



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Thor Rooney

SPECIES
Canine

BREED
Chihuahua

04/18/2014: Thor has had a chronic cough which has not been responsive to antibiotics. Radiographs revealed lung lobe consolidation. Sx: The right caudal lung lobe was removed Bx: Eosinophilic and Lympho-plasmocytic granulomatous pneumonia Dog has had coughs off and on which would respond to prednisone and eventually he was prescribed 1mg prednisone once daily for life. 10/19/2022: RDVM thoracic radiographs with radiologist review: Trachea is within normal limits On the left lateral, across the cardiac silhouette, there is a gas-filled entity. Also seen on the V/D on the right midline lung lobe region -large suspicious area. On the left caudal lung area has a small area of consolidation on the V/D view. 11/30/2022: Today he presented to us because his cough has been progressing and is wet. He has not been on antibiotics and opted for a CT scan.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

SEX
MN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

AGE
10 Years

The patient has a history of prior resection of the right caudal lung lobe.

Stapler clamps are seen in the right caudal perihilar area.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDF

Compensatory overinflation of the right cranial and right middle lung lobes is seen. Severe multiple saccular bronchiectasis is noted in the right middle lung lobe which is now in the most caudal position in the right hemithorax. The ventral aspects of the severely dilated bronchi are filled with fluid attenuating material. Peripheral enhancement of the bronchial walls is seen. Extensive peribronchial cuffing is noted in the perihilar area. Small bullae are seen in the pulmonary interstitium accentuating the subpleural space. Occasional interstitial and subpleural bands are noted. Mild cortication of the right middle lung lobe is seen. The changes appear to be limited to the right middle lobe. The right cranial lobe is hyperinflated but does not present bronchiectasis or other changes at this point. The left lung presents within age related normal limits.

HOSPITAL NAME

Mountain West
Veterinary Hospital

No evidence of mediastinal lymphadenomegaly is seen.

REFERRING VET

Melanie Thompson

There is no evidence of cardiovascular pathology.

Abdomen

INVOICE

55485

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

DATE

11-30-22

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating

**PATIENT**

parenchyma and homogeneous contrast enhancement, unremarkable.

Thor Rooney

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

SPECIES

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Canine

The bony and surrounding soft tissue structures reveal no abnormalities.

BREED**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Chihuahua

- Prior right caudal lung lobectomy.
- Severe multiple bronchiectasis with mucus plugging and bullae within the right middle lobe.
- Signs of interstitial scarring.
- Normal age related CT findings of the abdomen.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**AGE**

10 Years

The CT study reveals pulmonary bullae and severe saccular bronchiectasis with mucus plugging in the right middle lung lobe. Bronchiectasis is typically a consequence of chronic or recurrent bronchitis / bronchopneumonia and associated with decreased mucociliary clearance rates which eventually leads to dilation of the bronchi as well as to mucus plugging. Congenital or acquired degenerative bronchomalacia is a potential differential diagnosis however there appears to be pneumonic changes which further supports the suspicion of chronic/recurring bronchitis or bronchopneumonia as underlying cause of the saccular ectasia. The changes have to be considered irreversible based on their appearance and the right cranial lung lobe and the left lung appear to be spared. Surgical excision of the affected right middle lung lobe could be discussed.

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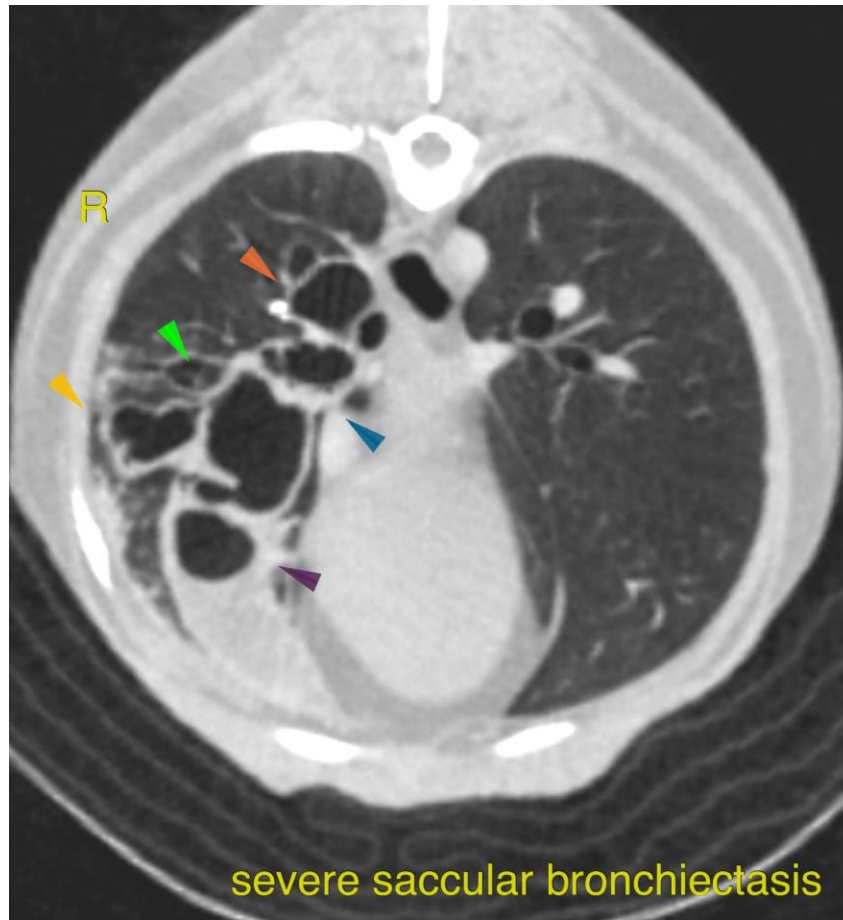
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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