



PATIENT PRESENTING CLINICAL SIGNS

Denali Cook

- Pt presented for evaluation of a 4 week history of coughing and wheezing.
- On NYE, pt was spooked by the fireworks and escaped O's backyard. Pt wasn't found until a day later. Pt was out in the cold overnight and O noticed that Pt was wheezing. This was the start of all the issues.

SPECIES

Canine

- Pt has had 3 vet visits prior to today. The first 2 visits in California and the second was here locally. Veterinary Clinic. Radiographs demonstrated leftward shifting of her cardiac silhouette and possible pleural effusion. She was first prescribed Amoxicillin for 1 week. There was no improvement. She was then prescribed doxycycline (6mg/kg BID) and Lasix (2.4mg/kg SID). PT has been improving in the sense that she is no longer retching. PT is still panting constantly. PT is still eating normal, but sometimes a little less than normal. No diarrhea. Owner reports urinary incontinence

BREED

Pomskie

- PE: No murmur or arrhythmia, pt is BAR. Heart is difficult to hear on the right side, No coughing, wheezing, no abnormal lung sounds. Cough/retch with small amount of regurgitation was noted by previous DOD.

SEX

FS

- Pt is chronically on Fluoxetine and thyroTabs.

AGE

10

Abnormal PE/Chem/CBC/UA Results: Diagnostics: Radiographs were repeated and submitted as a complement to CT performed today. Our rads are similar to those previously performed. There is persistent leftward shifting of the cardiac silhouette. Pt has scalloping of the lung margins, particularly on the left side. There is possible tracheobronchial lymphadenopathy vs mass effect, best seen on the left lateral view. CBC: WNL PCV/TP: 50/8 CHEM: ALT 1703, ALP 3673, GGT 15

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX and ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

HOSPITAL NAME

ABDOMEN

Mountain West VS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

REFERRING VET

Dr Jeff Simmons

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

INVOICE

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The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

DATE

02/04/2025

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



PATIENT Denali Cook
Branching mineralization of the biliary trees is seen accentuating the right division of the liver. A small amount of mineral attenuating material is seen ventrally within the gallbladder without evidence of biliary obstruction. Evidence of cystic or common bile duct obstruction is not seen. The extra and intrahepatic bile ducts are not dilated.

SPECIES THORAX

Canine Complete atelectasis of the left lung lobe associated with marked leftward mediastinal shift is noted. There is compensatory hyperinflation of the left caudal lung lobe and right cranial lung lobe.

BREED Pomskie
A moderate generalized bronchial pattern characterized by bronchial wall thickening. Multiple cylindrical and saccular bronchiectasis is noted most pronounced in the left lung. Multiple thin walled pulmonary bullae are seen predominantly in the left lung with occasional bullae in the right lung.

SEX FS
There is no evidence of pulmonary or mediastinal mass lesions, no evidence of mediastinal lymphadenomegaly and no evidence of pleural or mediastinal effusion.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- AGE** 10
- Complete left cranial lobe atelectasis with secondary mediastinal and cardiac displacement
 - Chronic bronchial disease with diffuse bronchial wall thickening, bronchiectasis and pulmonary bullae most severe in the left lung
 - No evidence of thoracic mass lesions, pleural effusion or mediastinal lymphadenopathy
 - Incidental biliary tree mineralization with gallbladder sediment

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings explain the leftward displacement of the cardiac silhouette and are most consistent with chronic lower airway disease with secondary irreversible lobar collapse of the left cranial lung lobe rather than pleural effusion or an intrathoracic mass. The presence of bronchiectasis and bullae suggests a chronic likely irreversible airway pathology potentially exacerbated or unmasked by the recent exposure event and subsequent respiratory stress. No CT evidence of neoplasia or primary cardiac disease is identified.

HOSPITAL NAME

Mountain West VS

REFERRING VET

Dr Jeff Simmons

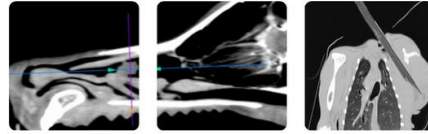
Correlation with bronchoscopy and airway sampling by means of BAL is recommended to further characterize the underlying inflammatory or infectious component if clinically feasible. Caution with positive pressure ventilation or anesthesia is recommended due to presence of pulmonary bullae which can increase the risk of pneumothorax.

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SPECIES

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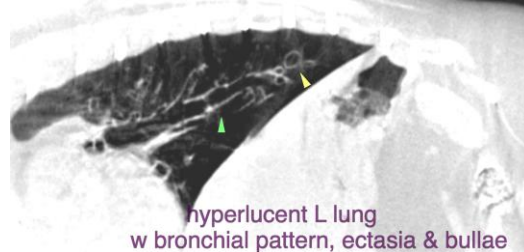
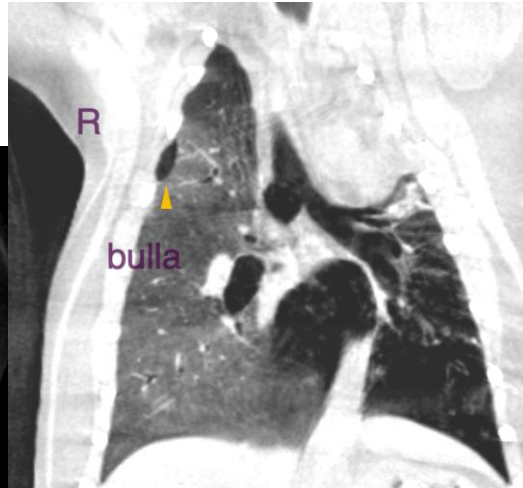
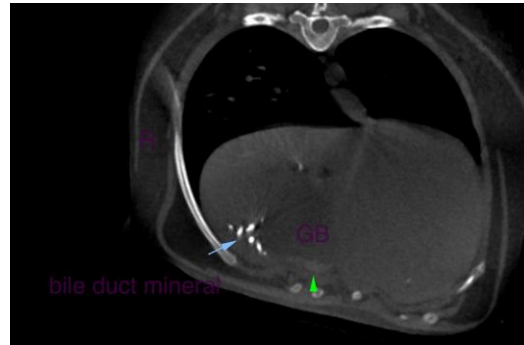
FS

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hyperlucent L lung
w bronchial pattern, ectasia & bullae

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

HOSPITAL NAME

Mountain West VS

REFERRING VET

Dr Jeff Simmons

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