



**PATIENT**

Rocco De La Matta

**PRESENTING CLINICAL SIGNS**

The patient presented with ocular/nasal bilateral discharge. CBC showed mild leukocytosis characterized by neutrophilia. On the radiograph, pleural fluid and lung consolidation of R middle lung lobe are suspected.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

English Bulldog

**RADIOGRAPHIC FINDINGS**

T9 is a mild wedge shaped hemivertebra.

The 7<sup>th</sup> sternebra is shortened.

**SEX**

Male/Neuter

Mild inward rotation of the mid and caudal sternum is noted.

Course and width of the trachea are considered within breed related normal limits.

**AGE**

8 Years

Redundancy of the cranial thoracic esophagus is considered within breed related normal limits.

The apex of the cardiac silhouette appears to be shifted towards the right of the midline.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The lungs are well inflated and non-retracted from the thoracic wall. There is no evidence of pleural effusion. The right middle lobe appears to represent mildly reduced volume and mildly increased opacity. A mild generalized bronchial lung pattern is noted.

There is no evidence of mediastinal widening.

**HOSPITAL NAME**

Paseos Veterinary  
Center

**RADIOGRAPHIC DIAGNOSIS**

- Presumed dystelectasis of the right middle lobe.
- Rightward shift of the cardiac silhouette.
- Mild bronchial lung pattern.
- Normal radiographic presentation of the cardiac silhouette.

**REFERRING VET**

Dr. Carrasquillo

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The shift of the cardiac apex towards the right of the midline is likely a consequence of the thoracic conformation with mild inward rotation of the sternum. However, dystelectasis of the right middle lobe may contribute to the cardiac shift. No obvious lobar infiltrate is seen.

**INVOICE**

51434

The mild bronchial lung pattern may be within age related normal limits; however, chronic lower airway disease such as eosinophilic bronchopneumopathy or infectious bronchitis including viral, bacterial, and less likely parasitic, or protozoal cannot be ruled out entirely.

**DATE**

4-9-22

The may concern in this patient may well be upper airway pathology; however, endoscopic assessment of both the upper and lower airways with airway sampling could be considered for further definition in order to rule out concurrent lower airway involvement.



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At this time, there is no evidence of pleural effusion or a mass effect / lobar sign of the right middle lobe.

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**REFERRING VET**

Dr. Carrasquillo

**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.**

**INVOICE**

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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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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

**DATE**

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