



PATIENT

Tucker Marino

PRESENTING CLINICAL SIGNS

Middle of February was dx w/aspiration pneumonia and pancreatitis. Doing well per o. Recheck chest rads for pneumonia.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Yorkshire Terrier

RADIOGRAPHIC FINDINGS

The degree of pulmonary inflation is moderate. A lobar alveolar sign of the left cranial lung lobe is noted. Peribronchial mineralizations are seen in the caudal subsegment of the left cranial lung lobe which is aerated. A moderate generalized bronchointerstitial lung pattern is seen in the remainder of the lung with mild peribronchial interstitial infiltrates in the right cranial lung lobe.

SEX

NM

Moderate collapse of the caudocervical tracheal is noted level with the cranial thoracic inlet.

AGE

13 Years

The vertebral heart score is 9. No specific chamber enlargement is noted.

Moderate gastric aerophagia and moderate generalized hepatomegaly are seen.

There is moderate spondylosis deformans between T12 and T13.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Generalized bronchointerstitial lung pattern with lobar alveolar sign of the cranial subsegment of the left cranial lung lobe and peribronchial mineralizations in the caudal subsegment of the left cranial lung lobe.
- Dynamic tracheal disease.
- Moderate hepatomegaly.
- Aerophagia.

HOSPITAL NAME

The Pet Hospital of Stratford

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lobar infiltrate within the cranial subsegment of the left cranial lung lobe may represent remnants of the aspiration pneumonia. Atelectasis, lobar pneumonia of other origin, and lobar neoplasia are other potential but less likely differential diagnoses. The peri-mucinous gland mineralization in the caudal subsegment of the left cranial lung lobe is likely a sequela of the prior aspiration pneumonia. There are signs of generalized chronic lower airway disease which may represent remnants of the prior pulmonary pathology as well as eosinophilic bronchopneumopathy or infectious bronchitis. Clinical correlation required.

REFERRING VET

Dr. Giuliani

INVOICE

57088

Note the presence of dynamic tracheal disease.

DATE

3-6-23

Differential diagnosis for the hepatomegaly includes vacuolar, endocrine, and metabolic hepatopathy as well as diffuse infiltrative disease including inflammatory/infectious and neoplastic. Correlation with the laboratory values required.



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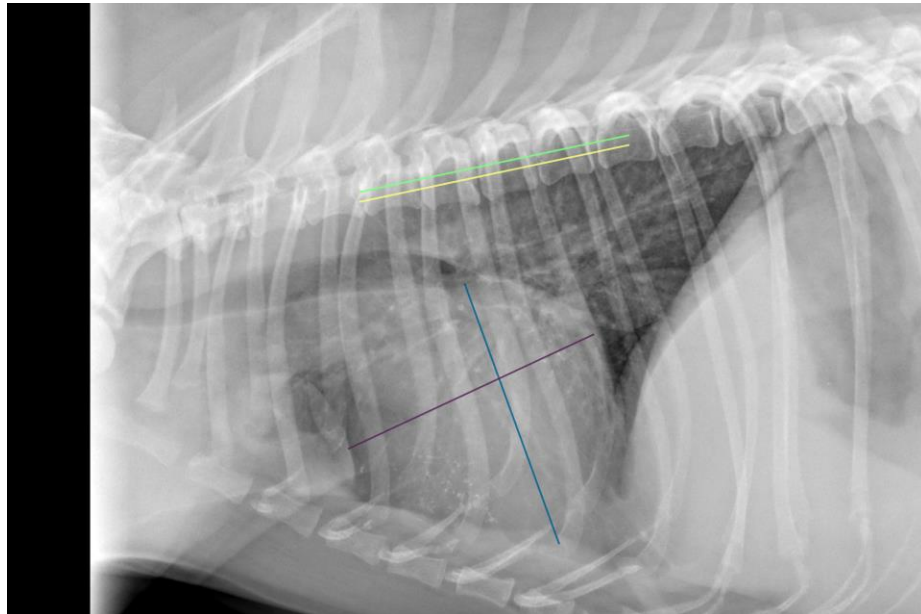
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INVOICE

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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.

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