



PATIENT

Betty Grindley

SPECIES

Canine

BREED

Tibetan Terrier Cross

SEX

Female

AGE

10 Years

WEIGHT

24 kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Laura Blackwell

HOSPITAL NAME

Animal Trust Ellesmere
Port

REFERRING VET

Dr. Olivia Wilson

INVOICE

35755

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- In for investigation of cough. OR no exercise intolerance, still happy to walk and does not seem breathless. No sneezing. Eating well
- OR cough mainly when switches the heating on.
- extensive ST mass ventral neck feels to wrap around larynx.
- RADIOGRAPHS:
 - ST opacity in larynx region only seen on some views.
 - THORAX: difficult to obtain inflated chest views as BCS 7/9
 - Possible nodular pattern throughout lungs but also possible old age changes
 - ABDO: liver within rib arch. Enlargement of the spleen. Extensive mass effect of central abdominal ST opacity pushing the colon ventrally from normal position

COMPUTED TOMOGRAPHIC STUDY OF THE CHEST & ABDOMEN

The trachea presents a mildly undulating course with a tendency of collapse. The bifurcation and mainstem bronchi show similar findings with a significant narrowing of the left mainstem bronchus in the transit between the aorta and the left atrium. The mediastinum presents marked fat storage. The mediastinal lymph nodes are unremarkable. There are no signs of relevant nodular, focal or diffuse pulmonary changes. Free pleural fluid is not recognized. The thoracic borders are intact, including the diaphragm.

There is a nodular-like lesion of the left adrenal gland noted measuring 1.8 x 1.7 centimeters in its cranial pole.

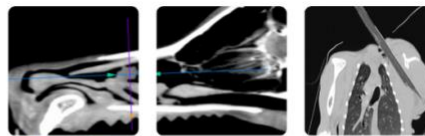
Again, marked fat storage is noted in the retroperitoneal and peritoneal cavity. Signs of nodular changes, especially within the liver and spleen, are not noted. The described deviation of the colon is caused by fat tissue. Signs of an active inflammatory or even neoplastic process are not noted. The abdominal organs appear unremarkable. Free peritoneal fluid is not recognized. The abdominal vessels and lymph nodes show no particular findings.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected tendency of tracheal and bronchi collapse
- Nodular lesion left adrenal gland
- Marked obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild dorsal impression of the trachea and the narrowing of the main stem bronchi, especially on the left side, are suspicious for a collapse tendency. This may be more severe under breathing conditions. For further assessment, endoscopic evaluation could be performed next. The pulmonary and mediastinal structures do not show relevant inflammatory changes and or a neoplastic lesion. This does not exclude inflammation or infection within the airways.



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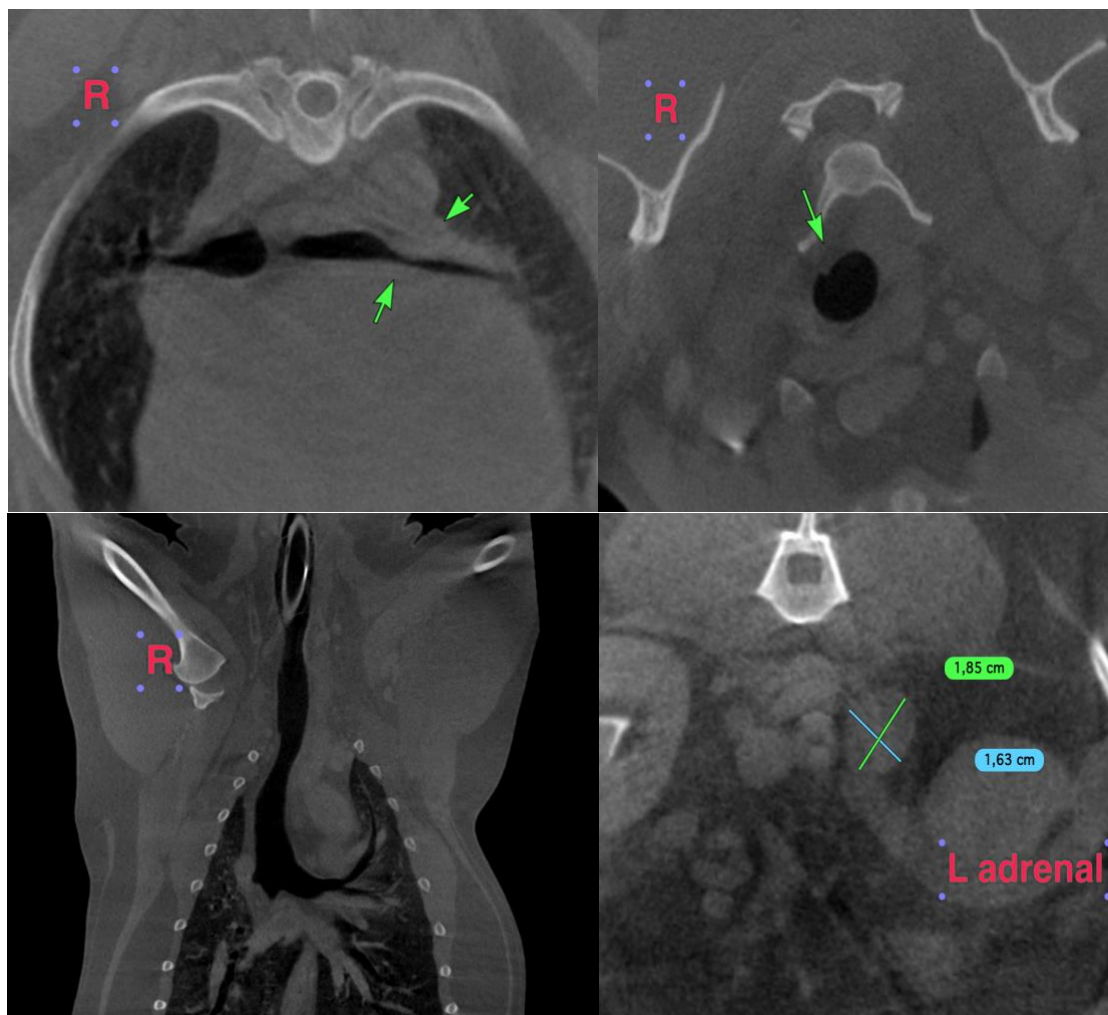
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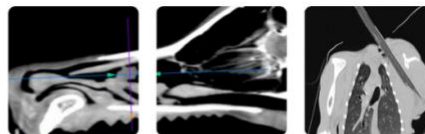
The nodule in the left adrenal gland is an unspecific finding from a CT perspective. Myelolipoma is a common differential as well as other neoplastic lesions. This finding must be correlated with other clinical findings, especially blood results, blood pressure and urinary testing. Diffuse changes of the liver and spleen cannot be fully excluded and are still potential differentials.

The described deviation of the colon is likely due to fat storage within the abdominal cavity. An underlying mass is not recognized.



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.



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