

**PATIENT**

Minnie Clements

**PRESENTING CLINICAL SIGNS**

Hx of PU/PD , distended abdomen , panting a lot  
Abnormal PE/Chem/CBC/UA Results: Marked abdominal distention , painful during palpation.  
ALT > 1000 ALP > 993 GGT > 40 LIP PANCREATIC 164.2 (NORMAL RANGE 0- 125)

**SPECIES**

Canine

**RADIOGRAPHIC FINDINGS**

Thorax:

The cardiac silhouette is normal with no evidence of chamber enlargement. Pulmonary vessels are normal in size and taper appropriately in the periphery.

The lung density presents marked broncho-interstitial pattern with mineralized bronchial walls of the main stem bronchi and the trachea.

**BREED**

American Bull Dog

**SEX**

Female Spayed

There is an oval-shaped opacity noted right to the heart best seen in the vd projection at the level of the right middle lobe.

**AGE**

10 Years

Mediastinum presents expected soft tissue density, there is no evidence of tracheobronchial, cranial mediastinal or sternal lymphadenopathy. No mediastinal shift is seen. Esophagus is not visible and considered to be normal. Diaphragm is unremarkable, no signs of pleural effusion.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

Abdomen:

Liver and spleen present as expected and are well defined. Ventral to the liver and the intestinal loops there is increase of density noted, serosal detail still is intact. The stomach is mildly filled with mottled to structured content, the gastric wall subjectively is thickened. The small intestine is predominantly empty with chaotic gas distended loops. Large intestine presents hyperperistaltic sections and some irregular foamy and radiopaque feces.

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

Both kidneys are considered as normal.

Urinary bladder is highly filled, no evidence of radiopaque cystic calculi.

**REFERRING VET**

Dr. Masoud

**RADIOGRAPHIC DIAGNOSIS**

- Broncho-interstitial lung pattern with tracheal and bronchial wall mineralization
- Atelectasis of the right middle lobe
- Signs of a gastroenteritis
- Increase of the peritoneal density ventral abdomen

**INVOICE**

47243

**DATE**

8-31-21



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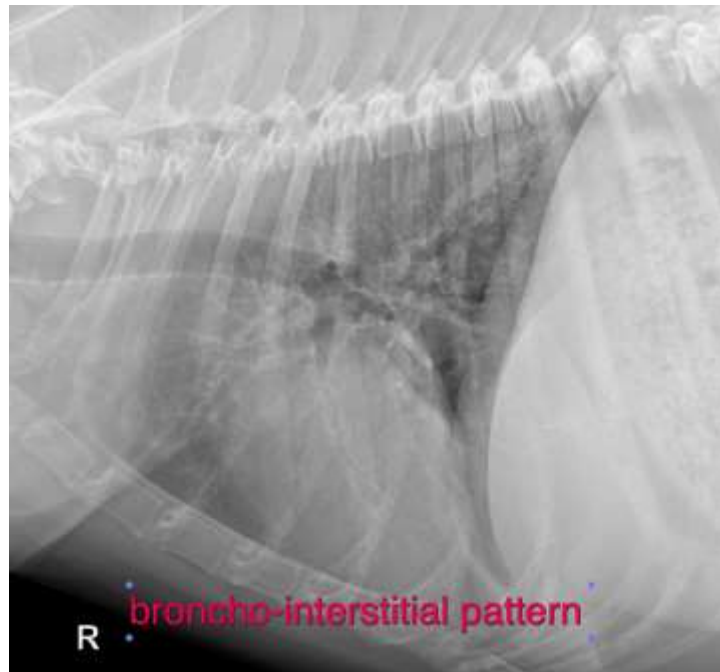
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The increase of interstitial lung density and bronchial wall thickening speak for an inflammatory process such as bronchitis/bronchopneumonia as seen with infectious disease. Tracheal and bronchial wall mineralization most likely represents age- and breed-related changes. Differential diagnosis among others could be chronic bronchitis or hyperadrenocorticism. Atelectasis of the right middle lobe is commonly seen with pneumonia caused by aspiration. There is no nodular pattern noticed, heart is inconspicuous and signs of other findings like lymphadenopathy are missing, therefore I assume an inflammatory pattern to be most likely. Further diagnostic steps could be endoscopic BAL and swap to rule out other circumstances resistant to treatment.

Changes of the stomach and the intestines likely represent gastroenteritis. The gastric content must be correlated with the time of the last meal. Foreign material cannot be fully excluded but is not suspected in this case. The increase of the peritoneal density may represent mild peritonitis (pancreatitis?), relevant peritoneal effusion is not recognized. A complementary abdominal ultrasound could be performed next.





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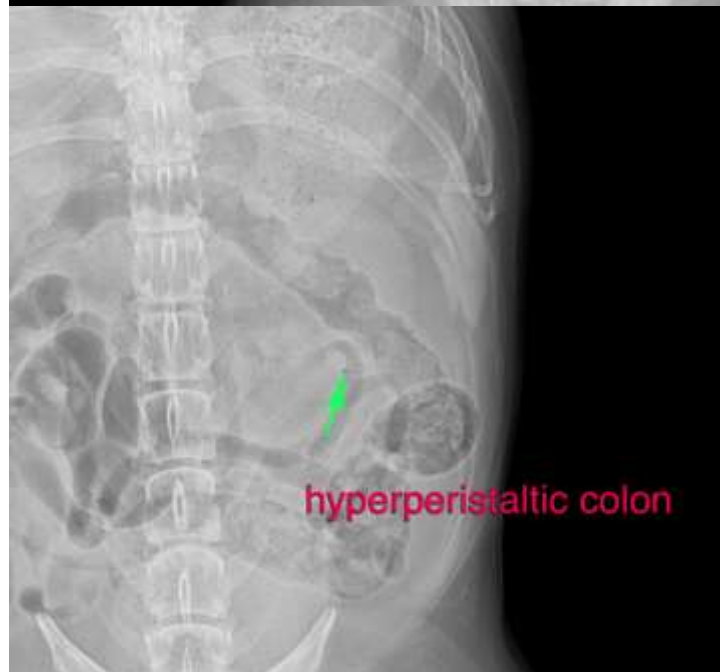
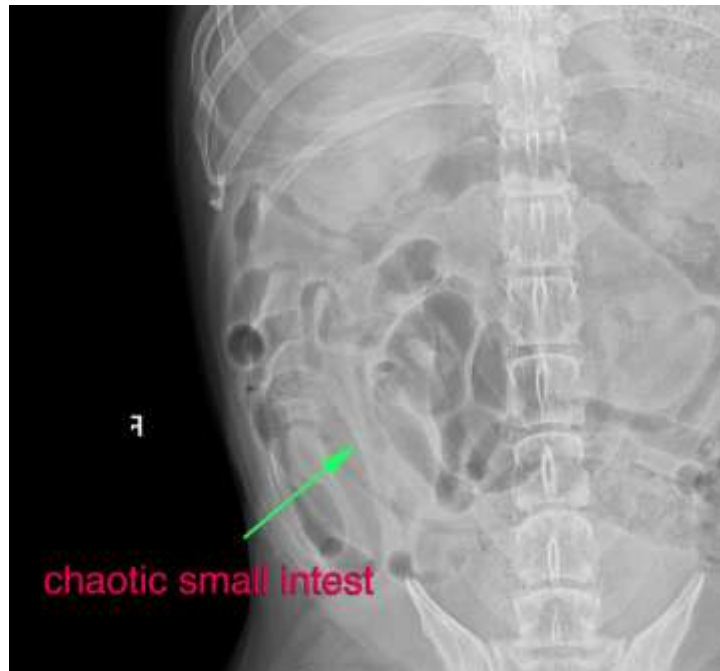
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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