



PATIENT

Truly Thurnher

PRESENTING CLINICAL SIGNS

Pt is here for intermittent heavy breathing and exercise intolerance. Some days she can only walk 5 minutes, some days she'll last 30 minutes. She has also had 2 episodes of loss of balance; the most recent one was 2 days ago; the first one was a few weeks ago. No previous veterinary care for 2+ years. No current medications. No V/D. Eating/drinking normally.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

Right lateral and ventrodorsal views of the thorax totaling 2 images available for review.

BREED

Poodle Mix

RADIOGRAPHIC FINDINGS

Mild thoracic spondyloses are present.

SEX

Spayed Female

Fat opaque subcutaneous swellings are noted in the ventral thoracic and abdominal walls.

The degree of pulmonary inflation is fair. A moderate bronchial lung pattern with multifocal cylindrical bronchiectasis and peribronchial interstitial infiltrate accentuating the right lung is seen.

AGE

12 Years, 9 Months

The assessment of the cardiac silhouette is obscured due to increase in pulmonary opacity; however, there is no evidence of cardiomegaly or specific chamber enlargement noted.

Course and width of the trachea are considered within normal limits. There is no evidence of tracheal or bronchial collapse.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No significant mediastinal widening is noted.

Moderate generalized enlargement of the liver with slightly rounded lobar margins is seen.

HOSPITAL NAME

All Creatures Animal
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Inc.

Moderate aerophagia is noted within the post-prandial stomach.

RADIOGRAPHIC DIAGNOSIS

- Moderate bronchointerstitial lung pattern with multifocal cylindrical bronchiectasis.
- Hepatomegaly.
- Aerophagia.
- Spondyloses.
- Body wall lipomas.

REFERRING VET

Dr. Hart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

52282

The main finding appears to be the presence of a bronchointerstitial lung pattern. The impression of increased pulmonary opacity may be enhanced by the rather fair degree of pulmonary inflation; however, the radiographic changes do suggest active lower airway disease with parenchymal involvement such as infectious bronchopneumonia due to viral, bacterial, mixed, and less likely parasitic infection versus eosinophilic bronchopneumopathy (pulmonary infiltrates with eosinophils). Chronicity is indicated by the presence of bronchiectasis which may be associated with decreased mucociliary clearance rates as well. Lower airway endoscopy with airway sampling would be ideal for further definition. If that is not an option in this patient, a

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clinical trial of treatment for bronchitis / bronchopneumonia could be considered.

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Differential diagnosis for the hepatomegaly includes metabolic/endocrine hepatopathy. Diffuse inflammatory/infectious or neoplastic infiltrates cannot be ruled out entirely. Correlate with the laboratory values and consider further definition if indicated.

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AGE

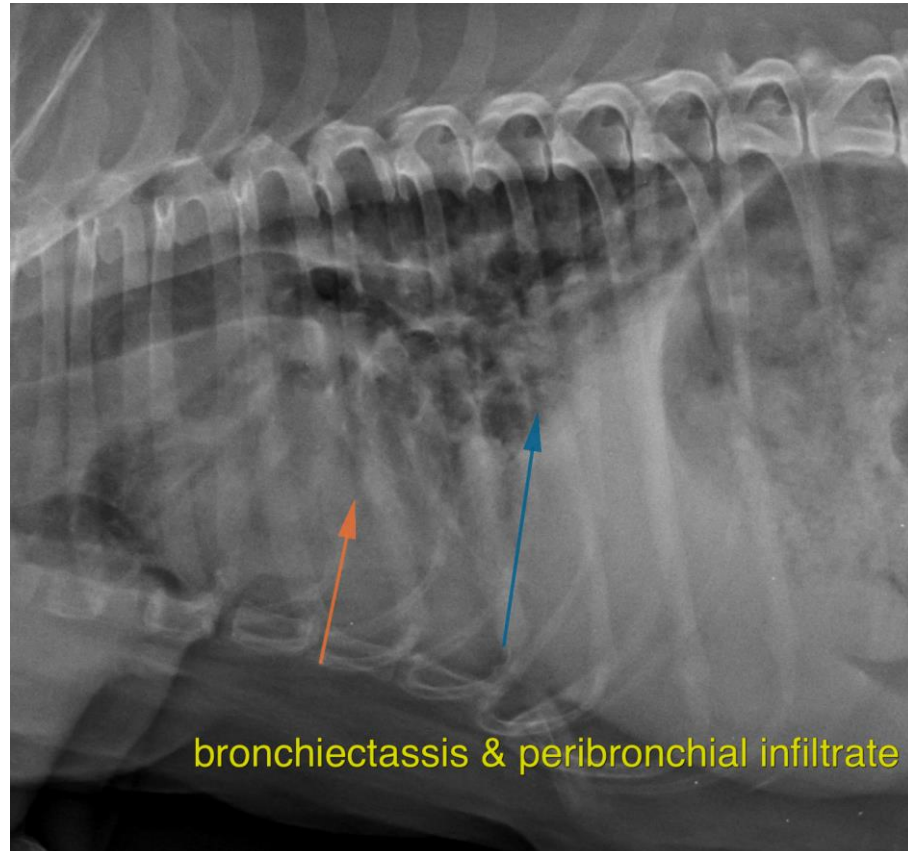
12 Years, 9 Months

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REFERRING VET

Dr. Hart

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.

INVOICE

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