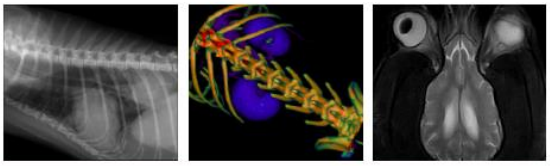
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Ginger Greenman

SPECIES

K9

BREED

Terrier

SEX

F

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Dr Kimberly Winters

INVOICE

54355

DATE

9-28-22

PRESENTING CLINICAL SIGNS

The mass in Ginger's chest may be related to the digital SCC but could also be an independent tumor. The mass is large and in a location that we oftentimes see primary lung tumors growing. It is also possible that the mass is benign (eg inflammatory granuloma, abscess), Abnormal PE/Chem/CBC/UA Results: Pre-anesthetic labwork shows normal chemistry values and normal cell counts on CBC aside from elevated white cell count (stress leukogram), which is likely due to inflammation and stress related to the toe mass and potentially the lung mass.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Multifocal peribronchial alveolar infiltrates of the lung are seen and distributed throughout all lung lobes. The most severe changes are noted within the ventral aspect of the left caudal lung lobe as well as within the dorsal aspect of the caudal subsegment of the left cranial lung lobe. Multifocal concurrent bullous emphysema of the lung is seen as well as multiple peripheral subpleural and interstitial bands.

The tracheobronchial lymph nodes present within normal limits. The cranial mediastinal lymph nodes are mildly enlarged.

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

No overt evidence of cardiovascular pathology is seen.

A large infarct and cysts are seen within the cranial pole of the left kidney.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal and multilobar moderate to severe alveolar infiltrate of the lung with multifocal bullous emphysema and evidence of pleural and interstitial scarring.
- Mild cranial mediastinal lymphadenomegaly.
- Suspect cysts and infarction cranial pole left kidney, differential diagnosis: hematocele, abscess, tumor with tumoral necrosis less likely, consider fine needle aspiration for further definition.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a multifocal predominantly peribronchial moderate to severe alveolar infiltrate with concurrent bullous emphysema and interstitial scarring. Differential diagnosis includes 1^{st,} multilobar neoplasia, if so, most likely secondary neoplasia of the lung; 2nd, pneumonic infiltrates; and 3rd but less likely, multifocal hemorrhage. Further differentiation may be achieved by means of direct ultrasound guided fine needle aspiration of the lung and/or airway endoscopy with airway sampling.

The enlargement of the cranial mediastinal lymph node is mild and may reflect reactive hyperplasia or a neoplastic/metastatic infiltrate. This lymph node is unfortunately not readily accessible for sampling.

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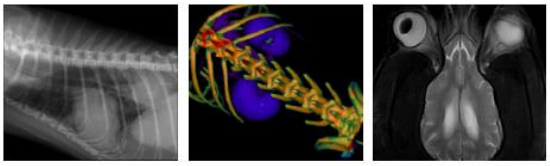

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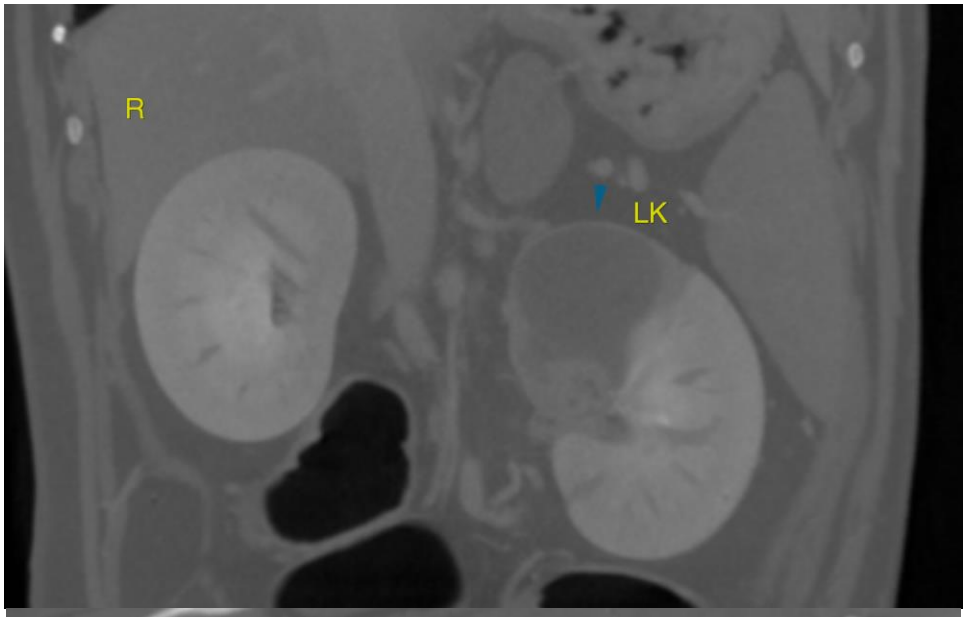

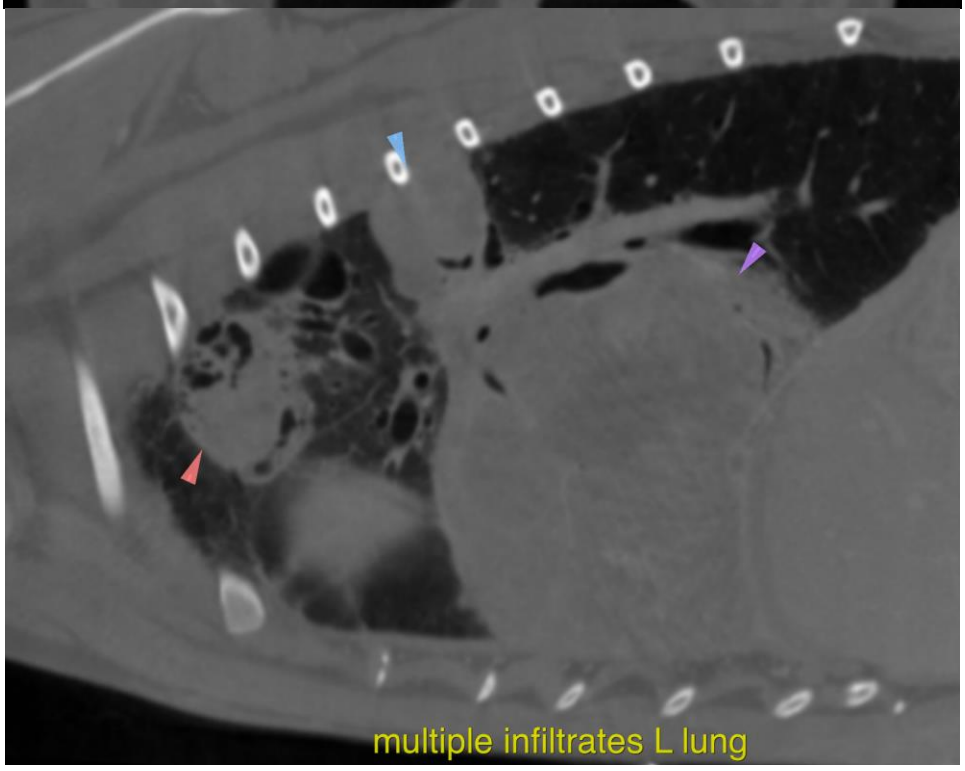

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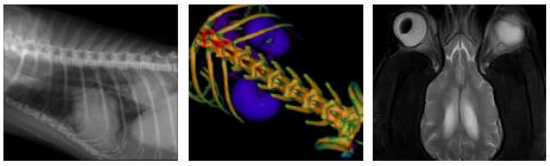

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com