



PATIENT

Dalton Clifford

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

5

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mobile Veterinary CT

REFERRING VET

Joseph Leppanen,
DVM

INVOICE

51446

DATE

4-11-22

PRESENTING CLINICAL SIGNS

Dalton presents to MVCT for a CT of his thorax & upper airway. Dalton has a history of coughing/gagging for about 3 years, has since become much more frequent. The coughing episodes are not repeatable, not exercise induced. Usually happens before bedtime. History of bronchitis. Has been treated with antibiotics as well as inhaler.

Abnormal PE/Chem/CBC/UA Results: Radiographs taken showed bronchial pattern.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies in soft tissue and bone windows available for review. Post contrast study is at reduced dose.

COMPUTED TOMOGRAPHIC FINDINGS

Multiple spondyloses are seen throughout the cervicothoracic spine.

No evidence of upper or lower airway collapse is seen.

The trachea and bronchial diameters present within normal limits.

There is no evidence of bronchiectasis or bronchial mucus plugging; however, moderate generalized bronchial wall enhancement and mild peribronchial cuffing is seen. Occasional subpleural and interstitial bands are noted.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes present within normal limits.

There is no evidence of pleural effusion.

The cardiovascular structures present within the expected limits.

A 2.0 cm sized expansile and heterogeneously enhancing nodule is seen in the visible part of the spleen.

Small gallbladder calculi are noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bronchial lung pattern with generalized distribution and mild peribronchial cuffing.
- Mild multifocal interstitial scarring.
- Splenic nodule.
- Gallbladder lithiasis.
- Multiple spondyloses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with the history of lower airway disease. Consider eosinophilic bronchopneumopathy versus infectious bronchitis such as viral, bacterial, parasitic, and less likely protozoal. Further definition by means of airway endoscopy with airway sampling should be considered if not performed already. There is no evidence of concurrent mediastinal lymphadenomegaly, bronchiectasis, or airway collapse.



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Differential diagnosis for the splenic nodule includes benign nodular hyperplasia, primary splenic neoplasia such as hemangioma, hemangiosarcoma, organizing hematoma, or other. Consider ultrasonographic recheck in 6-8 weeks.

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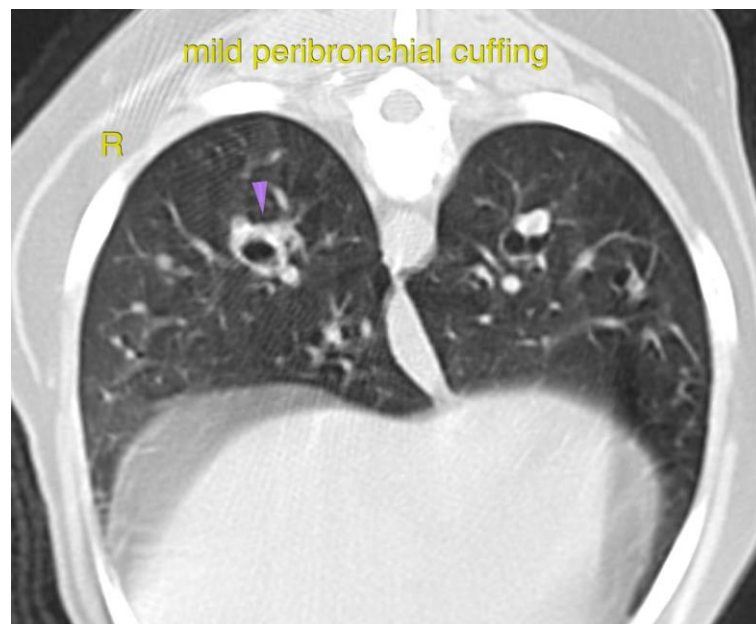
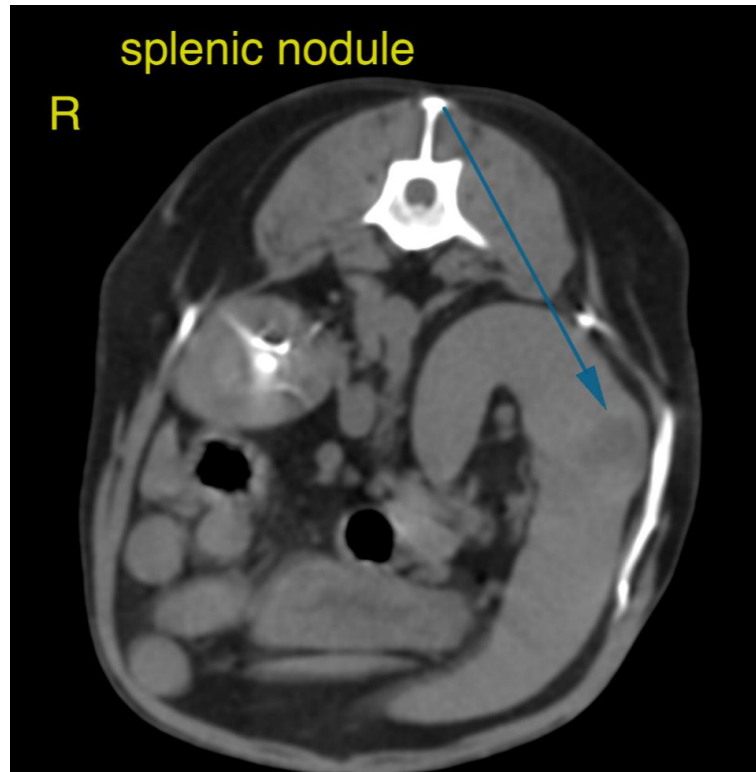
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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