

**DATE PRESENTING CLINICAL SIGNS**

2-28-22 Mid abdominal mass. Abdominal ultrasound performed 2/23/22; Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

PATIENT RADIOGRAPHIC STUDY OF THE THORAX

Leo Lewis Right/left lateral and ventrodorsal views totaling 3 images of the thorax available for review.

SPECIES RADIOGRAPHIC FINDINGS

Canine Moderate ventrally bridging spondyloses are seen within the mid thoracic spine and in the thoracolumbar junction.
Mild esophageal aerophagia is noted.

BREED There is mild redundancy of the dorsal tracheal ligament which is an incidental finding.

Australian Shepherd Mild focal retrosternal increase in soft tissue opacity is noted level with the 2nd sternebra which may represent mild sternal lymphadenomegaly.

SEX

Male Neutered There is plate-like atelectasis of the caudal border of the right middle lobe with mildly reduced volume. No evidence of interstitial nodules or masses is seen.

RADIOGRAPHIC DIAGNOSIS**AGE**

9/17/17

- No radiographic evidence of pulmonary metastatic disease.
- Pulmonary atelectasis of the right middle lobe.
- Mild sternal lymphadenomegaly.

INTERPRETED BY INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

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The radiographic screening is negative for pulmonary metastatic disease. The atelectasis of the right middle lobe may well be due to positioning in right lateral recumbency prior to the radiographic study.

The radiographic findings suggest potential for sternal lymphadenomegaly. The sternal lymph nodes drain part of the abdominal cavity and reactive hyperplasia is thought the most likely underlying cause. Lymph node metastases cannot be ruled out as a differential diagnosis. Ultrasound with eventual sampling or CT could be considered for further definition.

HOSPITAL NAME

Claws N Paws
Animal Hospital

REFERRING VET

Singh

INVOICE

50602



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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