



PATIENT

PRESENTING CLINICAL SIGNS

Monty Montgomery

Hepatic masses - open for neoplasia Abdominal mass - unable to r/o L adrenal mass - open for neoplasia Labwork consistent with Cushings -- LDDST likely PDH. Double checked owner's observations of "clinical signs" at home: always drinks a lot of water and urinates frequently, but no change (sudden or gradual) over the last 2 years, always hungry. Multiple dermal and SQ masses Dental calculus Hx pruritus and suspect atopy - managed with Cytopoint injections every 3 months

SPECIES

K9

BREED

Labrador Retriever Mix

Abnormal PE/Chem/CBC/UA Results: Thoracic rads (3 view -met check): Cardiac silhouette wnl. Overall lungs have mild generalized bronchial pattern with small area of increased opacity just cranial the heart and near teh sternum. This area possible irregular nodule is observed on right and left lateral projections but not seen in VD view. No free fluid, lymphadenopathy or masses identified in pleural space. Clinical impression: possible pulmonary nodule

RADIOGRAPHIC STUDY OF THE THORAX

SEX

Male Neutered

Right/left lateral and ventrodorsal views totaling 6 images available for review.

RADIOGRAPHIC FINDINGS

A round subcutaneous soft tissue opacity is seen in the right lateral thoracic wall.

AGE

12 Years

Moderate dorsoventral flattening of the caudal cervical trachea is noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The degree of pulmonary inflation is moderate. A mild generalized bronchial pattern is noted and considered within age related normal limits. Occasional incidental pulmonary osteomas are seen.

There is an area of increased peribronchial interstitial pulmonary opacity in the cranial lung which appears to correspond to a flat area of increased opacity in the orthogonal view (see image below) and a wedge shaped increase in opacity on one of the right lateral views.

HOSPITAL NAME

DTLAvets

Mild esophageal aerophagia is noted and considered incidental.

There is no evidence of mediastinal lymphadenomegaly.

The radiographic presentation of the cardiac silhouette and pulmonary vasculature is within normal limits.

REFERRING VET

Dr. Flores

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern with regional peribronchial interstitial infiltrate.
- Peribronchial pulmonary consolidation in the right cranial lung lobe.
- Tracheal collapse - not necessarily of clinical significance.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

4-9-22

The bronchial lung pattern suggest potential for low grade chronic lower airway disease and a normal age related increase in opacity of the bronchial tree is possible too. Based on the shape and peribronchial distribution, I do consider metastatic nodule an unlikely potential for the changes of the cranial lung cranial to the cardiac silhouette. Inflammatory/infectious infiltrate, peribronchial fibrosis, and plate-like atelectasis all are considered more likely than metastatic



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disease. In case of further doubt, a CT could be considered for further definition.

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REFERRING VET

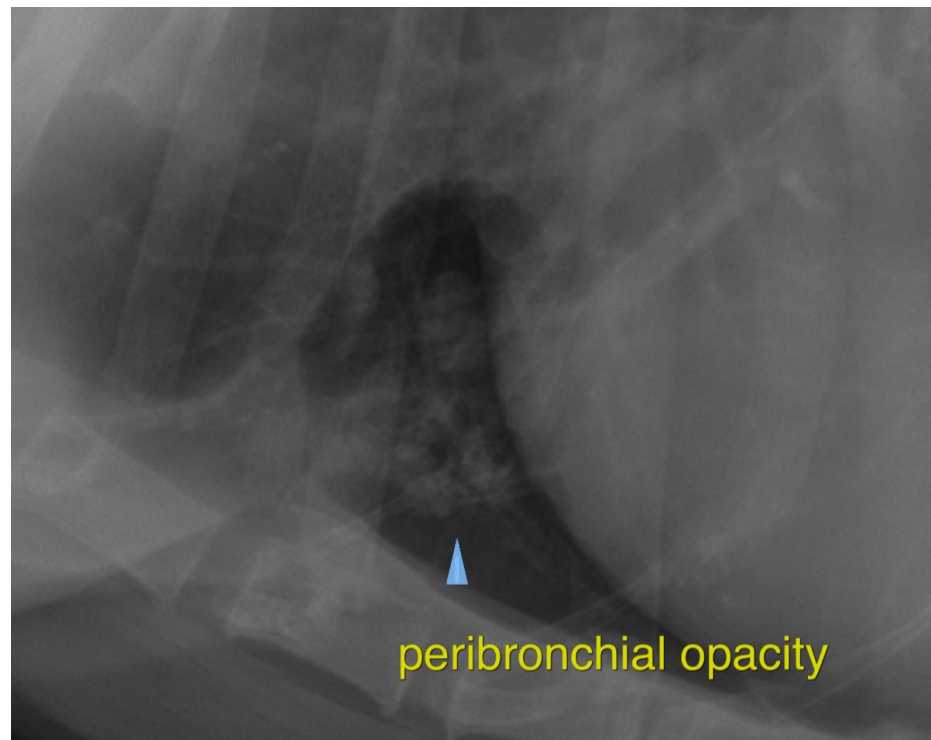
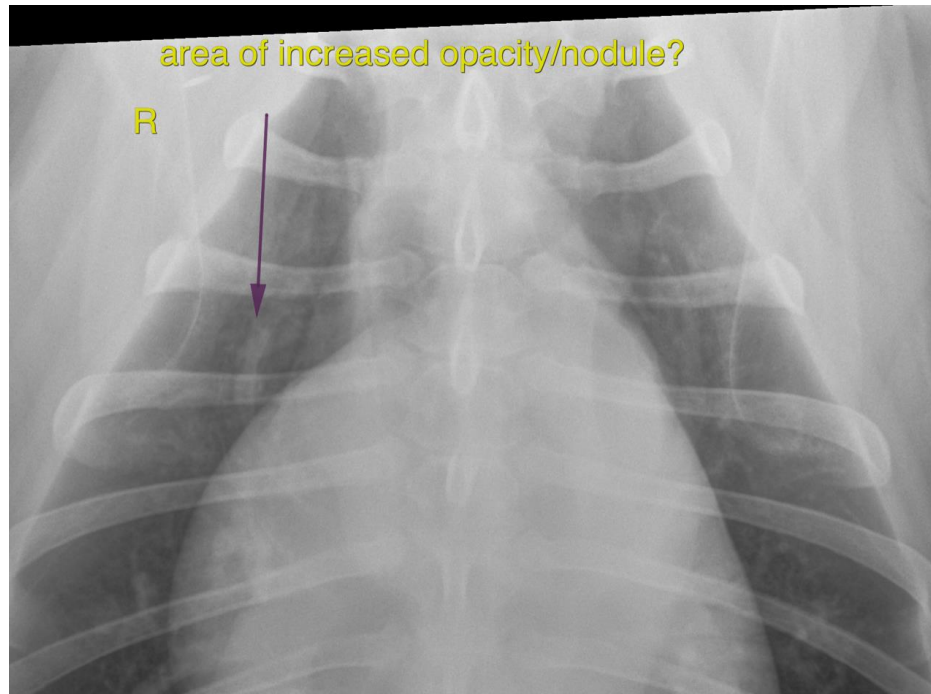
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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