



PATIENT

Molly 26730Y-CT
Harrroun Yankee Hill
Veterinary

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

8 Years, 11 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Gentle Doctor Animal
Hospitals

REFERRING VET

Pete Bashara, DVM

INVOICE

54108

DATE

9-19-22

PRESENTING CLINICAL SIGNS

4 weeks of increased WBC - unable to identify a cause - RDVM therapy with combination antibiotics no better - dental issues of concern - RDVM completed therapy with no improvement in WBC - chest films completed - consult attached for review - concerns with mid/cranial thorax but needed cross-sectional imaging for evaluation - referral for imaging
Abnormal PE/Chem/CBC/UA Results: Profound increase in WBC - rising over 3 weeks of monitoring with no fever. Unable to find a source of infection other than dental - post therapy - no decline in WBC

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

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

A mild generalized bronchial lung pattern is noted with slight bronchial wall enhancement and mild cylindrical bronchiectasis. The right lung lobes all present fully aerated with no evidence of displacement. Mild volume loss of the left cranial lung lobe is noted with peribronchial increase in interstitial attenuation. The caudal tips of the caudal lung lobes are not fully included in the study.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized bronchial lung pattern with regional peribronchial infiltrate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings suggest potential for lower airway disease such as eosinophilic bronchopneumopathy or infectious bronchitis including viral, bacterial, and parasitic. The peribronchial infiltrate within the left cranial lung lobe may represent pneumonic changes; however, this may also represent uncomplicated dystelectasis related to general anesthesia and positioning of the patient in left lateral recumbency prior to the CT scan. Lower airway endoscopy with airway sampling has been performed already. The CT findings are to correlate with the results of the BAL.



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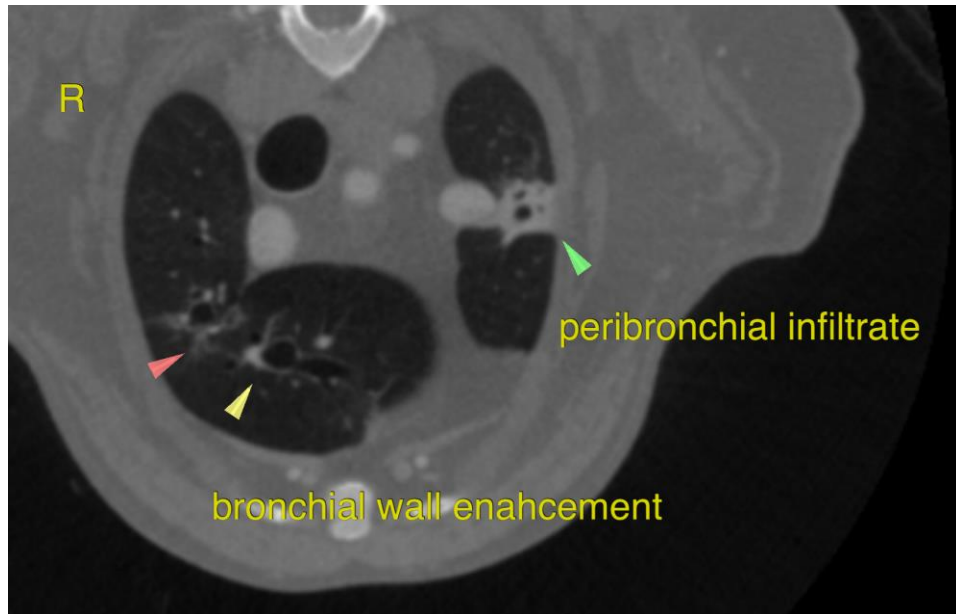
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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