



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Rhonan Leonard #8/11/22 - CT Scan: Rhonan presented today for a CT to further evaluate the cause of his cough. Rhonan's coughing has been less frequent and intermittent but has not completely resolved despite treatment with Zeniquin. He may go 24 hours without coughing and then have a single cough or a coughing fit. He will usually gag after coughing. He has a chronic history of atopy. He saw a dermatologist again on 8/4/22 for recurring pyoderma. Cefpodoxime was added for his pyoderma. Current medications: Fluoxetine (yesterday noon), methocarbamol, Zeniquin, cefpodoxime (all yesterday PM), tramadol and carprofen (both this morning), cytopoint (7/16), Claro Otic ear medication (8/4). Blood work is not repeated. #7/20/22 - Bronchoscopy: Rhonan presented with a 1 month history of coughing, stridorous sounds and gagging/retching frequently most often during the night. Prednisone was finished 1 week ago. He has been on several antibiotics and no response (doxycycline, Clavamox, amoxicillin). They suspect he has laryngeal paralysis. He also has a cyst under the tail that ruptures. He is being treated for skin allergies and has had steroids, Apoquel or Cytopoint (last dose Saturday) in the past. Previous diagnosis: Allergic dermatitis/pyoderma, CCL repair, arthritis Coughing/ hacking: Yes Sneezing/ reverse sneezing: Normal amount of sneezing for him. Difficulty breathing: When he is gagging and retching, yes. Breathing when asleep: Yes, but he wakes up a lot and gags/retches. Exercise intolerance: No Current medication: carprofen (this AM), tramadol (this AM), methocarbamol (yesterday PM), fluoxetine (yesterday noon), Cytopoint (7/16/22) Appetite and activity level: Both good

SPECIES

Canine

BREED

Labrador Retriever

SEX

CM

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

REFERRING VET

Lee Matheson

Plain study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A small subcutaneous lipoma is seen in the left ventral thoracic wall.

INVOICE

53441

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

DATE

8-11-22

The lungs are deeply inflated due to the positive pressure breath hold, I assume. No evidence of alveolar or interstitial pulmonary infiltrates is noted. There is a mild generalized bronchial lung pattern with mildly irregular bronchial wall thickening accentuated in the main lobar bronchus of the right middle lung lobe. No evidence of bronchiectasis or bronchial foreign material is noted.



PATIENT

There is no evidence of mucus plugging at the time of the examination.

Rhonan Leonard

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild generalized bronchial lung pattern.

BREED

Labrador Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a mild generalized bronchial lung pattern with no evidence of bronchial foreign material, bronchopneumonia, mucus plugging, or bronchiectasis. The findings suggest presence of lower airway inflammation or infection such as eosinophilic bronchopneumopathy or infectious bronchitis including bacterial, viral, and less likely parasitic. In light of the clinical history, bacterial bronchitis appears to be the most likely cause of the patient's clinical signs.

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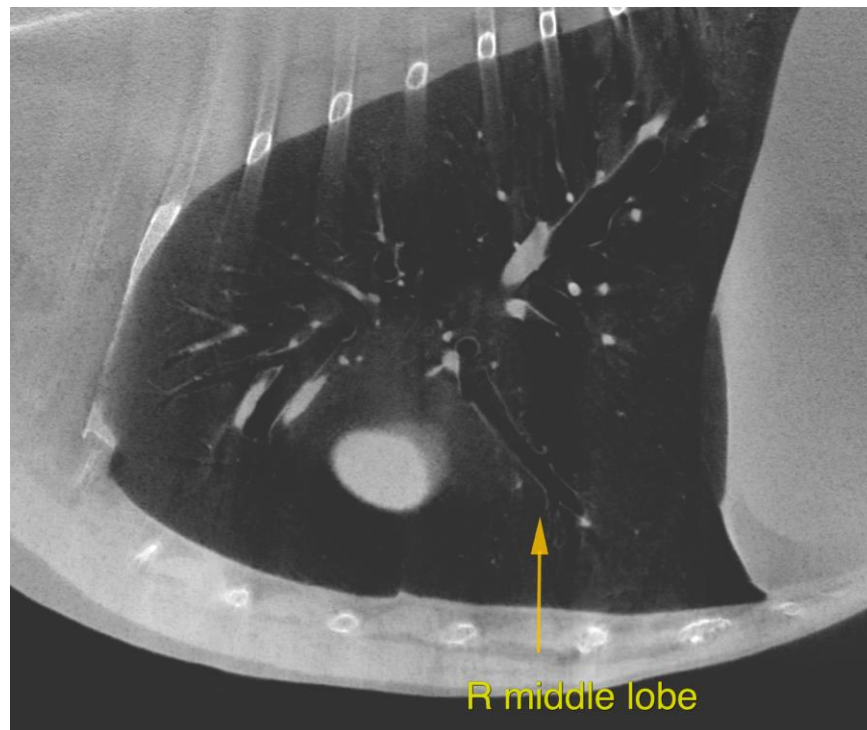
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PATIENT

Rhonan Leonard

SPECIES

Canine

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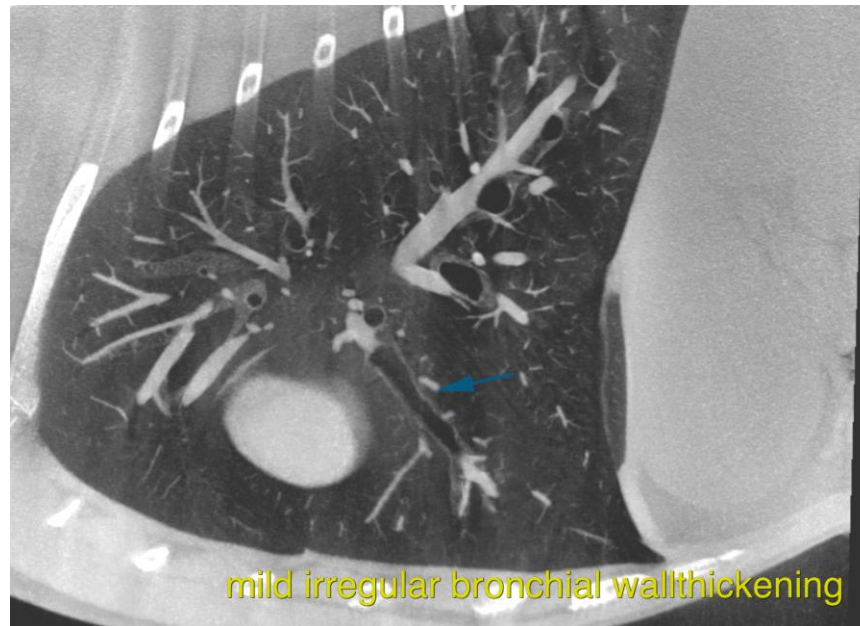
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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