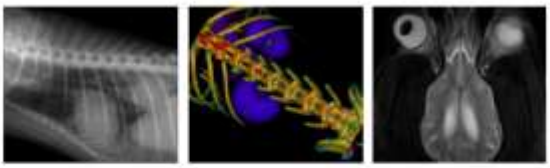
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mogli Cartier

SPECIES

Canine

BREED

Boxer Mix

SEX

MN

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Sylvan Lake
Veterinary Clinic

REFERRING VET

Dr. Sandy Jameson

INVOICE

47571

DATE

9-28-21

PRESENTING CLINICAL SIGNS

ADR - lethargic for 2 weeks, not eating well
Abnormal PE/Chem/CBC/UA Results: hx of chronic pancreatitis. Wellness panel --> cPL abnormal, anemia - HCT 29.1 (36.6-54.5). rbc's in urine.

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and dorsoventral views totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

Moderate mid thoracic and mild caudal thoracic spondyloses are present.

A mild amount of pleural effusion appears to be present within both pleural cavities. The lung lobe margins are retracted from the thoracic walls and rounded. Pleural fissure lines are seen.

The right lung presents generalized volume loss and increase in interstitial opacity. Mild increase in interstitial opacity is present in the left caudal lung lobe as well. No evidence of pulmonary masses or nodules are seen.

The assessment of the cardiac silhouette is limited; however, no significant cardiomegaly is identified.

There is no evidence of a mediastinal mass effect or mediastinal lymphadenomegaly.

Moderate gastric aerophagia is noted.

RADIOGRAPHIC DIAGNOSIS

- Mild bilaterally symmetric pleural effusion with presumed generalized atelectasis of the right lung.
- No evidence of mediastinal or pulmonary masses.
- Normal radiographic appearance of the cardiac silhouette.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are compatible with mild bilaterally symmetric pleural effusion. No specific underlying cause can be identified radiographically. Transudate, modified transudate, and exudates all are a potential. Further definition by means of aspiration and analysis of the pleural fluid is recommended.

There was no definitive evidence of structural pathology within the lung. The increase in interstitial opacity with mild volume loss is most likely due to atelectasis and may simply be caused by the patient being positioned in right lateral recumbency prior to the exposure. Infiltrative pathology is thought unlikely. A cardiac echo could be considered as well depending on the quality of the effusion.

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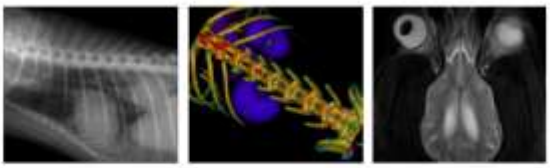

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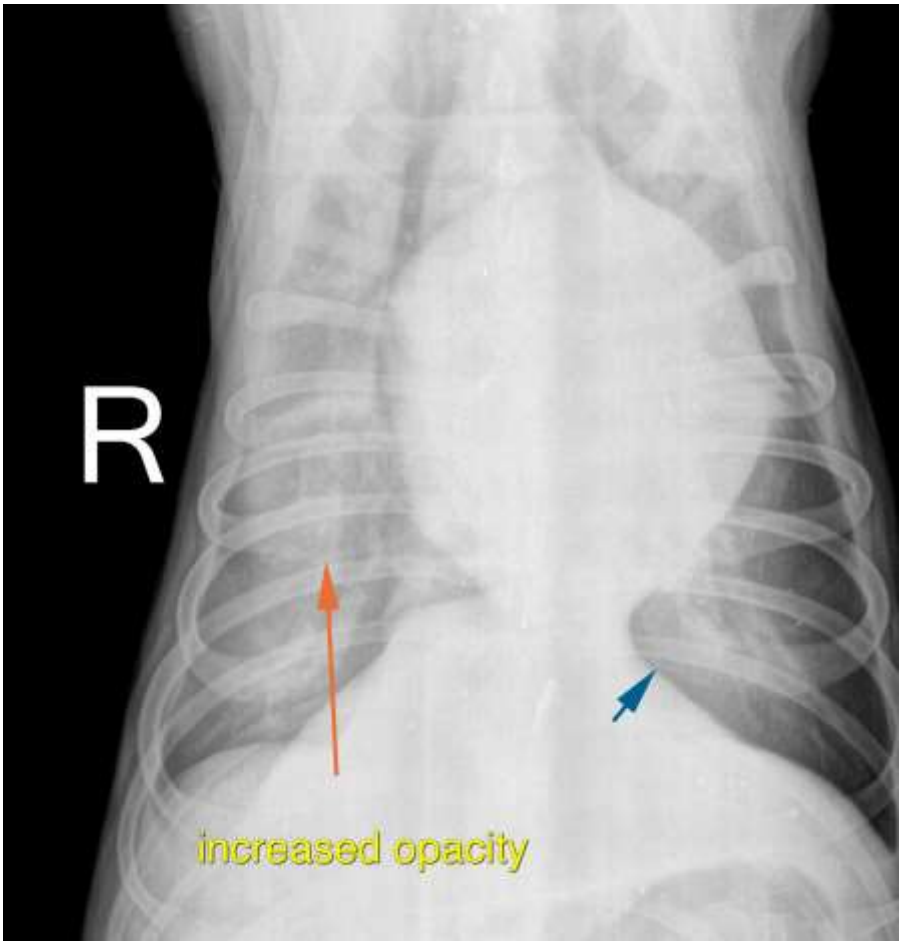

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Nele.Eley@sonopath.com