



PATIENT

Tucker Eadie

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

7 Years, 9 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

East Credit
Veterinary Hospital

REFERRING VET

Wendy Webster

INVOICE

47656

DATE

10-4-21

PRESENTING CLINICAL SIGNS

Tucker was hit by a car on September 29/21 and taken to the local emergency clinic. While at the emergency he had several radiographs taken (in addition to ultrasound). There was concern that he had a pneumothorax and possible contusions in the chest. It was also remarked that there may be potential bulla visible. Thoracocentesis was attempted at the emergency, but unsuccessful at removing any air. He clinically improved and was discharged on the evening of Oct. 1/21. He has continued to improve at home, but is being kept quiet and rested. On exam today his respiratory rate is ~20 bpm, his breathing is relaxed with possibly some mildly increased lung sounds. We elected to take a 3-view chest series to evaluate change since discharge and to better assess for the possibility of bulla.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

Patient has a history of car accident with pneumothorax and pulmonary bullae.

Mild residual air is seen in the ventral thorax cranial and ventral and caudal and ventral of the cardiac silhouette. The caudoventral mediastinal fold is highlighted by a mild amount of free air. However, the lung lobes are fully expanded.

A 1.0 cm sized soft tissue opaque interstitial nodule is seen level with the 4th intercostal space on the right lateral view. Two nodules of 1.5 cm and 2.0 cm diameter are seen in the left lateral view in the dorsal aspect of the 8th and 9th intercostal spaces. These nodules appear to be thick walled and contain a mild amount of gas. Mild regional opacification of the lung is seen cranial and ventral of the cardiac silhouette and level with the right cranial lung lobe.

Mild redundancy of the dorsal tracheal ligament of the cervical trachea is seen.

No radiographic evidence of cardiovascular pathology is seen.

The stomach is post-prandial.

RADIOGRAPHIC DIAGNOSIS

- History of blunt chest trauma with minimal residual pneumothorax.
- Presumed mild residual pulmonary contusion/hemorrhage and at least 3 bullae/hematoceles.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings parallel the history of traumatic injury of the lung. Regional contusion / hemorrhage appears to be present in the left and right cranial lung lobes. The amount of residual air is minimal, and it may take up to 3 weeks to completely resolve. The nodular / cavitary interstitial structures seen in the dorsal lung most likely represent hematoceles / traumatic bullae and organization may take weeks for these hematoma like lesions as well. Other type of interstitial nodule cannot be ruled out entirely, theoretically, unless pre-traumatic radiographs are available.



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Presence of a continuous leak is considered unlikely based on the pertinent radiographic findings. However, resumption of exercise should be postponed at least 2-3 weeks from here and has to be noted that the hemothoraces may organize to cavitory lesions which, theoretically carry the risk of a spontaneous pneumothorax which will remain as a general risk in this patient.

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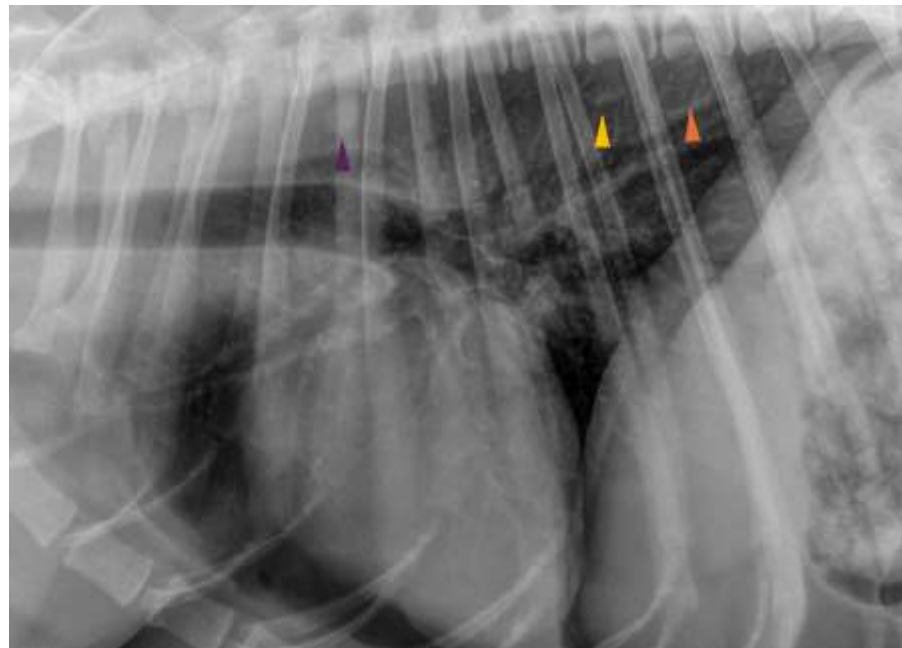
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Wendy Webster

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