



PATIENT

Lance Manitoba
Underdogs

PRESENTING CLINICAL SIGNS

Originally examined Oct 10 for lethargy, nasal discharge and inappetence. Radiographs showed dependent consolidation of the left cranial lung lobe and bilateral pleural fluid. Chest was tapped, fluid was a transudate. Started on a nebulizer & doxycycline. On Oct 14 radiographs showed an air-filled cavity developing in possible right middle lobe with a mild pneumothorax. The consolidation had improved. Sent home on doxycycline. Oct 24 radiographs show consolidation continued to improve, but the air-filled cavity was larger and other cystic cavities are now present. Currently still on doxycycline.
Abnormal PE/Chem/CBC/UA Results: Decreased RBC $4.81 \times 10^{12}/L$, HCT 31.9%, HGB 10.9 g/dl, plt 101 K/uL

SPECIES

Canine

BREED

Shep X

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

SEX

M

COMPUTED TOMOGRAPHIC FINDINGS

A 3.5 cm sized thin walled cavitory lesion with gas content is seen in the right caudal and ventral hemithorax. The cavitory lesion appears to connect with the accessory lung lobe of the right caudal lung lobe. Mild peripheral interstitial pulmonary infiltrate is seen.

AGE

6 Months

There appears to be generalized cortication of the ventral and peripheral lung surfaces.

At this time, there is no evidence of pneumothorax or pleural effusion.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No other concurrent cavitory lesions are seen in the remainder of the lung however there is a mild generalized bronchointerstitial lung pattern.

A thymic remnant is present which is considered within age related normal limits.

HOSPITAL NAME

Bridgwater
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There is no evidence of concurrent mediastinal lymphadenomegaly.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cavitory gas filled lesion with presumed emergence from the accessory lung lobe.
- Diffuse cortication of the lung surface.
- Bronchointerstitial lung pattern.

REFERRING VET

Dr. Cavanagh

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis includes bronchogenic cyst, pulmonary bulla/bleb, and pneumatocele. Congenital or acquired bronchogenic cyst is a primary differential diagnosis. With the concurrent bronchointerstitial lung pattern and perilesional in signs of inflammation, acquired cyst secondary to pulmonary inflammation or infection is considered more likely than congenital cyst. Bronchogenic cysts, pulmonary bullae, and blebs, as well as pneumatoceles can rupture and lead to spontaneous pneumothorax as reported in this dog.

INVOICE

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The cortication of the lung surface is likely to be a consequence of the prior pleural effusion.

DATE

11-8-22

Presence of pulmonary infection/inflammation should be ruled out by means of airway



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endoscopy with airway sampling if not performed already. Resection of the affected lung lobe could be considered should the patient either remain refractory to medical treatment and should a pneumothorax or pleural effusion reoccur.

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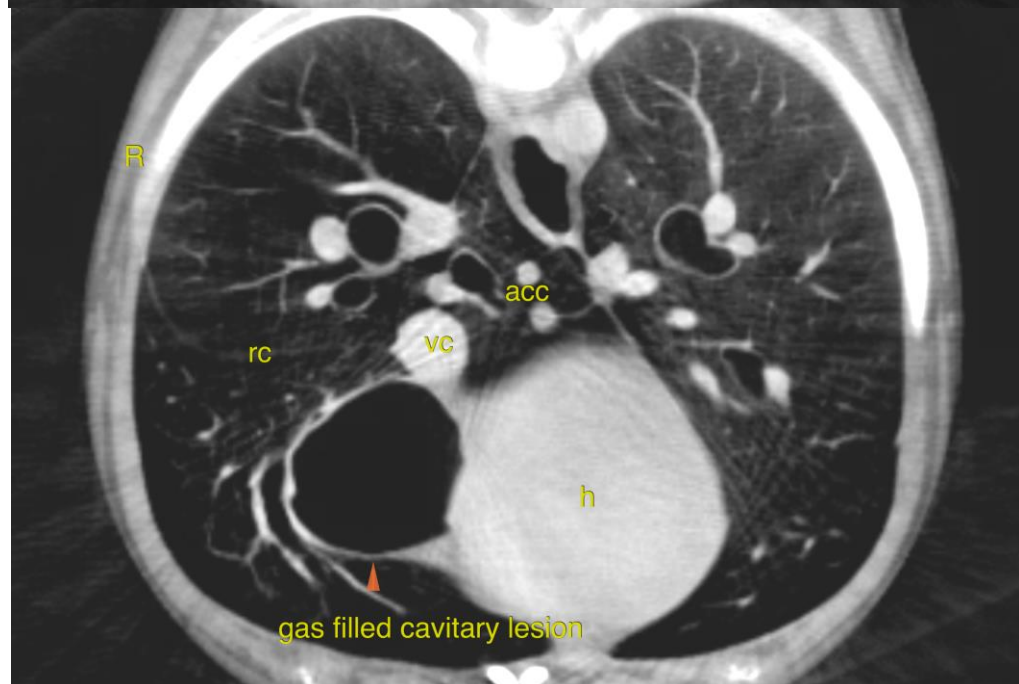
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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

Shep X

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