



**PATIENT**

Nestle Bellairs

**PRESENTING CLINICAL SIGNS**

Coughing for 3 weeks. Not responding to anti-biotics or prednisone. History of boarding beginning of August. Occasionally coughs up phlegm. Appetite and energy otherwise normal. History of grass awn removed from abscess on ventral neck August 8th, 2022. Surgical site has healed well, with no additional drainage.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal views totaling 6 images available for review.

**BREED**

Labrador

**RADIOGRAPHIC FINDINGS**

Moderate ventrally bridging T6/7, T11/12, and T12/13 spondylosis deformans are seen.

**SEX**

FS

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The vertebral heart score is 10. The pulmonary vasculature is within normal limits.

**AGE**

7

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.

Mild sternal lymphadenomegaly is indicated by an extrapleural sign dorsal to the 2<sup>nd</sup> and 3<sup>rd</sup> sternbrae.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Redundancy of the dorsal tracheal ligament is seen in the caudal cervical trachea.

There is a moderate generalized bronchial lung pattern with marked peribronchial cuffing accentuated in the caudodorsal lung field. Mild peripheral cylindrical bronchiectasis is seen.

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

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Leslie Tucker

- Moderate chronic bronchial lung pattern.
- Redundant dorsal tracheal ligament.
- Mild sternal lymphadenomegaly.
- No radiographic evidence of cardiovascular pathology.
- Spondyloses.

**INVOICE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings are compatible with lower airway disease. Eosinophilic bronchopneumopathy is a potential versus infectious bronchitis including viral, bacterial, and parasitic. Consider further definition by means of airway endoscopy with airway sampling. Empirical lungworm treatment could be considered as well as lung and heartworm testing.

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9-23-22

The mild sternal lymph node enlargement may be due to pathology in the mediastinum, parietal pleura, chest wall, and/or cranial abdomen. Reactive hyperplasia and early neoplastic infiltrate



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are potential differential diagnoses. Consider abdominal ultrasound for further definition as well as fine needle aspiration of the lymph nodes under ultrasonographic guidance.

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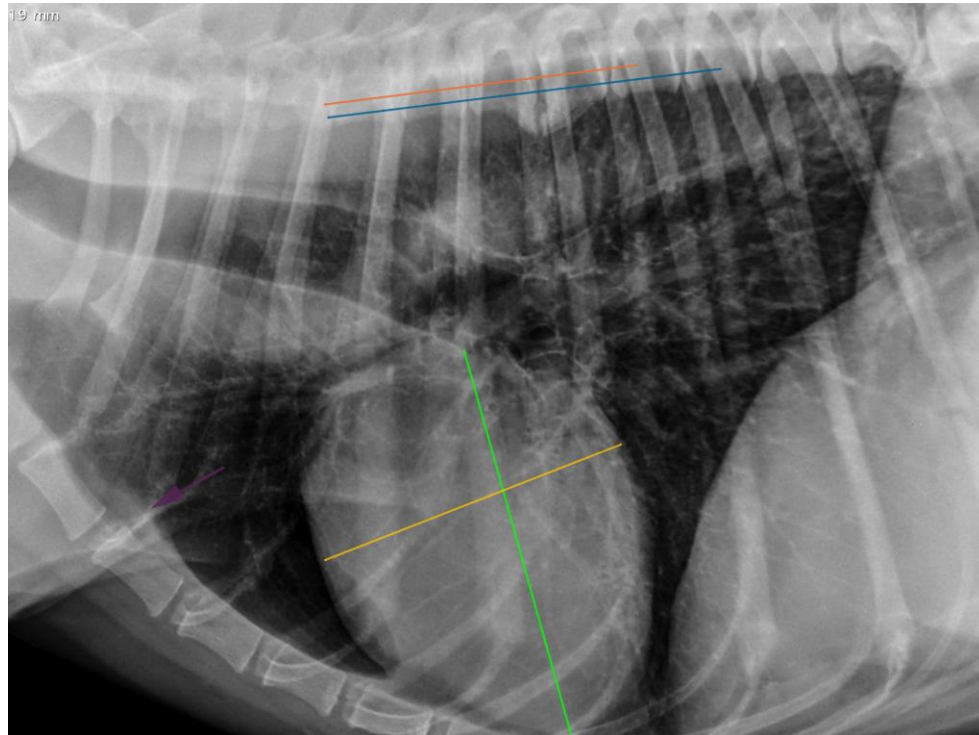
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**REFERRING VET**

Leslie Tucker

**Nele Eley, DVM, Dr. med. vet., DipECVDI**  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
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