



**PATIENT PRESENTING CLINICAL SIGNS**

**Ginger Holm** Diagnosed with lung cancer 2 months ago, was doing well, is on Pred but now breathing is getting more labored. O put her on Flovent yesterday. coughing.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: 1. Lung mass/cancer caudal dorsal right lung lobe (which was first diagnosed 2 months ago) causing respiratory distress (coughing and inspiratory stridor) Repeat RL and VD X rays of the thoracic cavity looks like there is a bit more of an interstitial pattern visible in the lung peripheries. The size of the mass in the caudal right lung lobe appears to be the same but the lungs look more consolidated and increase in opacity. There is no obvious nodular or milliary pattern that I can identify on the X rays today. But I definitely suspect that these lungs are looking worse than the X rays done a couple of weeks ago. Ddx Locally aggressive lung neoplasia/metastasis VS secondary bacterial pneumonia from prednisone use? 4. Geri Panel Results: Mild anemia (non reg) most likely of chronic disease. Chemistries are completely normal. No inflammatory leukogram supporting Ddx of secondary bacterial pneumonia.

**Canine**

**BREED** Boxer

**SEX RADIOGRAPHIC STUDY OF THE THORAX**

**Female Spayed** Right lateral and ventrodorsal views of the thorax available for review in jpeg format. There also is a single right lateral view in jpeg format from a prior study presumed to be 2 months old.

**AGE RADIOGRAPHIC FINDINGS**

**11 Years** Moderate spondyloses are present within the mid thoracic spine.

**INTERPRETED BY** Course and width of the trachea present within normal limits.

**Nele Eley, DVM** No radiographic evidence of cardiovascular pathology is seen.  
**Dr. med. Vet. DipECVDI**

**HOSPITAL NAME** There is a soft tissue opaque ovoid mass effect in the caudal and dorsal aspect of the right caudal lung lobe which appears to be consistent in size between the prior and recent studies. A diffuse increase in interstitial opacity is noted compared with the prior study with mild bronchial wall enhancement.

**River Valley** No evidence of tracheobronchial or cranial mediastinal lymphadenomegaly is noted. The sternal lymph nodes are not seen.  
**Veterinary Wellness**  
**Clinic**

**REFERRING VET RADIOGRAPHIC DIAGNOSIS**

- Devashree Pala**
- Stable right caudodorsal soft tissue mass effect of the lung with diffuse increase in interstitial opacity - otherwise, normal age related thorax.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE** The caudal lobar mass appears to be relatively stable in size between the prior and recent studies; however, a diffuse increase in interstitial opacity is seen which may represent diffuse infiltration with neoplastic cells such as interstitial metastatic disease or interstitial infiltrate with round cells. Noncardiogenic pulmonary edema/acute respiratory distress syndrome cannot be ruled out entirely as a differential diagnosis. Based on the position of the pulmonary mass effect and pattern of the interstitial infiltrate, I do consider lobar pneumonia with diffuse interstitial inflammation a low potential in this case. Since the right caudal lobar mass effect is in a relatively

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**DATE** 10-23-21



**PATIENT**

Ginger Holm

peripheral position, ultrasound guided sampling using a high dorsal intercostal approach could be considered in order to obtain a more definitive diagnosis.

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Female Spayed

**AGE**

11 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

River Valley  
Veterinary Wellness  
Clinic

**REFERRING VET**

Devashree Pala

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.

**INVOICE**

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**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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