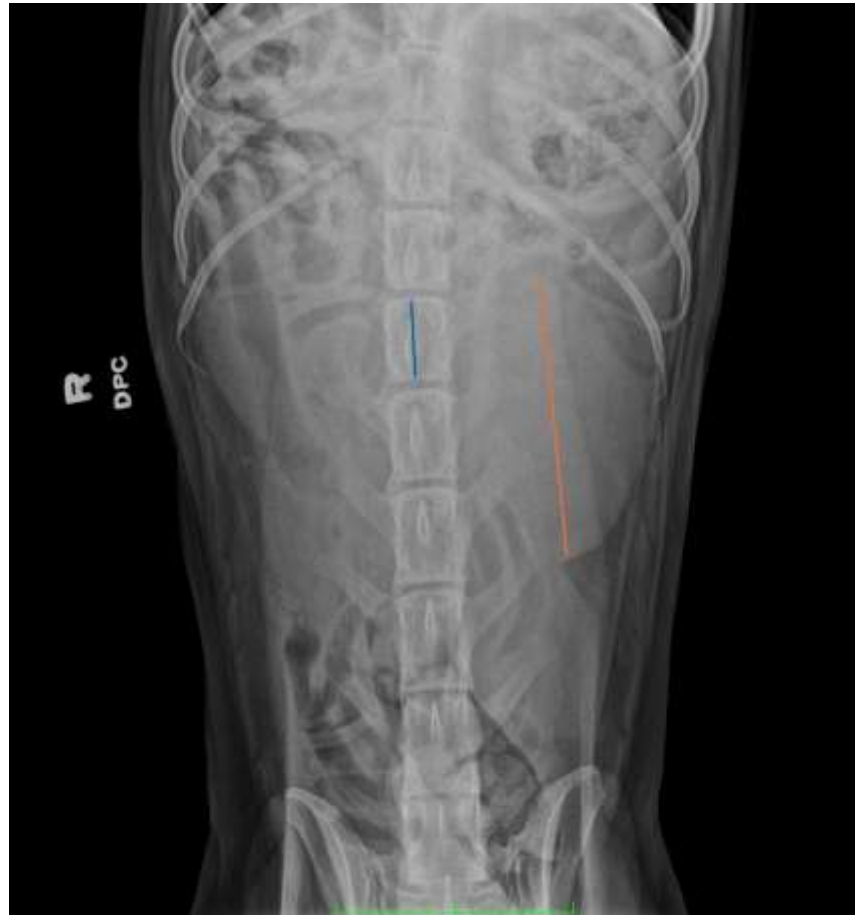
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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