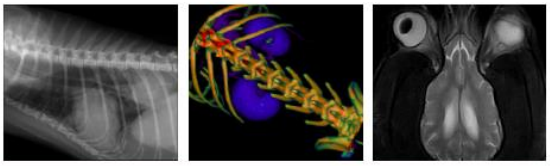
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bailey Perman

SPECIES

Canine

BREED

Boston Terrier

SEX

SF

AGE

14

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

All Creatures Animal Hospital Stuart

REFERRING VET

Dr Jessica Collier

INVOICE

55044

DATE

11-7-22

PRESENTING CLINICAL SIGNS

O reports coughing at night and with activity, weight loss despite normal appetite. Serous nasal discharge. Previously treated with NeoPolyDex for increased eye discharge that resolved with treatment. On gabapentin long term for arthritis.
Abnormal PE/Chem/CBC/UA Results: PE (11/7/2022): CV WNL, respiratory WNL, GI WNL, LN WNL, mild muscle wasting abaxially and hindlegs, mild mucoid discharge OD, serous nasal discharge, severe dental tartar. Sneezing during exam. Unable to elicit cough. BW (CBC/Chem, 10/26/2022): WNL, ALT 184 (NI 10-125)

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

Note the presence of a hemivertebra with in the mid thoracic spine at T8.

The degree of pulmonary inflation is moderate. A moderate generalized bronchial lung pattern is noted and evenly distributed throughout the lung. Multiple age related pulmonary osteomas are seen. There is no evidence of vascular congestion.

The vertebral heart score is 10.8 however the measurement is likely skewed due to the presence of a hemivertebra and subjectively there is no evidence of cardiomegaly or specific chamber enlargement.

Course and width of the trachea are considered within normal limits.

The thoracic boundaries present within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern.
- No radiographic evidence of cardiovascular disease.
- Congenital vertebral malformation T8.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals a moderate generalized bronchial lung pattern. Irritant bronchitis, eosinophilic/allergic bronchopneumopathy, and infectious bronchitis such as viral, bacterial, or parasitic are potential differential diagnoses. Airway endoscopy with airway sampling would be ideal for further definition and should be performed in case of pertinent clinical signs.

The “nodular” appearing structures in the caudodorsal lung field on the left lateral view are likely to represent end-on vessels. Radiographic recheck or CT could be considered in case of further doubt. However, at this point, I do not consider nodular lung disease a likely potential.

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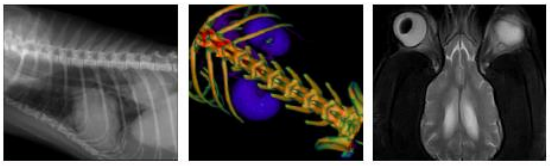

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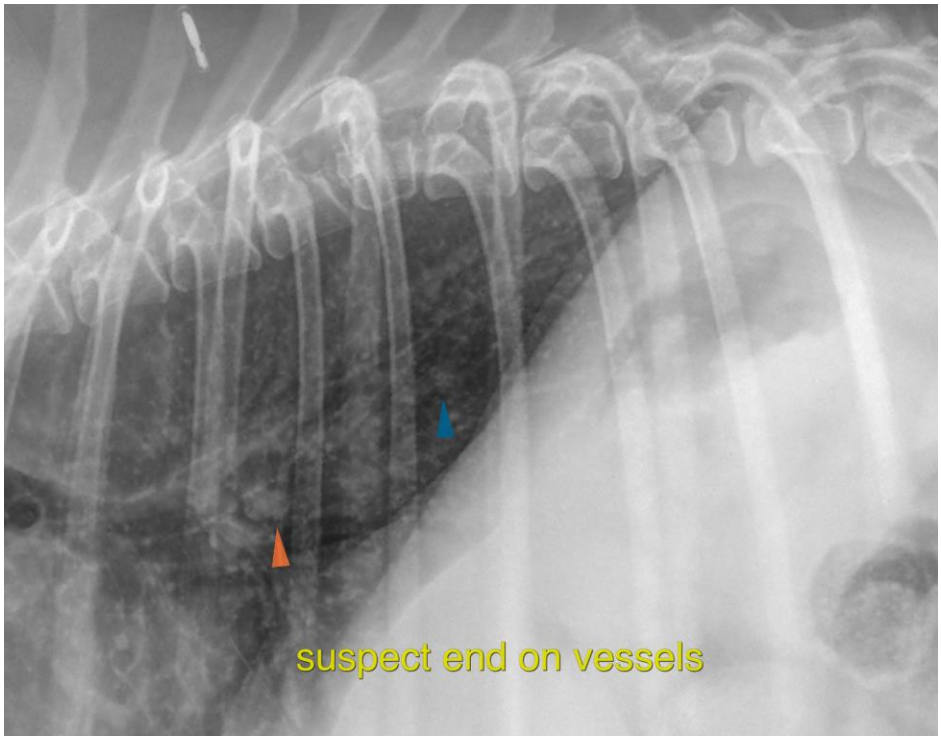

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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Nele.Eley@sonopath.com