



PATIENT

Louis Sineway

PRESENTING CLINICAL SIGNS

Patient presented on 8/13/21 with bilateral mucus discharge and coughing. Wheezing on both lung fields on auscultation. Was started and AB and nebulization with Albuterol. Patient has shown significant improvement in the past 2 weeks. No coughing or discharge noted. Clear lung sounds on auscultation. Concerned about the lack of radiographic improvement.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Leukocytosis (21k)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

BREED

Puggle

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Intact Male

The cranial part of the left cranial lobe shows complete atelectasis with residual gas pockets. The thymus is inconspicuous.

AGE

13 Weeks

The right cranial and right middle lobe each present a tortuous lung vein with peripheral infiltrates. The latter reveals a distension of the vessel with an indicated filling defect. All lung parts show a diffusely increased density (ground glass opacity). There is no evidence of focal or nodular pulmonary lesions.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

The left main stem bronchus narrows markedly and seems compressed by the adjacent vessels and the left atrium. Bronchi apart from that are regularly ventilated. There is no evidence of pleural thickening, fluid accumulation or free pleural gas is noticed.

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered as normal. Thoracic trachea and esophagus present as expected.

Inconspicuous representation of the main pulmonary artery, of the pulmonary artery branching, of the large intrathoracic and the hepatic vessels shown.

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

Diaphragm is normal.

REFERRING VET

Meaux

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Atelectasis left cranial lobe, compressed left main stem bronchus
- Tortuous pulmonary veins right cranial and middle lobe, the latter with questionable filling defect
- Ground glass opacity lungs

INVOICE

47213

DATE

8-30-21



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings most likely represent an inflammatory process of the lungs as seen with (broncho-) pneumonia, lacking behind clinical improvement, which can be a regular temporal course from a CT perspective.

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The left cranial lung lobe shows no ventilation. This may be triggered by an insufficient/collapsing main stem bronchus. There are no typical signs for a lung lobe torsion, lung abscess or necrosis.

BREED

Puggle

Findings on the right could represent vasculitis or bronchitis or both. The questionable filling defect is seen with thrombotic events, secondary to inflammation (vasculitis/bronchitis are possible). Superimposition/slice thickness could mimic aspirated bronchial foreign material. With both (thrombus/foreign material) I would expect more peripheral reactions. If there are recurrent symptoms, I would recommend endoscopic BAL and microbiological/viral testing.

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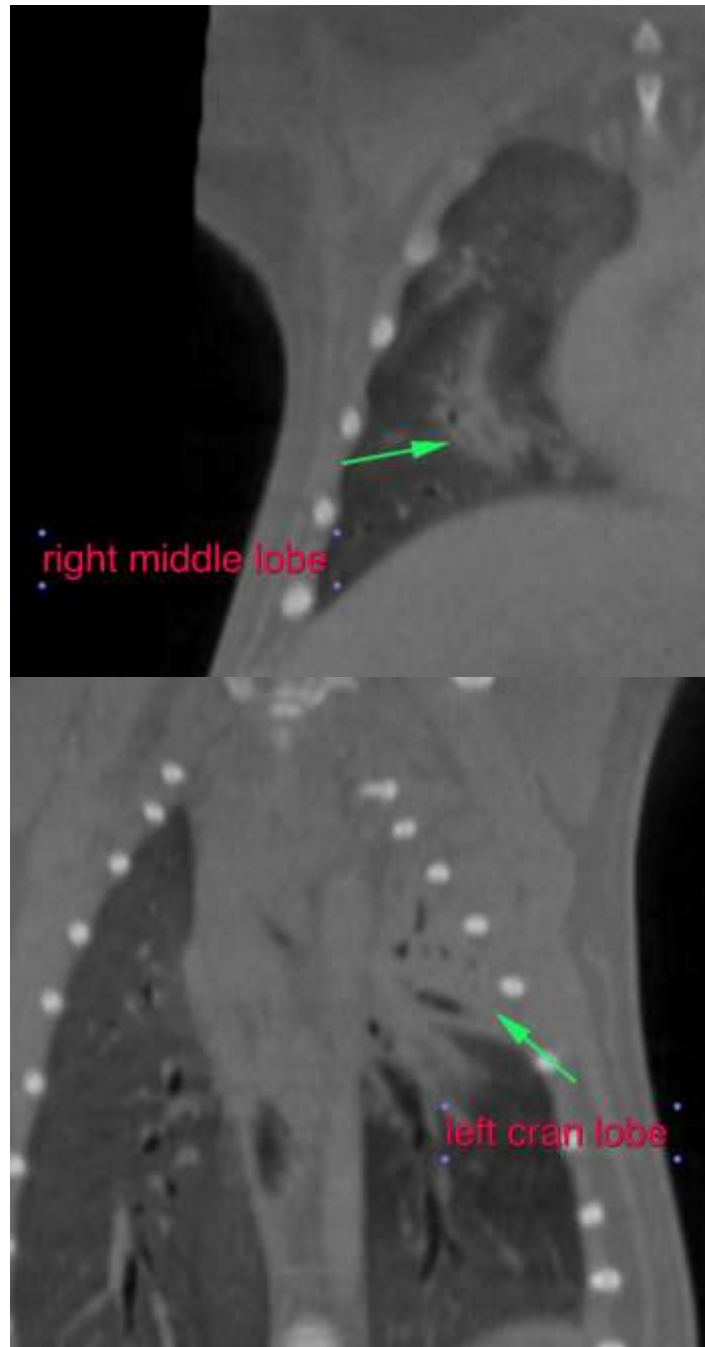
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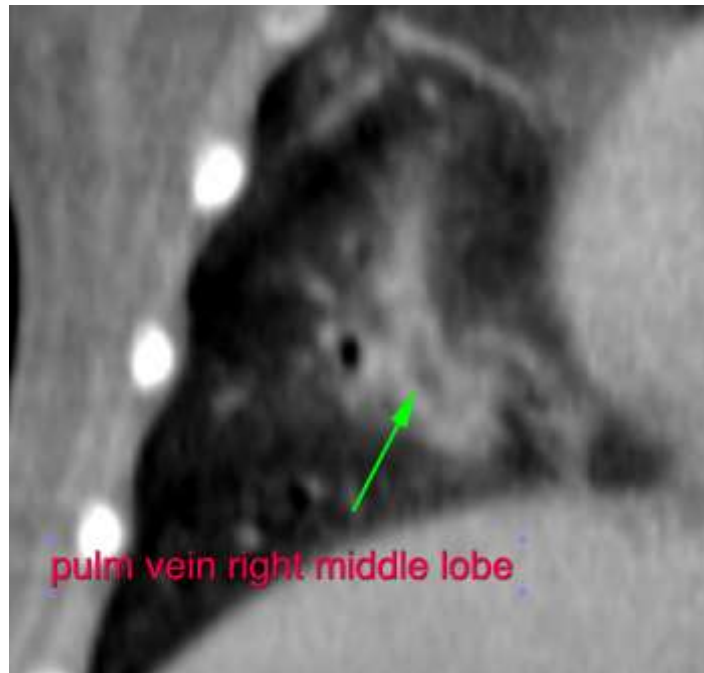
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BREED

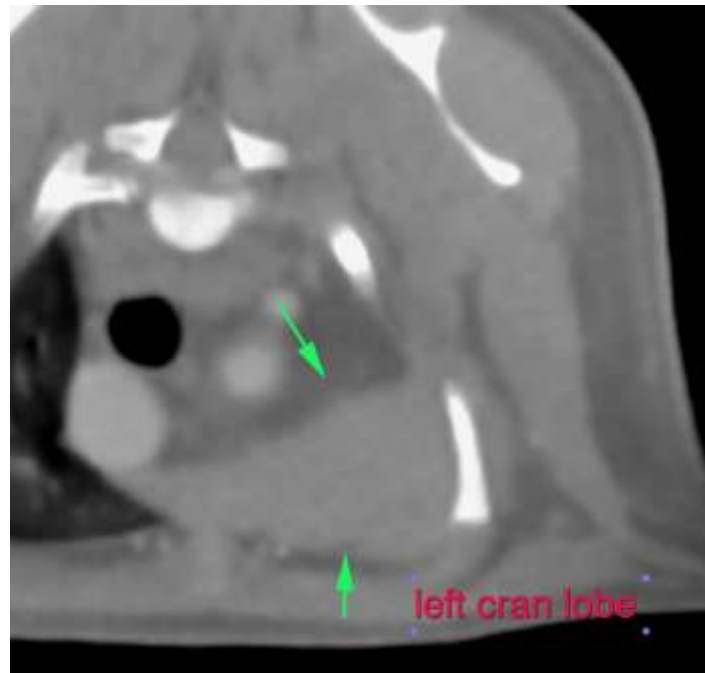
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

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Sebastian.Jawinski@sonopath.com

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