



PATIENT

Oscar Parthasarathy

PRESENTING CLINICAL SIGNS

One week ago fell off bed (possible seizure) and was acutely tetraparetic. Neuro work-up/ MRI performed 9/30 diagnosed C4-5 ANNPE. Discharged from hospital 10/1. Was not eating at home, and ~ 2 days ago developed abnormal breathing. Presented to ER 10/5.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Physical exam - dull, no heart murmur, normothermic, increased resp effort with normal rate, markedly stenotic nares with some inspiratory stertor, tetraparesis (static to previous), hypoxemia (SPO2 88% off O2, 94% on). TFAST shows 3-4 b lines bilaterally in middle and perihilar lung fields. Also had CKD (worsening azotemia), historical kidney stones, and seizure history - suspect epilepsy.

BREED

Shih Tzu

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

Male Neutered

I do consider the soft tissue structure mentioned in the clinical history of the patient, on the right lateral view, a composite shadow with the densified left cranial lung lobe.

AGE

13

Nodular subcutaneous fat opaque structures appear to be present in the ventral thoracic wall.

The degree of pulmonary inflation is fair. A regional increase in interstitial opacity with mild loss of pulmonary volume is noted within the left cranial and caudal lung lobes. A mild generalized bronchial lung pattern is noted which is most likely to be within age related normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The intrathoracic trachea presents within breed related normal limits.

The radiographic presentation of the cardiac silhouette is within normal limits. The vertebral heart score is 10. No evidence of pulmonary venous dilation is noted.

HOSPITAL NAME

Animal Health
Partners

The thoracic boundaries present no deviation from their expected anatomy.

A polygonal shaped mineral opaque structure is seen in the position of the right renal pelvis. This structure measures approximately 1.0 cm in diameter.

REFERRING VET

Michelle Coady

RADIOGRAPHIC DIAGNOSIS

- Regional interstitial pattern of the left caudal and left cranial lung lobes.
- Radiographically normal cardiac silhouette.
- Thoracic wall lipomas.
- Presumed right renal calculus.

INVOICE

47708

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Atelectasis may well contribute to the opacity of the left lung since the opacity increase is combined with volume loss and mild mediastinal shift. However, the possibility of noncardiogenic pulmonary edema such as acute respiratory distress syndrome should be considered. Interstitial pneumonia, pulmonary hemorrhage, and infiltrative pathology all are thought highly unlikely as potential differential diagnoses in this case.

DATE

10-6-21



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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.

SPECIES

Canine

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.

BREED

Shih Tzu

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