



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Blue Wilson
SPECIES Canine
AGE 3 Years

Has not raced for 1 month and is not right but still eating. Then over the weekend lost a dramatic amount of weight, no vomiting,, poo normal if a bit soft but not diarrhoea, normal colour and other dogs are fine. No coughing, eating nice part of meal, no toxins, nil meds given, normal drinking and weeing - not noted excessive. Fever unknown origin. IVFT + NaCl 0.9% + ceph 1g/L @ 60 ml/hr (stopped overnight) - Doxy 10 mg PO BID - Enro 150mg PO SID (PM) - metacam 3 pm yesterday PCV 41%/TP 74 USG 1.050 Smeer = platelets ok. neuts mild degenerative but subjectively happier than yesterday

BREED COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

BREED Greyhound
 Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX Male
 The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

AGE 3 Years
 The cardiovascular structures including the pulmonary vasculature are within normal limits.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The lungs are deeply inflated. A moderate to severe multifocal subpleural and peribronchial interstitial infiltrate is seen. Multiregional peribronchial alveolar infiltrates are seen accentuating the dorsal aspect of the caudal lung lobes and are surrounded by regional ground glass opacity of the pulmonary interstitium.

There appears to be mild generalized thickening of the mediastinal folds and visceral pleura. No evidence of mediastinal or pleural effusion is seen.

HOSPITAL NAME

Adelaide Plains
 Veterinary Surgery

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

John Katakasi

- Moderate to severe mixed pulmonary infiltrate with bronchoalveolar distribution in the caudodorsal lung and subpleural interstitial distribution in the remainder of the lung.
- No concurrent lymphadenomegaly.
- No thoracic effusions.

INVOICE

47718

DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for severe pleural pneumonia. Consider parasitic, protozoal, mycobacterial, and less likely viral, fungal, and bacterial infection. However, despite infection being the by far most likely underlying cause of the pertinent CT changes, the pattern is not necessarily specific for the type of infection and further definition by means of airway endoscopy with airway sampling and fecal examination is highly recommended if not performed already. Pulmonary infiltrates with eosinophils would be a potential noninfectious differential diagnosis but this is considered similarly unlikely as infiltrative disease.



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Greyhound

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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.

BREED

Greyhound

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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