



PATIENT

Woody Antinoro

PRESENTING CLINICAL SIGNS

History of pneumonia with relapses according to the owner. Presents for panting a lot, drooling and coughing 6/2021. 7/2021 had resolved and then presented for cough with nasal discharge. Consistent mild change middle right lung lobe for 2 months. Will improve on antibiotics and then will start coughing again a few days after finishing.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX

Pre/post contrast studies provided for review.

BREED

Great Pyrenees

COMPUTED TOMOGRAPHIC FINDINGS

The ventral sections of the right cranial and middle lobe present marked alveolar pattern with open and mildly distended bronchi. Lung opacity on the right is partially of patchy appearance. The right caudal lobe reveals even more prominent atelectasis with broad-based pleural contact and mild bronchiectasis. Similar but less obvious findings are recognized in the left cranial lobe. At this level a more bronchial thickening with mild peribronchial infiltrates is seen. There is no evidence of nodular pulmonary lesions.

SEX

Neutered Male

AGE

10 Years, 5 Months

Apart from that lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. Pleural lines are prominent, relevant fluid accumulation or free pleural gas is not noted.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea presents as expected. The esophagus is mildly distended containing gas- and fluid pockets.

Heart is inconspicuous as far as can be assessed with CT. Diaphragm is normal.

HOSPITAL NAME

Neel Veterinary
Hospital

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Focal alveolar pattern with mild bronchiectasis of the ventral right cranial and middle lobe, and the dorsal right caudal lobe
- Mild bronchial pattern left cranial lobe with mild peribronchial infiltrates
- Mild pleural thickening
- Mildly distended esophagus

REFERRING VET

Dr Ellen Domnick

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

47189

CT findings represent most likely an inflammatory process as seen with (broncho-/pleuro-) pneumonia. This initially could be caused by aspiration of foreign material which is commonly found in the ventral parts of the right cranial and middle lobe. Aspiration would be favored differential diagnosis since changes are not typical for a primary bacterial pneumonia. Esophagitis may be present. Radiopaque foreign material is not recognized. This does not exclude residual plant material.

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8-27-21



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The peripheral bronchiectasis indicates air trapping and insufficient ventilation of the affected parts, which alone could cause chronic/recurrent signs of pneumonia. Neoplasia is not suspected. Endoscopy with BAL/microbiological testing could be the next diagnostic step.

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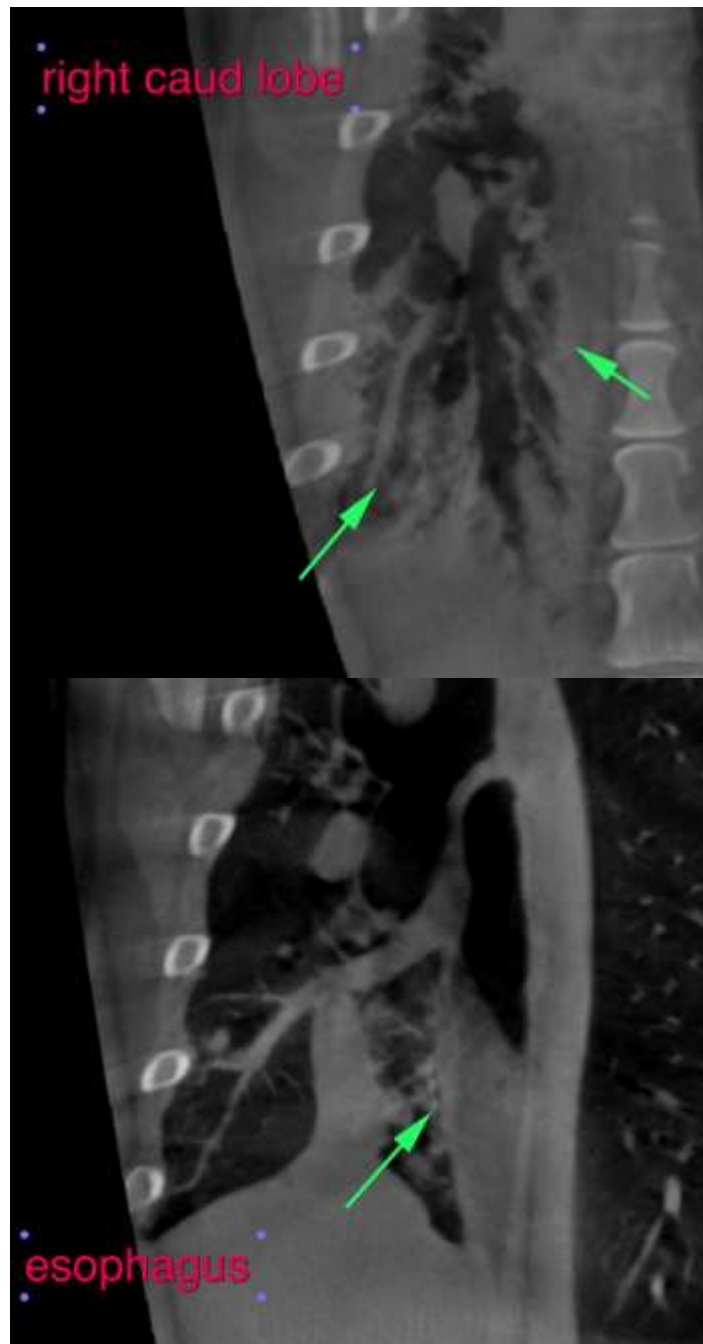
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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
Sebastian.Jawinski@sonopath.com

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