



PATIENT PRESENTING CLINICAL SIGNS

Max OFarrill
 Patient was presented for evaluation of tachypnea and dyspnea. Patient was diagnosed with Ehrlichia and heartworm on 8/8/2022. He received Simparica Trio. He is currently on doxycycline 10 mg/kg PO SID and tapering course of prednisone. He was also diagnosed with hookworms and finished a 3 day course of panacur. Patient does not have a heart murmur and lungs sound clear but he is dyspneic. I am concerned about pneumothorax and/or pulmonary edema.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

BREED

Right lateral and dorsoventral views totaling 2 images available for review.

Golden Retriever

RADIOGRAPHIC FINDINGS

SEX

A large amount of free pleural air is seen in the left pleural cavity. Mild free gas appears to be present in the caudal aspect of the right pleural cavity as well.

Male

The left lung lobe margins are retracted from the thoracic wall and rounded. A diffuse interstitial increase in pulmonary opacity is noted for the left lung. Peribronchial increase in interstitial opacity is present in the right lung.

AGE

7 Years

The ribcage is expanded. The borders of the diaphragm are pushed caudally indicating increased tension within the left pleural cavity.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Course and width of the trachea present within normal limits.

There appears to be no concurrent pneumomediastinum. No abnormal mediastinal widening is seen.

Spondyloses are present between T3/T4, T9/10, T13/L1, L1/2 and L2/3.

HOSPITAL NAME

Paseos Veterinary Center

RADIOGRAPHIC DIAGNOSIS

- Left sided unilateral tension pneumothorax with moderate collapse of the left lung.
- Suspect interstitial/mixed lung pattern of the left lung and peribronchial interstitial pattern of the right lung.

REFERRING VET

Dr. Martes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals unilateral left sided tension pneumothorax with moderate collapse of the left lung. The interstitial/mixed increase in pulmonary opacity may represent hemorrhage, edema, pneumonic changes, and less likely neoplastic infiltrate. The possibility of spontaneous pneumothorax is a primary differential diagnosis owing to the lack of signs of thoracic wall trauma. Further definition by means of CT could be considered after stabilizing the patient and withdrawing the air from the left pleural cavity.

INVOICE

53476

DATE

8-15-22



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SEX

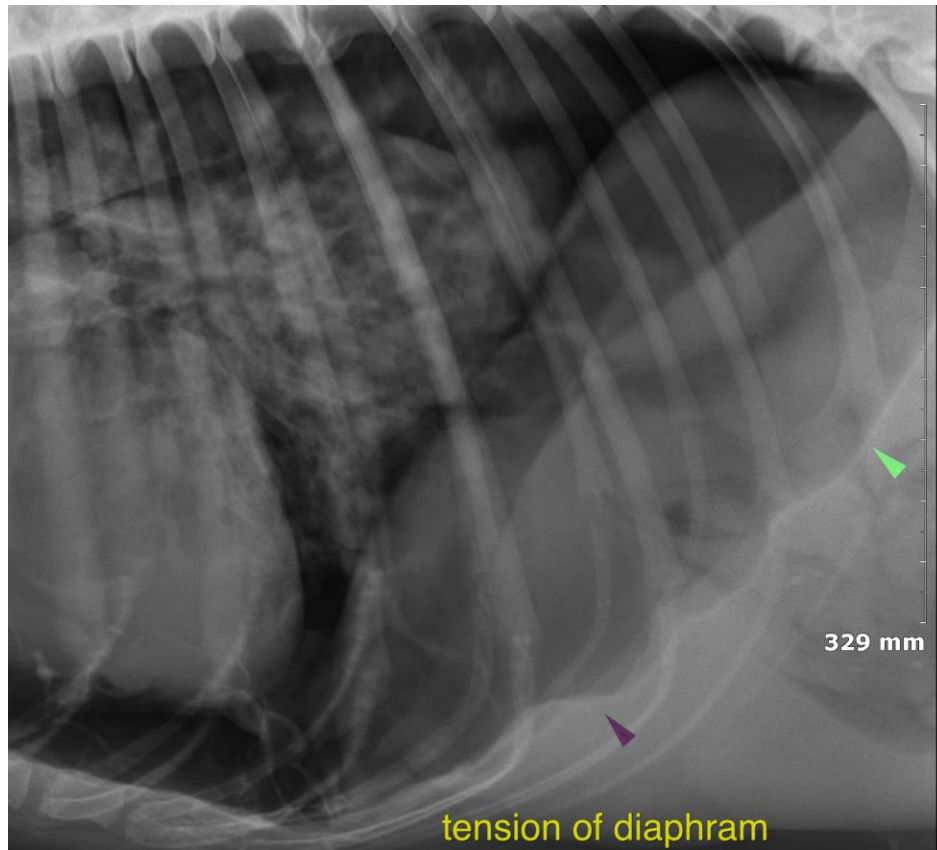
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com