



PATIENT

Molly Levesque

PRESENTING CLINICAL SIGNS

Reason for Visit: COUGHING History: P BEEN COUGHING PAST 2 WEEKS ONLY CONTACT WITH DOGS IS PUPPIES WHICH ARE NOT COUGHING. O CONCERNED ABOUT CATARACTS O SEEING DISCHARGE FROM R EYE DARK COLOR. O CONCERNED ABOUT WEIGHT LOSS SPINE MORE PROMINENT STOMACH SEEMS SUNK IN

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: Immature cataracts OU with intact menace OU. Episcleral injection OU, no blepharospasm. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Pale mucous membranes, moderate calculus Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. Several fluctuant SQ masses that palpate consistent with lipomas. Fleas per owner. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses fair and synchronous, decreased bronchovesicular sounds. Dry cough elicited on abdominal palpation. Abd/GI: Cranial organomegaly--palpation in cranial abdomen elicits coughing. No obvious fluid wave. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 3/9. Ambulatory x 4, moderate muscle wasting/cachexia especially over dorsum. Thickened stifles and crepitus on stifle flexion bilaterally. Neurological: Alert and appropriate. No deficits noted.

BREED

Labrador Retriever

SEX

SF

RADIOGRAPHIC STUDY OF THE THORAX

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

AGE

12 Years

RADIOGRAPHIC FINDINGS

The degree of pulmonary inflation is moderate. An approximately 8 x 6.5 cm sized soft tissue opaque mass is seen in the position of the right middle lung lobe. The mass is situated in the dorsal aspect of the middle lung field and bifurcational involvement is a potential. The remainder of the lung presents within age related normal limits. No evidence of additional nodules or masses is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

The vertebral heart score is 10.4. The cardiac silhouette is relatively upright and thin. The pulmonary vasculature and caudal vena cava are thin as well.

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

Mid and caudal thoracic spondyloses are seen. Both shoulders present mild osteoarthritic changes.

REFERRING VET

Ward

A subcutaneous lipoma is seen in the dorsocranial thoracic wall.

There appears to be caudodorsal deviation of the stomach due to hepatomegaly. However, the collimated field of view does not include the liver entirely.

INVOICE

56530

RADIOGRAPHIC DIAGNOSIS

- Soft tissue mass in the right middle pulmonary lobe with bifurcational involvement.
- Suspect mass effect in the cranial abdomen.
- Hypovolemia with microcardia and underperfusion of the lung.
- Spondyloses.
- Bilateral shoulder osteoarthritis.

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2-2-23



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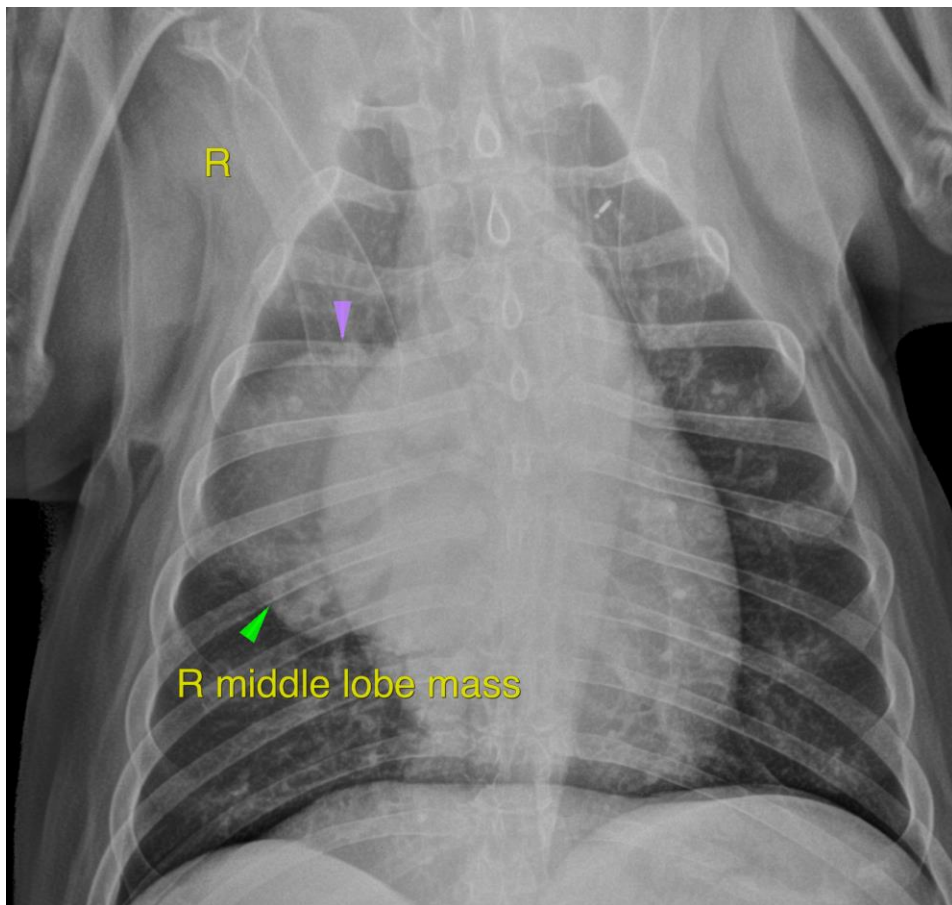
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are highly suggestive for a pulmonary mass such as primary neoplasia of the lung (carcinoma) versus secondary neoplasia including round cell neoplasia, sarcoma, and metastatic disease of another undetermined primary tumor. Pulmonary granuloma and abscess can never be ruled out entirely but appear highly unlikely based on the radiographic findings. The mass is unlikely to be readily accessible for ultrasound guided fine needle aspiration even though a high intercostal approach could be attempted.

Further imaging of the abdomen recommended.





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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.

SPECIES

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