SonoPath Teleradiology

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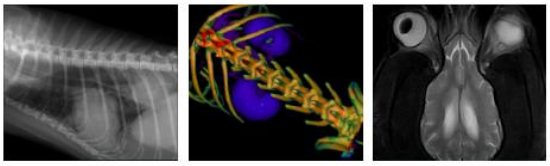

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Korben Dallas Marenco

SPECIES

K9

BREED

Terrier Mix

SEX

Male

AGE

17

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Goorsky

INVOICE

52140

DATE

5-12-22

PRESENTING CLINICAL SIGNS

Recent neutrophilia with bands (20K WBC, 16K Neuts w ~200 bands) on routine annual labwork, hx of coughing x years - managed with fluticasone inhaler daily (cough currently well controlled on inhaler); recent 2-wk course of Clavamox BEFORE current rads taken (based on CBC); heart murmur (MMVD Stage B1 dx via ECHO in 3/2021, no recent ECHO). Also recent dx of MCT on peripheral limb.
Abnormal PE/Chem/CBC/UA Results: See above; PE stable, relatively unremarkable - severe dental disease, intact male, normothermic

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

A large, ovoid soft tissue opacity is seen in the left caudodorsal thorax. The opacity is border effacing with the left diaphragmatic crus. Left lateral convexity is seen on the orthogonal view. A broad base to the diaphragm is noted.

There is mild esophageal aerophagia.

Redundancy of the dorsal tracheal ligament is seen.

The lung presents a moderate bronchointerstitial pattern with peribronchial cuffing.

No significant enlargement of the cardiac silhouette can be noted. There is no definitive left atrial enlargement. The pulmonary vasculature is nondilated. There is no evidence of cardiogenic pulmonary edema.

Multiple spondyloses are noted throughout the thoracic spine.

RADIOGRAPHIC DIAGNOSIS

- Caudodorsal thoracic soft tissue mass effect border effacing with the diaphragm.
- Moderate active bronchointerstitial lung pattern.
- Redundancy of the dorsal tracheal ligament.
- Mild esophageal aerophagia.
- Spondyloses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are suggestive for hiatal hernia. Pulmonary soft tissue mass cannot be ruled out entirely as a differential diagnosis but is thought less likely. Positive contrast esophagogram, transabdominal ultrasound, or CT could be considered for further definition.

The pulmonary changes are suggesting presence of chronic active lower airway disease such as eosinophilic/allergic bronchopneumopathy or infectious bronchitis such as viral, bacterial, mixed, or less likely, parasitic.

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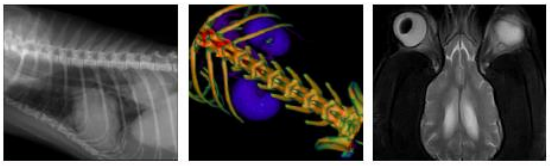

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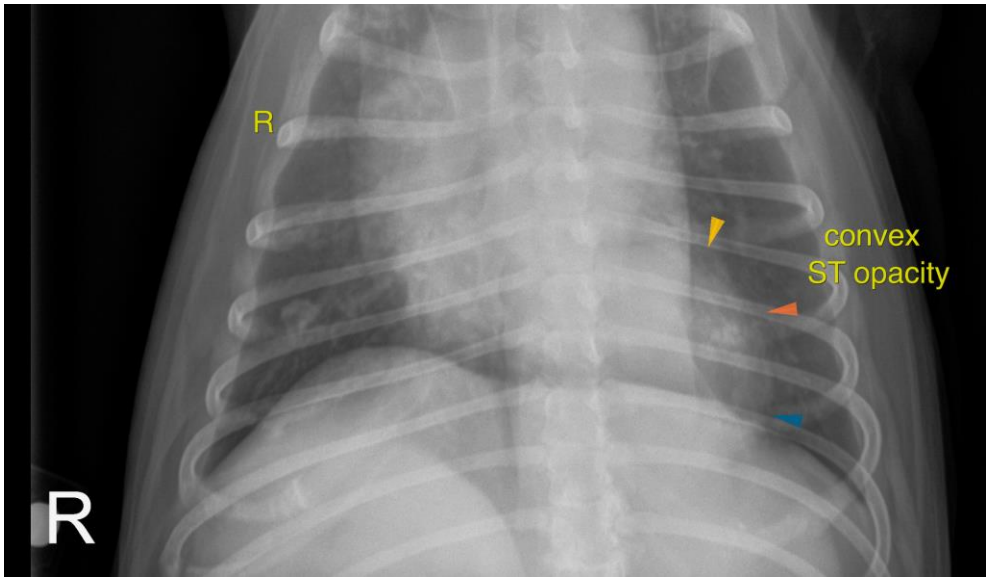

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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