



PATIENT

Louie Ogan

PRESENTING CLINICAL SIGNS

Persistent cough that happens about once a week for over a year.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

BREED

Australian Shepherd

COMPUTED TOMOGRAPHIC FINDINGS

Multiple mild to moderate spondyloses are seen within the imaged thoracic and lumbar spine.

SEX

MN

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.

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

AGE

10 Years

Mild generalized bronchial wall enhancement is seen throughout all lung lobes. There is no evidence of peribronchial cuffing or bronchial foreign material. The pulmonary interstitium presents within normal limits. A pulmonary osteoma is seen ventrally in the right cranial lung lobe. A small pulmonary bulla is present within the caudodorsal aspect of the left cranial lung lobe measuring 5.5mm in diameter.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild generalized bronchial lung pattern.
- Single pulmonary bulla within the left cranial lung lobe.
- Normal CT presentation of the mediastinal lymph nodes, trachea, and cardiovascular structures.

HOSPITAL NAME

Scottsdale Veterinary
Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a mild generalized bronchial lung pattern. Differential diagnosis includes eosinophilic / allergic bronchopneumopathy versus infectious bronchitis such as viral, bacterial, parasitic. There was no evidence of structural interstitial pulmonary disease. The single pulmonary bulla is likely to represent a spontaneous bulla. Reduced pulmonary compliance cannot be ruled out entirely. However, the inflation and expansion of the lung appears to be adequate and there is no evidence of changes in the attenuation of the pulmonary parenchyma. Concurrent upper airway pathology in the upper airways should be ruled out and airway endoscopy with airway sampling could be considered for further definition if not performed already.

REFERRING VET

Dr. Horsley

INVOICE

56717

DATE

2-13-23



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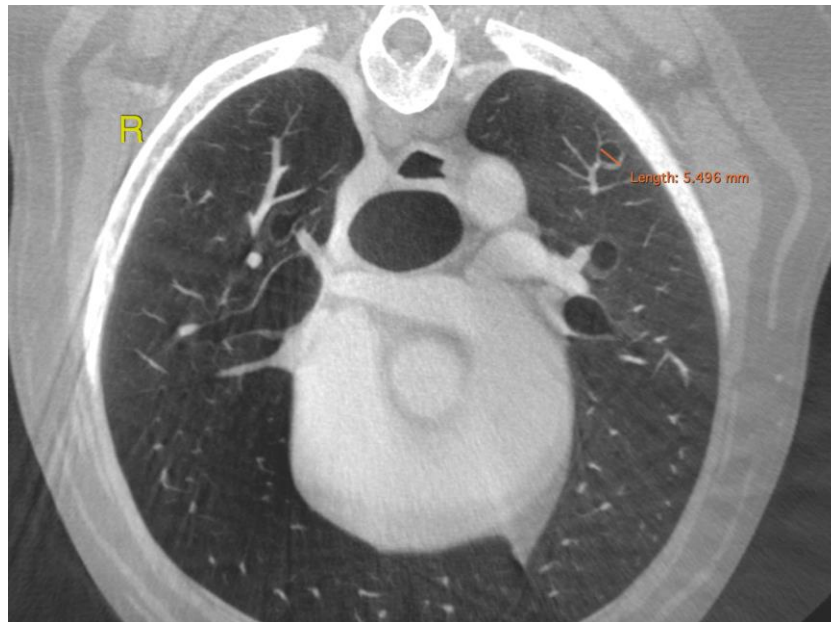
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com