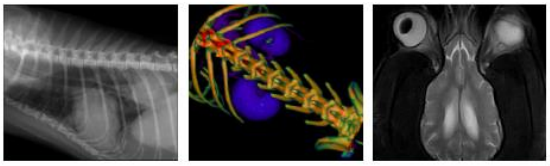
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dylan Thompson

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

5 Years, 4 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

POCONO PEAK VETERINARY CENTER

REFERRING VET

Dr. Christine Coyle

INVOICE

53412

DATE

8-10-22

PRESENTING CLINICAL SIGNS

Pt is filed trial competetor, recently in Oregon, concern for foxtail grass ingestion. *Doctor's Pet Abnormal PE/Chem/CBC/UA Results: ALL WNL

RADIOGRAPHIC STUDY OF THE NECK & THORAX

Right/left lateral and ventrodorsal views of the thorax and lateral view of the neck totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

Both shoulder joints present mild osteoarthritis changes.

Mild upper esophageal aerophagia is noted.

An area of increased opacity appears to be present within the right caudal main lobar bronchus. See orange arrow in the image below. Part of this opacity may be caused by the superimposition with the caudal vena cava however, a suspicious area is present on the left lateral view as well. See green arrow in image below. There is no evidence of peribronchial inflammation. The remainder of the lung and bronchial tree present within normal limits.

No mediastinal widening is seen.

The cardiovascular structures present within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Suspicious soft tissue opaque structure level with the main lobar bronchus of the right caudal lung lobe.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significance of the radiographic changes remains unclear since there is no evidence of peripheral inflammation which typically is found with inhaled foreign material. The differential diagnosis hence includes inhaled foreign material as well as summation artifact. Based on the clinical history, it is unclear whether ingested or inhaled foreign material is suspected. However, I would recommend further definition by means of CT and/or endoscopy in case the clinical signs contribute to the suspicion of inhaled foreign material.

Clinical monitoring and recheck radiographs would be prudent should the patient present no respiratory signs at all.

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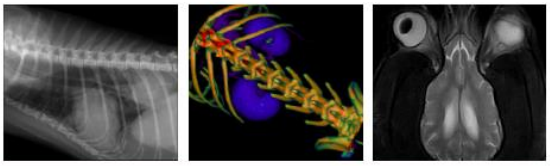

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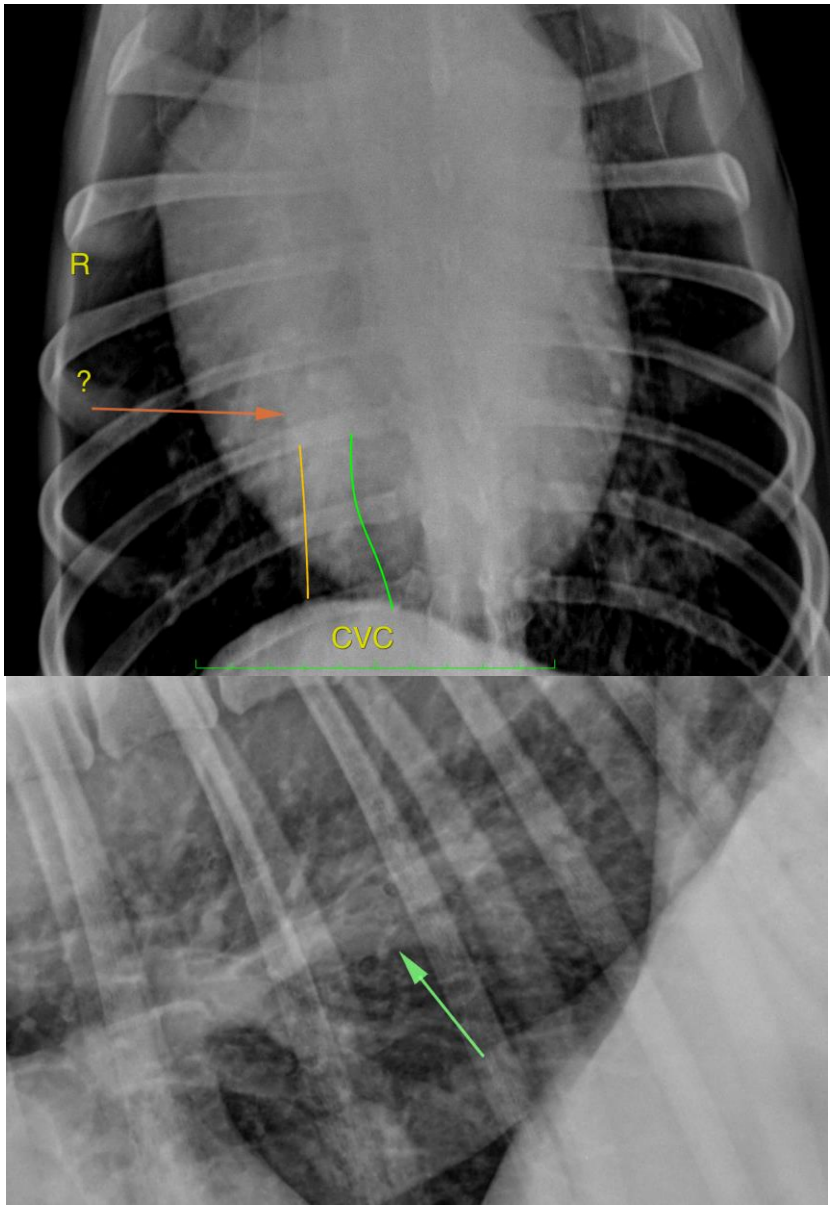

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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