SonoPath Teleradiology

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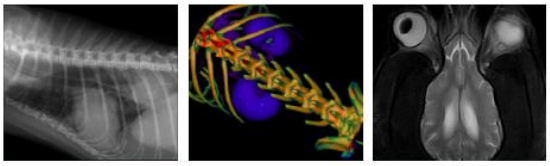

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Skye Croft

SPECIES

Canine

BREED

Shep x Husky

SEX

FS

AGE

4 Years

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Matt Dincau

INVOICE

58911

DATE

6-20-23

PRESENTING CLINICAL SIGNS

Pet presented to another ER clinic for acute onset of lethargy and unproductive retching. Upon presentation, pet was noted to be tachypneic. Abdominal x-rays were unremarkable, but chest films resulted in the following radiologist report: -Thoracic radiographs: Cardiac size is normal for the breed. Pulmonary venous distention is not identified. There is a small amount of air present in the esophagus. There is heterogenous alveolar consolidation within the caudoventral pulmonary parenchyma on midline. There is increased opacity in the right mid thorax. CONCLUSION: Increased right mid pulmonary opacity may be due to aspiration pneumonia or skinfold//summation artifact. Midline caudal alveolar consolidation; rule out bronchopneumonia, abscess, inhaled foreign body with local reaction, neoplastic infiltrate, diaphragmatic hernia, less likely atypical distribution of aspiration pneumonia. Pet was referred for further diagnostics. And abdominal ultrasound revealed no significant findings, but the liver and stomach were noted to be completely tucked under rib cage- possibly just a result of anatomy (pet is very deep chested) or cranial displacement. A thoracic CT was performed to better assess the pathology.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem17/Lytes were unremarkable

COMPUTED TOMOGRAPHY OF THE THORAX

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Caudal to the heart and left to the midline there is a mass-like, rounded and encapsulated lesion of approximately 4.2 x 4.1 cm detected which confluents with the mainly consolidated right accessory lung lobe. Images post contrast show an ill-defined ring-enhancing contrast uptake. The adjacent parts of the left lung lobes show mild, partially spot like increase of density. Moderate and bilateral pleural effusion is noted accumulating in the dorsal parts of the pleural cavity due to dorsal recumbency. Aorta, esophagus und diaphragm are clearly separated. Radiopaque foreign material is not noted.

The mediastinum is regular in width and density. The thoracic trachea and esophagus present as expected.

The heart is inconspicuous as far as can be assessed with CT. The diaphragm appears normal without cranial displacement of the liver and stomach.

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected abscess of the right accessory lung lobe with lung consolidation and inclusion of the pleura with secondary, bilateral pleural effusion

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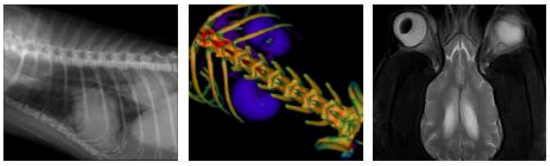

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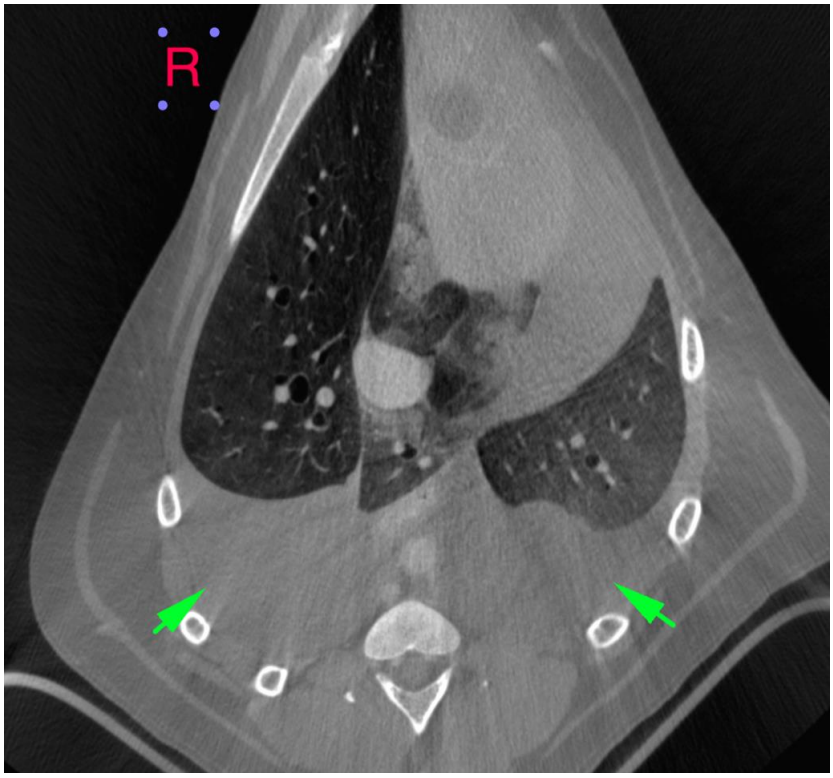
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right accessory lung lobe likely presents the origin of the detected lesion. The latter most probably shows an inflammatory lesion as commonly seen with abscess formation. The ring-enhancement, the assumed capsule and reactive periphery as well as the pleural inclusion would go along with that assumption. Involvement of the left caudal lobe is possible. A neoplastic lesion cannot be fully excluded but is not suspected in this case. Abscess formation after foreign body aspiration/insult/migration would be my favorite differential. Sampling of the pleural effusion could be the next diagnostic step. Thoracotomy with resection of the right accessory lobe should be discussed. Signs of a diaphragmatic hernia are not noted.



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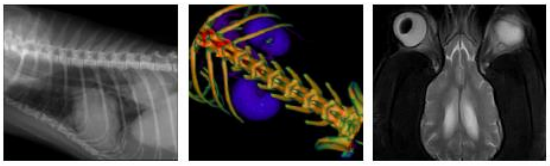

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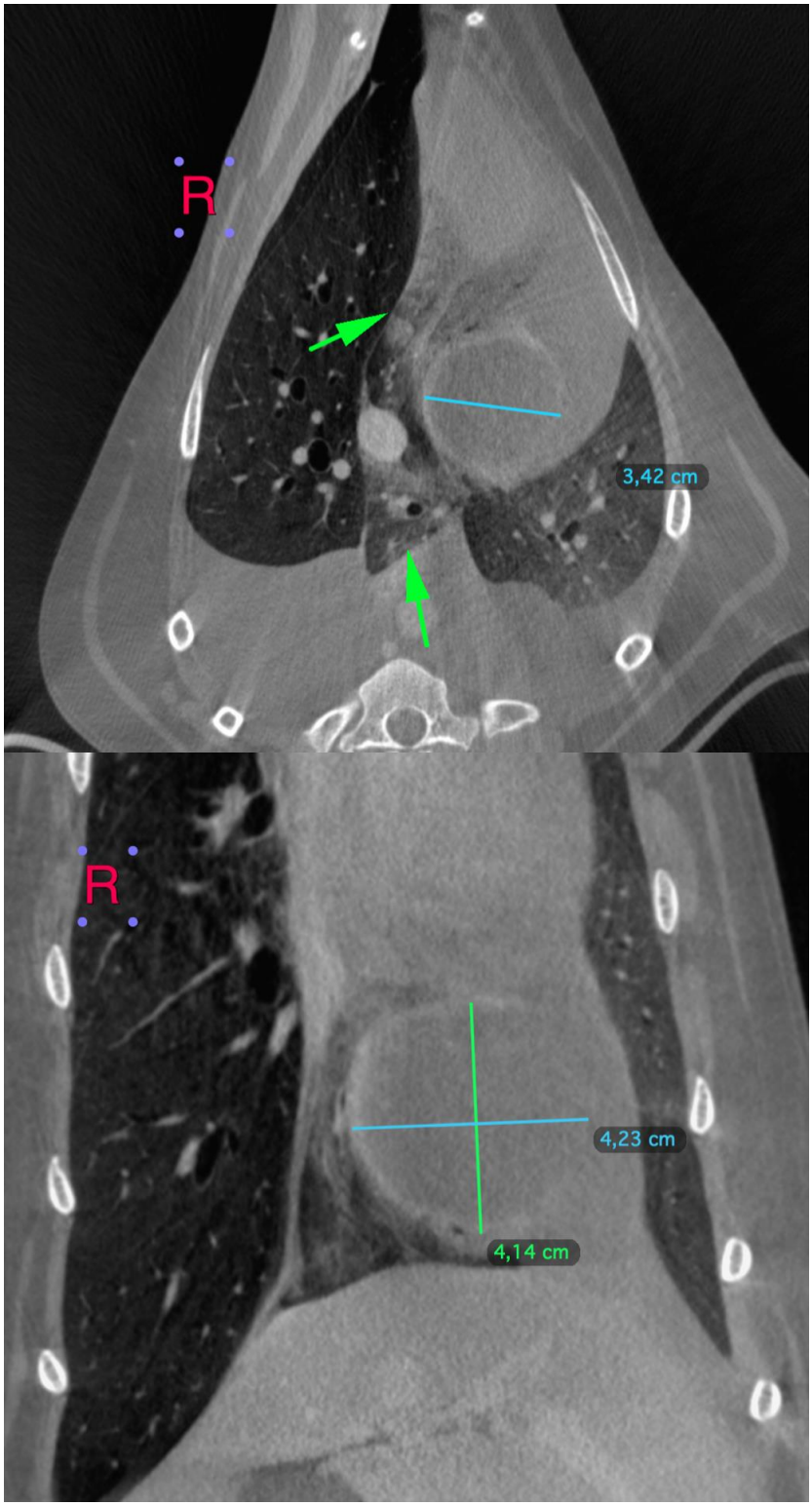

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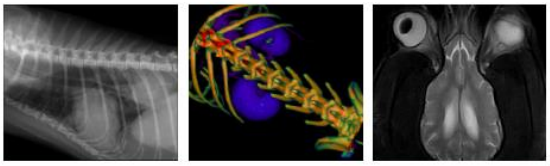

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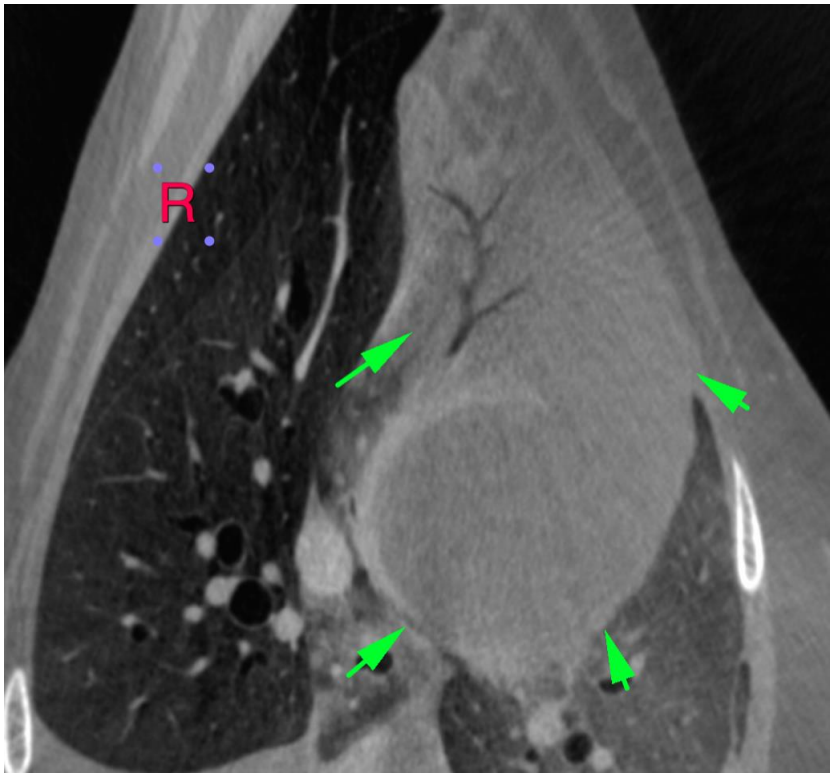

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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