



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kodi Dalton
 Kodi presents for an internal medicine consult regarding intermittent coughing lasting the last 3-4 months and mass noted within the cranial portion of the chest. Kodi visited Redding in December and about the time they got home he began coughing, he was boarded so they tried a course of antibiotics x 2 weeks. He did not improve. 1 week ago, he went to the beach in California then came home and began to cough up blood and experience labored breathing (sounded congested in the throat as well), this prompted them to take the thoracic radiographs and the mass was noted. Amoxicillin and baytril were started. Since this episode, he has not been coughing much. On Sunday, the coughing picked back up some but is now only when he gets worked up. Aside from the occasional cough he is acting normally. He is doing well at home and is eating, drinking, and going to the bathroom normally. He is not experiencing any sneezing, vomiting, or diarrhea. He otherwise seems to be normal. Found a little bit of clotted blood the other day on the ground. Coccidiomycosis IgG and IgM titers negative. Kodi is currently taking: Amoxicillin 500mg 2 capsules every 8 hours - couple of doses Enrofloxacin 136mg 3 and 1/4 tabs once daily - just finished

SPECIES

Canine

BREED

German Shepherd

SEX

Male Neutered

AGE

3 Years

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDF

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

A large partially fluid filled gas attenuating cavity lesion of approximately 6 x 5 cm is seen in the cranial and ventral aspect of the left cranial lung lobe. The lesion margins are well defined. The lining of the cavitory lesion is thin and presents mild contrast enhancement. The fluid attenuating material is seen in the gravity dependent ventral aspect of the cavitory lesion. The cavitory lesion does communicate with the dilated main lobar bronchus. Perilesional increase in interstitial attenuating is noted. The cavitory lesion is in contact with the cranial mediastinum. The remainder of the lung presents within normal limits.

HOSPITAL NAME

Southern Oregon
 Veterinary Specialty
 Center

REFERRING VET

Kim Winters

The mediastinal lymph nodes present within normal limits.

No evidence of cardiovascular pathology is seen.

Abdomen

INVOICE

57892

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

DATE

4-19-23

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.



PATIENT

Kodi Dalton

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

SPECIES

Canine

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

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

BREED

German Shepherd

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bronchogenic cyst and bronchiectasis within the left cranial lung lobe.

SEX

Male Neutered

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a bronchogenic cyst within the cranial subsegment of the left cranial lung lobe. Bronchogenic cysts are typically congenital in origin and clinically silent unless their mass effect causes problems or when they are associated with bronchiectasis as in this case. Communication with a bronchus is not necessarily evident in all bronchogenic cysts. However, this one is communicating with the dilated main lobar bronchus and decreased mucociliary clearance as well as predisposition to superinfection has to be assumed. The remainder of the lung presents no structural evidence of bronchitis or bronchopneumonia. Lobectomy of the left cranial lung lobe could be considered in order to help alleviate the clinical signs.

AGE

3 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

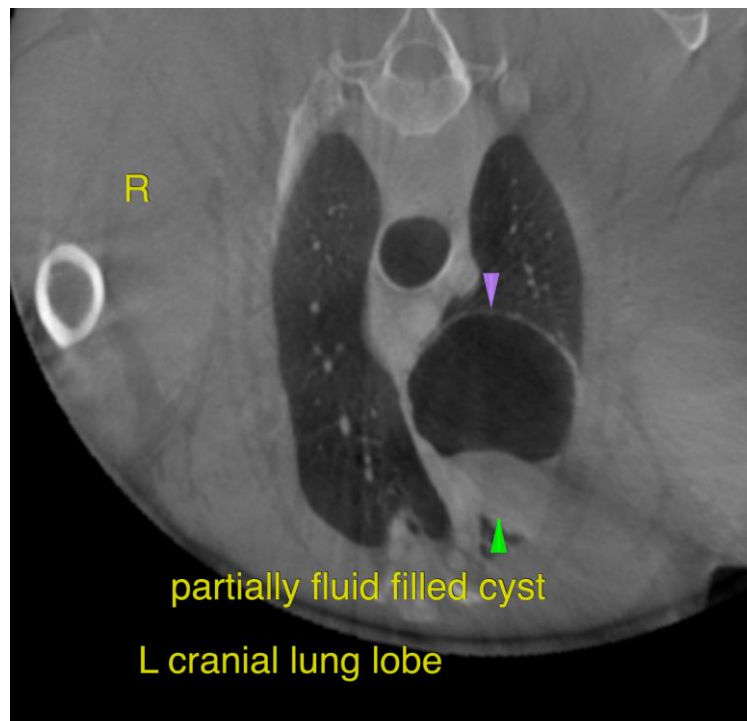
Kim Winters

INVOICE

57892

DATE

4-19-23





PATIENT

Kodi Dalton

SPECIES

Canine

BREED

German Shepherd

SEX

Male Neutered

AGE

3 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

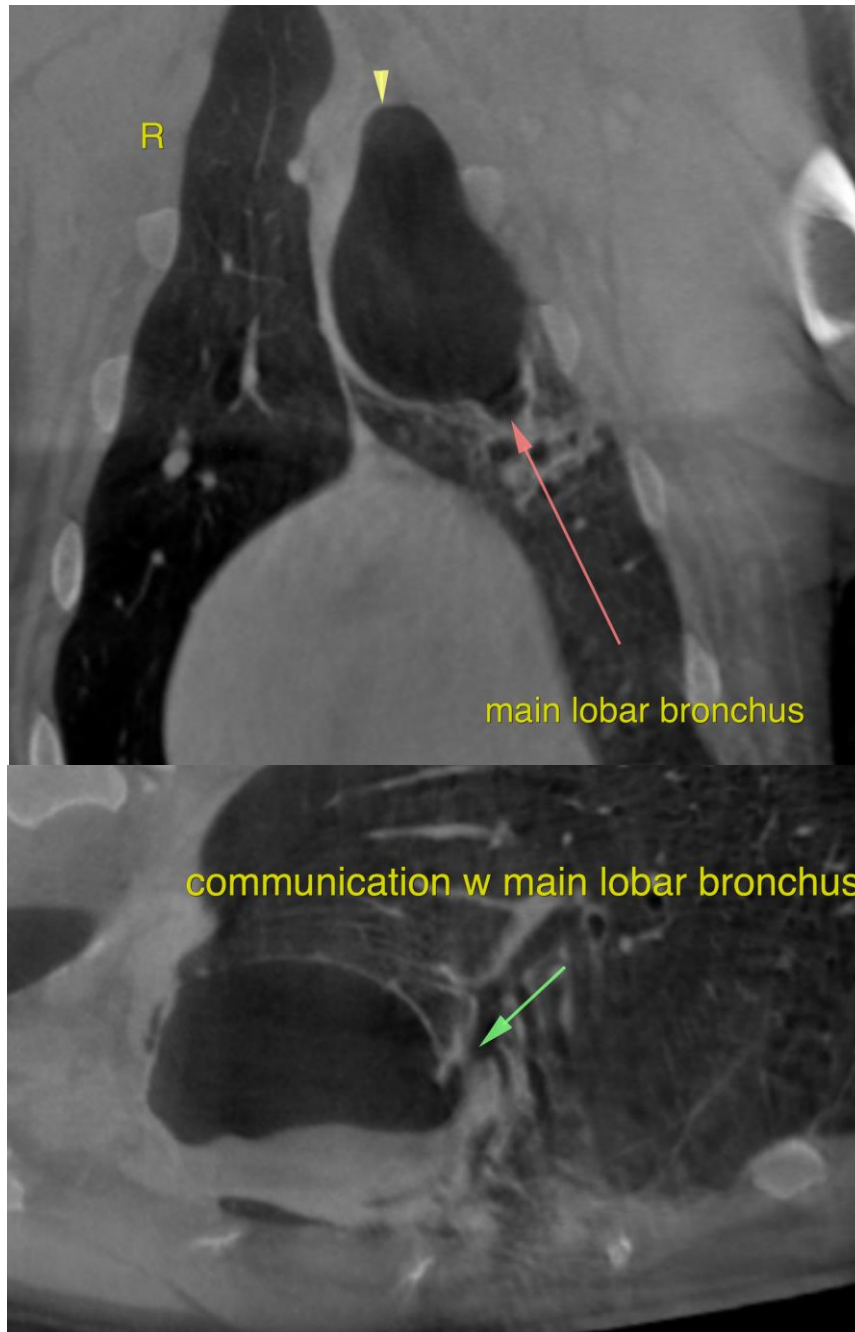
Kim Winters

INVOICE

57892

DATE

4-19-23





PATIENT

Kodi Dalton

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.

SPECIES

Canine

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
Nele.Eley@sonopath.com

BREED

German Shepherd

SEX

Male Neutered

AGE

3 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Kim Winters

INVOICE

57892

DATE

4-19-23