SonoPath Teleradiology

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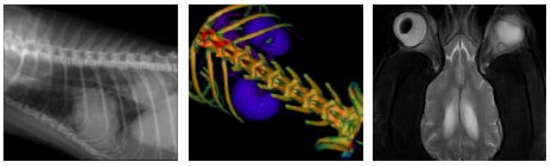

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Harley Hilling

SPECIES

Canine

BREED

Doberman Pinscher

SEX

MN

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Woodridge Veterinary Clinic

REFERRING VET

Dr. Couperthwaite

INVOICE

56572

DATE

2-4-23

PRESENTING CLINICAL SIGNS

Presented to have a recheck and an ECG and thoracic radiographs performed. O reports that his cough has decreased since Wednesday however he is still coughing - occurs at random times throughout the day. No other health concerns. *did not weigh today as he was just in 2 days ago. On brief recheck today Harley still had an irregular arrhythmia (dropping beats & not associated with his breathing) and his HR seemed a bit elevated. Femoral pulses also dropped off at same time as HR; were still fairly strong. No wheezes or crackles on auscultation. Did cough a few times in exam room. MM's pink & slightly tacky; CRT ~2 secs. Performed ECG - Will send to Idexx for interpretation. Some QRS complexes without P waves? Thoracic Radiographs (3 views) Appears to be abnormal diaphragm silhouette on VD/DV view - pressing up against heart (possible diaphragmatic hernia or abdominal mass?; cause of arrhythmia?). Cardiac silhouette appears to be more vertical - mass effect?
Abnormal PE/Chem/CBC/UA Results: PE: HR (160), R (Panting), MM (pink & slightly tacky), Pulse quality (strong but drops beats with HR), Murmur (no), Cardiac rhythm (irregular), irregular rhythm (Dropping beats at irregular intervals (not associated with breathing)), Patient attitude/demeanor (quiet), BCS (4), BCS changes (recent weight loss), Additional PE findings (Multiple SC masses on body. Mild periodontal ds. Total T4 (51 nmol/L), Creatinine (96 umol/L), Completed diagnostics (Feb. 1/23 CBC - mild non-regenerative anemia still present, mild monocytosis, otherwise unremarkable.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The lungs are deeply inflated yet there is far cranial excursion of the diaphragm with the tip of the diaphragmatic cupola being in contact with the caudal contour of the cardiac silhouette.

There are two soft tissue opaque ovoid mass effects in the right lung, one of which measuring 5 cm in diameter is situated within the right cranial lung lobe. The other appears to be close to the bifurcation in the right middle lung lobe and measures approximately 8 cm in diameter. The remainder of the lung presents within age related normal limits.

The assessment of the cardiac silhouette is obscured owing to the superimposition with the right middle lobe mass effect. No enlargement of the cardiac silhouette is noted. The cardiac silhouette is pushed towards the left side.

No overt mediastinal lymphadenomegaly is noted.

Early spondyloses appear to be present in the caudal thoracic spine.

RADIOGRAPHIC DIAGNOSIS

- Two soft tissue pulmonary masses within the right cranial and right middle lung lobes.
- Suspect peritoneopericardial diaphragmatic remnant or hernia.

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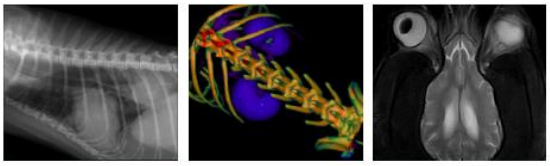

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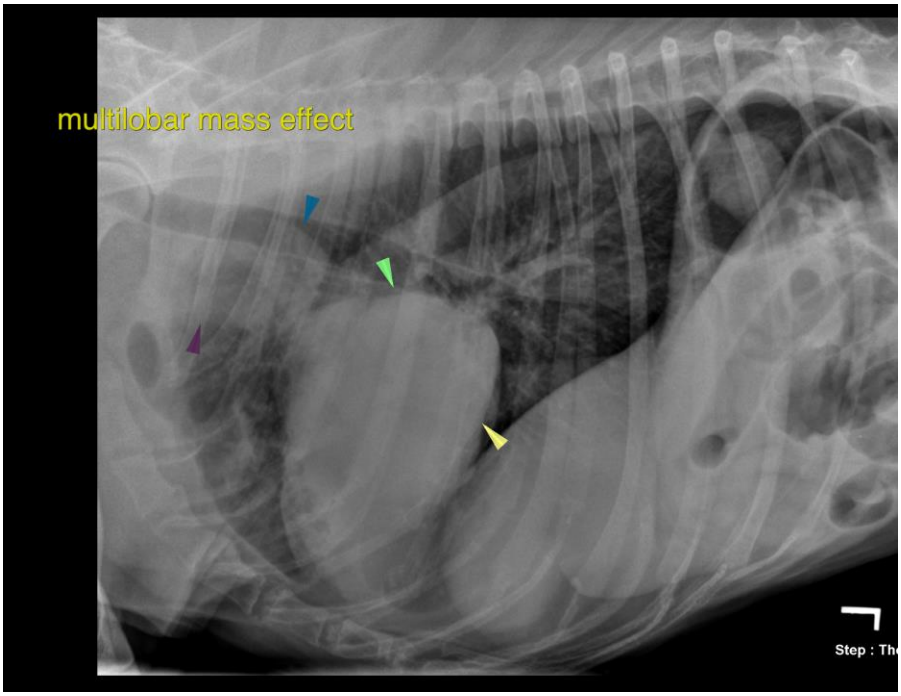
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals two pulmonary soft tissue masses, one of which appears to be situated within the dorsal aspect of the right cranial lung lobe. The second larger one is closer to the bifurcation within the right middle lung lobe. Primary or secondary neoplasia of the lung such as pulmonary carcinoma, sarcoma, or round cell neoplasia is a primary differential diagnosis. Lobar pneumonia, granuloma, abscess, or other can never be ruled out entirely but appears by far less likely. Further definition could be achieved by means of ultrasound guided fine needle aspiration. However, the pulmonary masses may be covered by a rim of aerated lung and prior positioning of the patient in right lateral recumbent position may be necessary in order to image the masses and obtain diagnostic samples.

Note the presence of the peritoneopericardial diaphragmatic remnant with no evidence of herniation of abdominal tissue or viscera into the pericardium at this point.



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
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