



PATIENT

Roxie Lloyd

SPECIES

Canine

BREED

Australian Shepard
mix

SEX

FS

AGE

8 Years, 6 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Taylor Morrison

INVOICE

52123

DATE

5-12-22

PRESENTING CLINICAL SIGNS

Patient with history of an intestinal tumor (suspected leiomyosarcoma) that was resected 9 months ago. Started chlorambucil through oncologist 2 weeks ago at a 6 mg/m² dose. Started having an occasional cough earlier this week, once after exercise and a few times at night. Owner describes as a hacking cough. Checking a CBC as well.

Abnormal PE/Chem/CBC/UA Results: None. CBC is pending. Lungs sound clear, no heart murmurs or arrhythmias. Normal body temperature, stable weight.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

Mild spondylosis deformans is seen at T5/6.

The degree of pulmonary inflation is deep. A moderate generalized bronchial lung pattern is noted and evenly distributed throughout the lung. There is no evidence of pulmonary nodules or masses. Occasional age related incidental pulmonary osteomas are seen.

No evidence of mediastinal lymphadenomegaly or mediastinal mass effects is seen.

Mild esophageal aerophagia is present as indicated per a tracheal stripe sign.

The radiographic presentation of the cardiac silhouette is within normal limits. The vertebral heart score is 10.5.

RADIOGRAPHIC DIAGNOSIS

- Moderate generalized bronchial lung pattern.
- No evidence of pulmonary nodules or masses.
- No evidence of mediastinal lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic presentation of the thorax is benign. A bronchial lung pattern is noted which may be due to chronic lower airway disease such as eosinophilic / allergic bronchopneumopathy or infectious bronchitis including viral, bacterial, and less likely parasitic. Further definition should be considered in case of persisting clinical signs and may be achieved by means of airway endoscopy with airway sampling.



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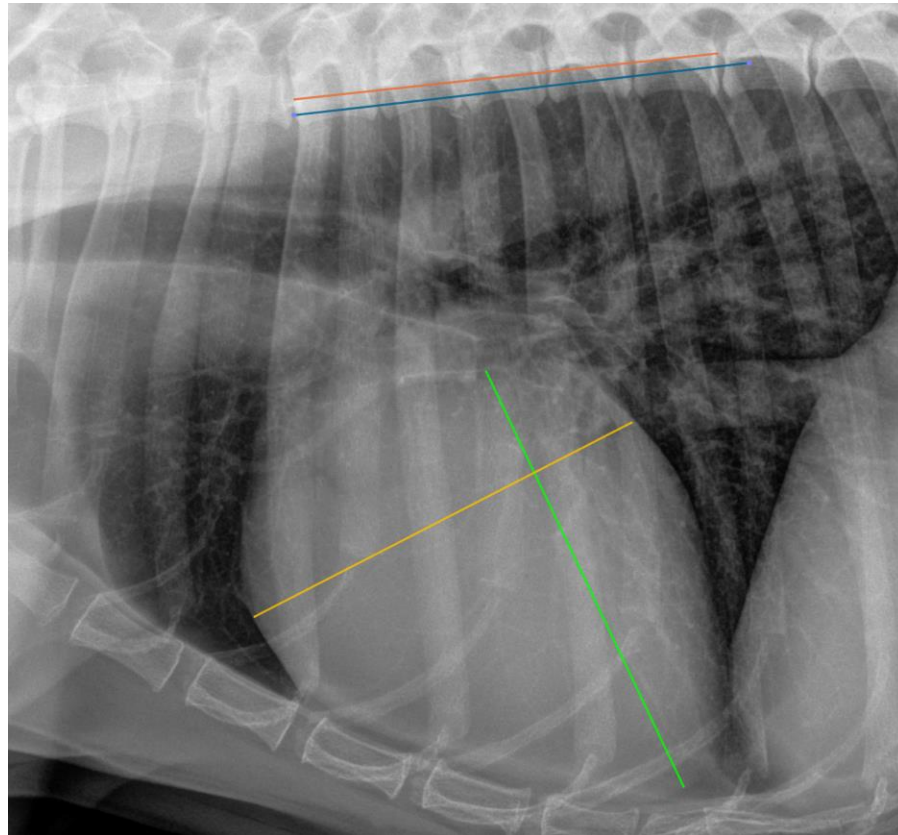
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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