



PATIENT PRESENTING CLINICAL SIGNS

Lucy Willis Patient History for Lucy Willis Presenting Complaint: Lucy presented with RTL lameness- cause unknown. When did you first notice the problem? Issue was first noticed around 2 months ago. P was being watched by O partner, he came outside to check on the P and other dog, P was NWB on the front right limb. P has had radiographs and physical exams and no Dx could be made, they even tried gabapentin to rule out neurologic issues. Has Lucy had any previous history of this? P has no previous related history. Does the patient have any underlying conditions?? No underlying conditions known. Has Lucy had any diagnostics or procedures Physical exam and radiographs. How has Lucy's appetite been? No change, very food motivated. When did Lucy last eat? N/A Have you noticed any vomiting, diarrhea, urinary concerns, coughing, or any other abnormal signs? No issues. If so, when did you first notice these? N/A Are you currently giving Lucy any medications or supplements? P was prescribed carprofen and gabapentin. P is not taking any medications currently. Carprofen seemed to help some, however gabapentin had no effect on P.

SPECIES

Canine

BREED

Husky

SEX

FS

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE

8 Years

Moderate spondylosis deformans is noted at T5/6.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

The patient is in right lateral recumbent position and the right lung shows moderate volume loss with increased attenuation of the pulmonary interstitium compatible with hydrostatic dystelectasis which is associated with mediastinal shift towards the left side.

REFERRING VET

Dr. Russell Fugazzi

The thoracic esophagus is dilated with a mild amount of fluid.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hydrostatic dystelectasis of the right lung secondary to general anesthesia.
- Mild esophageal dilation and gastroesophageal reflux likely also secondary to general anesthesia.
- No evidence of interstitial pulmonary masses or nodules.
- Normal mediastinal lymph nodes.
- Spondylosis deformans T5/6.

INVOICE

57922

DATE

4-20-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the thorax reveals normal age related anatomic relationships without evidence



PATIENT

Lucy Willis

of structural bronchopulmonary disease. No direct signs of cardiovascular pathology are seen, and the mediastinal lymph nodes present within normal limits.

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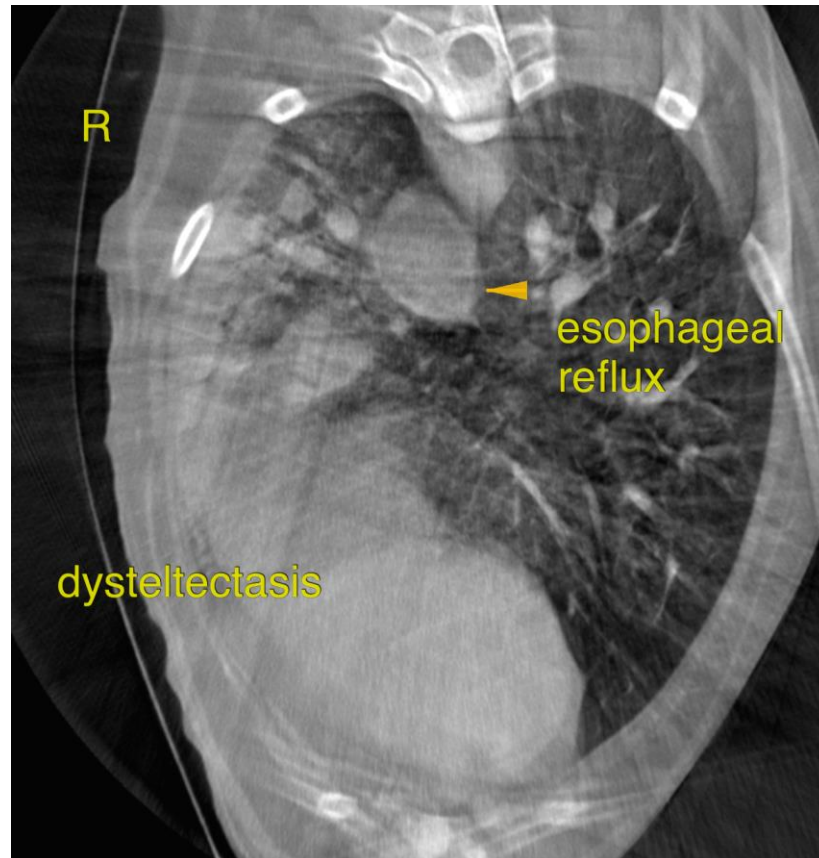
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Nele.Eley@sonopath.com