



**PATIENT**

Tobias Myers

**PRESENTING CLINICAL SIGNS**

Concern for thoracic mets. Hx of MCT #2. Anemia, abdominal bruising, multiple lipomatous masses. Current meds: Baytril given last night -24hours. U/S findings: • Subjective potential mild splenomegaly with mild generalized hypoechoic parenchyma • Mild hepatomegaly with parenchymal remodeling and intermittent non-specific hypoechoic nodules • Mild transdiaphragmatic comet tail artifact • Intermittent non-specific hypoechoic subcutaneous nodules • Intermittent subjectively benign/reactive mesenteric lymph nodes  
 Abnormal PE/Chem/CBC/UA Results: WBC 28.4, RBC 2.4, Hgb 6.9, HCT 22, PLT 83 (few small plt observed) PLT EST decreased. Neuts 24992, Mono 1420, Path review pending. Saline Agglutination neg, Direct coombs pending. TP 4.8, Mag 1.4,

**SPECIES**

Canine

**BREED**

Golden Retriever

**RADIOGRAPHIC STUDY OF THE THORAX**

Right lateral and ventrodorsal views available for review in jpeg format photographed digital x-ray images.

**SEX**

MN

**RADIOGRAPHIC FINDINGS**

The visible thoracic boundaries present within normal age related limits.

**AGE**

11 Years

Multiple soft tissue opaque nodules of varying size are distributed throughout the pulmonary interstitium of all lung lobes.

The cardiac silhouette is upright and thin. Pulmonary vasculature is thin as well.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

No evidence of mediastinal widening is seen.

Course and width of the trachea are considered within normal limits.

The bronchial tree is considered within age related normal limits.

**HOSPITAL NAME**

All Creatures Great and Small Denville

**RADIOGRAPHIC DIAGNOSIS**

- Nodular interstitial lung pattern.
- Hypovolemia with microcardia and underperfusion of the lung.

**REFERRING VET**

Dr. Mitrovic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings are highly suggestive for pulmonary metastatic disease. Unfortunately, the differential diagnoses of granulomatous lung disease is highly unlikely, and the radiographic changes should be considered consistent with metastatic disease until proven otherwise. If a final diagnosis is strived, ultrasound guided fine needle aspiration could be considered to aspirate one or several of the nodules in a peripheral position.

**INVOICE**

47071

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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.

**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