



PATIENT

Charlie Brown
Dimattinac

PRESENTING CLINICAL SIGNS

Chief Complaint: non-productive cough History: 14y 3m old MN K9 presents for non-productive cough, started last night. Housemate presented 2 days ago for coughing 1 week after boarding and was treated with doxy, improving. Charlie was boarded too. Pre-existing heart murmur. Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; nuclear sclerosis OU, epiphora; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: heavy dental tartar present, strong odor, gingival recession Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Multiple soft movable SQ masses CV/Respiratory: grade III/VI murmur, no arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Normal ambulation, no lameness noted. Trembling in hindlimbs. BCS 5/9 Neurological: Appropriate

SPECIES

Canine

BREED

Beagle

SEX

NM

RADIOGRAPHIC STUDY OF THE THORAX

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

AGE

14 Years, 3 Months

There is mild cervical tracheal collapse. A tracheal stripe sign indicates gas dilation of the esophagus which appears to be generalized involving its entire cervical and thoracic course.

Mild left sided cardiomegaly is seen with mild left atrial tenting, loss of the caudal cardiac waist, and a vertebral heart score of 10.7.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

There is a round 2.2cm sized cavitated mass of mixed opacity in the left lung. Based on the position, the mass is most likely within the caudal subsegment of the left cranial lung lobe. However, caudal lobar origin cannot be ruled out entirely.

Moderate gastric aerophagia is noted.

HOSPITAL NAME

DPC Veterinary
Hospital

RADIOGRAPHIC DIAGNOSIS

- Single cavitated pulmonary mass in the left lung.
- Megaesophagus.
- Mild cervical tracheal collapse.
- Mild left sided cardiomegaly without evidence of congestive heart failure.
- Aerophagia.

REFERRING VET

Dr. White

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

46975

The main finding appears to be a cavitated mass within the left lung. Differential diagnosis includes primary and secondary neoplasia of the lung including metastatic disease, abscess, granuloma, and less likely cyst or hematoma. Further definition by means of ultrasound guided fine needle aspiration using a parasternal intercostal approach from the left side may be attempted. However, it is not clear, based on the radiographic position of the mass, whether this is readily accessible by means of ultrasound. Positioning the patient prior to the procedure in left lateral recumbency for several minutes may help and the mass appears to be situated in the ventral aspect of the 5th intercostal space.

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The generalized dilation of the esophagus may be due to sedation or general anesthesia; however, if that had not been the case during the radiographic examination, megaesophagus should be considered and may be paraneoplastic, idiopathic in origin, secondary to neuromuscular disease, Addison's, or less likely toxicity with thallium or lead. Correlate with the clinical findings and consider radiographic recheck. In the meantime, the patient should be fed from an elevated position.

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The radiographic changes of the heart suggest chronic valvular endocardiosis with mitral valve regurgitation. However, other causes of the mild left sided cardiomegaly cannot be ruled out. At this point, there is no evidence of congestive heart failure. A full cardiac echo could be considered for a detailed assessment.

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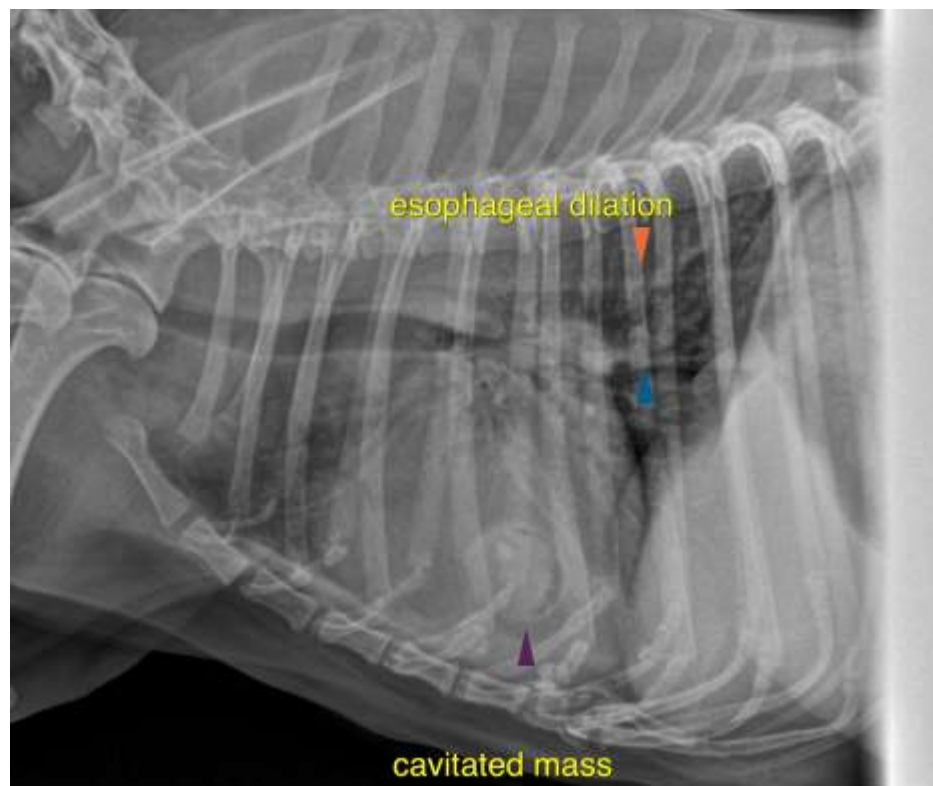
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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