

**PATIENT**

Banana Cleary

PRESENTING CLINICAL SIGNS

Coughing for 3 weeks, sometimes has sprays of blood. Cutaneous hemangiosarcoma removed 2 weeks ago. Mild improvement on doxycycline

SPECIES

K9

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views totaling 4 images available for review.

BREED

Pitbull Mix

RADIOGRAPHIC FINDINGS

Mild ventrally bridging spondylosis is present at T5/6 and T6/7.

The extrathoracic soft tissues present homogeneous without abnormalities.

SEX

MN

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

AGE

10 Years, 8 Months

Mild redundancy of the dorsal tracheal ligament is noted in the cervical trachea.

The lungs are deeply inflated. A severe diffuse miliary and nodular lung pattern is noted. There is no evidence of concurrent lymphadenomegaly.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Severe mixed miliary and nodular interstitial lung pattern without concurrent mediastinal lymphadenomegaly.
- Incidental redundancy of the dorsal tracheal ligament.
- Spondyloses.

HOSPITAL NAME

Blairstown Animal
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Dr. Harker

Metastatic pulmonary disease is the by far most likely underlying cause of the pertinent radiographic changes. Granulomatous lung disease such as fungal or mycobacterial pneumonia can never be ruled out entirely as a differential diagnosis but is considered by far less likely here and the changes should be considered an expression of metastatic disease until proven otherwise. A straightforward way to obtain a final diagnosis, if that is a necessity for the case or for the owner, would be ultrasound guided fine needle aspiration of the lung using a parasternal intercostal approach.

INVOICE

47479

DATE

9-20-21



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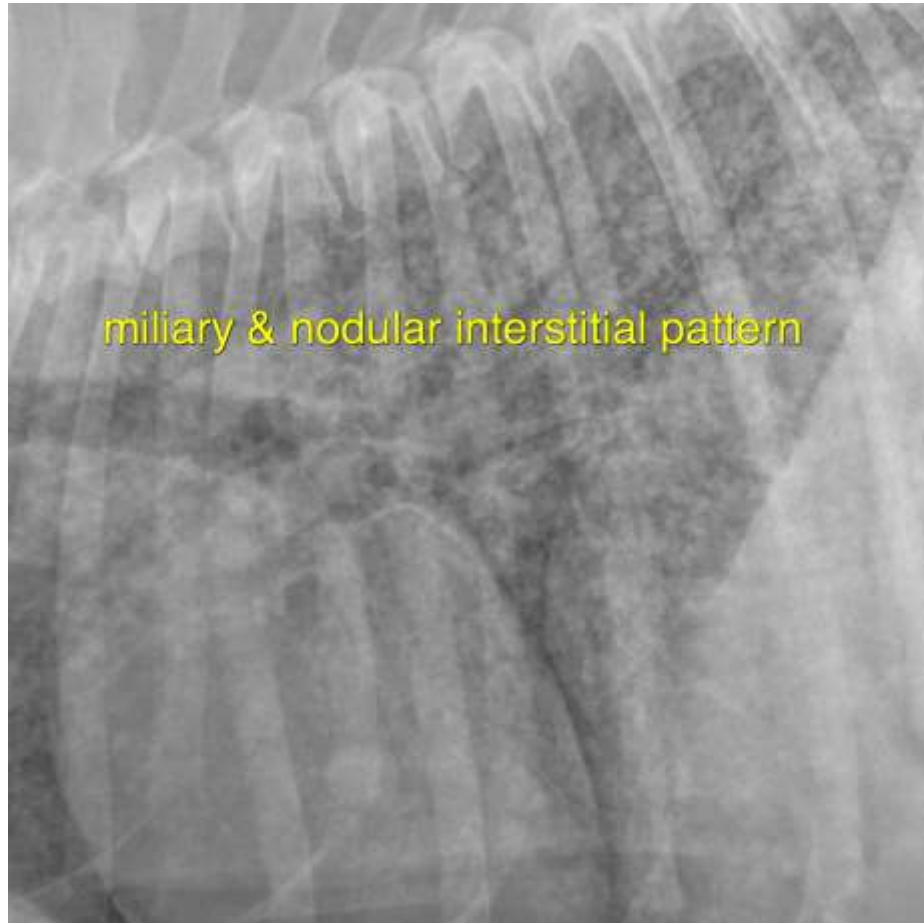
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Harker

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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Nele.Eley@sonopath.com

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