SonoPath Teleradiology

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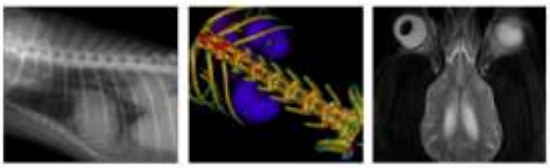


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Baxter Fogarty

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

11 Years, 11 Months

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

Dr. Paris Gilbert

INVOICE

47350

DATE

9-3-21

PRESENTING CLINICAL SIGNS

Patient is presented for refferal for echocardiogram from Gental Care Animal Hospital for concerning chest rads. O said that they just found out today, rDVM was taking rads of other things (abdomen for uti) and noticed the lungs appeared white. O said that he seems to still act the same. O said that he has slowed down eating. O said that he had brown urine - why he went to rDVM. O: eyes - nuclear sclerosis OU; ears mildly erythemic but without discharge; nares patent, adequate air flow for a brachycephalic breed (no referred upper airway noises); hydrated; lymph nodes palpate wnl; heart - no murmur or arrythmias, strong synchronous pulses; lungs - left lung fields sound moderately muffled, no crackles or wheezes, right lung fields sound mildly muffled but no crackles or wheezes; GI - abdomen palpates soft and comfortable, no masses or organomegaly palpated; urogenital - intact male, two descended testicles with no masses, normal prostate, no discharge from prepuce; Neuro - BAR, super sweet; appropriate mentation, CPs normal; MS - ambulatory x4; no limping but stilted gate in rear limbs; integument -pinpoint focal alopecia in mutiple areas on top of head, some alopecia on top of tail but no erythema or swelling P: Echocardiogram today with chest rads, ecg, and bp

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax:

There is bilateral and moderate pleural effusion noted. The lungs present multiple subpleural wedge-shape opacities beside multiple round nodules of soft tissue opacity throughout all lung parts with different sizes and partially poor definition. Additionally, a mild and local alveolar pattern is recognized in the dorsal lung parts due to atelectasis.

The cranial mediastinum shows enlargement of the lymph nodes which are ill-defined with peripheral cystic areas and increase of density of the surrounding fat tissue. The tracheal and bronchial lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.

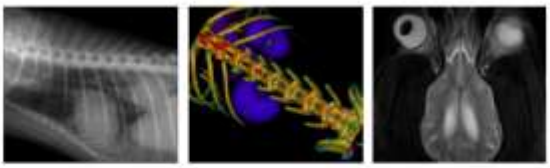
Diaphragm is normal.

Abdomen:

Liver presents as expected.

The spleen is moderately enlarged and reveals a heterogenous texture after contrast. Gallbladder is inconspicuous without evidence of cholestasis.

Pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.



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Unremarkable presentation of the bilaterally symmetrical kidneys. Adrenal glands are in normal limits.

As far as can be assessed, the stomach and all parts of intestine show a thickened wall but no indication of a mass. There are no signs of an obstructive or functional ileus.

Ureters, urinary bladder, trigonum and urethra are presented as expected. There is no evidence of cystic calculi. The prostate is moderately enlarged with multiple cysts, irregular surface and a heterogenous contrast enhancement.

The abdominal lymph nodes have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Predominantly nodular interstitial lung pattern
- Bilateral and moderate pleural effusion
- Sternal lymphadenopathy
- Marked splenomegaly and heterogenous splenic texture
- Thickened gastro-intestinal tract
- Moderate hyperplasia of the prostate with multiple cysts and prostatitis, likely incidental finding

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significant nodular pattern is commonly seen with metastatic neoplasia and granulomatous disease. Eosinophilic pneumonia could be a differential diagnosis since there are transitions to a diffuse interstitial and partially alveolar pattern recognized. The latter is likely triggered by anesthesia.

Primary pulmonary neoplasia is unlikely. I would favor metastatic pulmonary disease which may cause additional secondary (pleural-) pneumonia with small lung abscesses/focal necrosis.

The irregular sternal lymphadenomegaly at least represents mediastinal involvement and significant inflammation. Mediastinal metastatic spread is suspected.

Splenomegaly alone is unspecific. The heterogenous texture and enlargement is commonly seen with infiltrative disease such lymphoma or mast cell tumor. Both could match with the suspected thickening of the intestinal walls, although abdominal lymph nodes are inconspicuous.

Next diagnostic steps could be FNA of the pleural effusion, abdominal ultrasound and endoscopy with BAL for cytology and microbiological testing (r/o blastomycosis, coccidioidomycosis).

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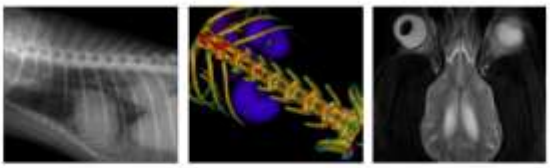

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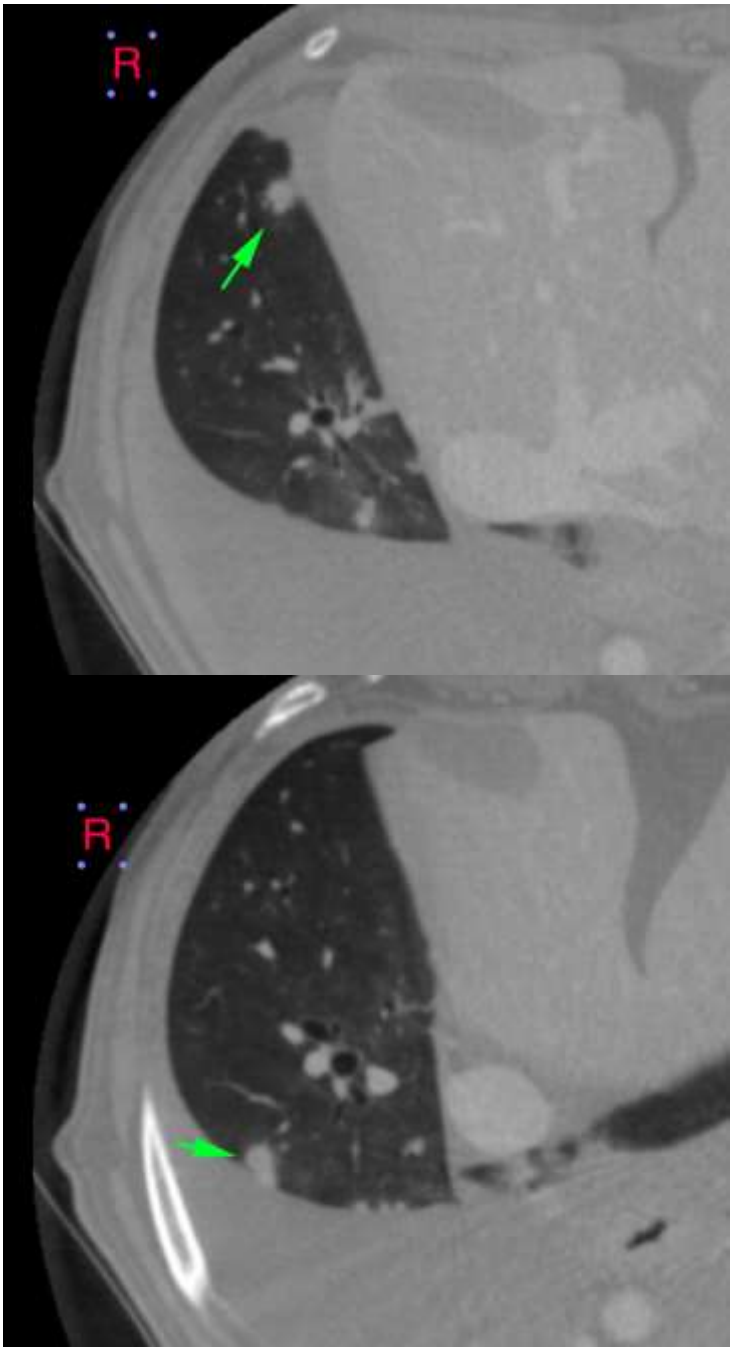

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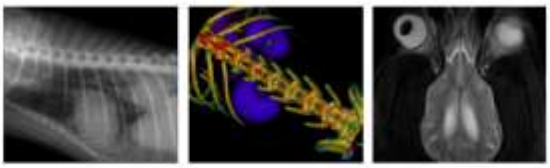

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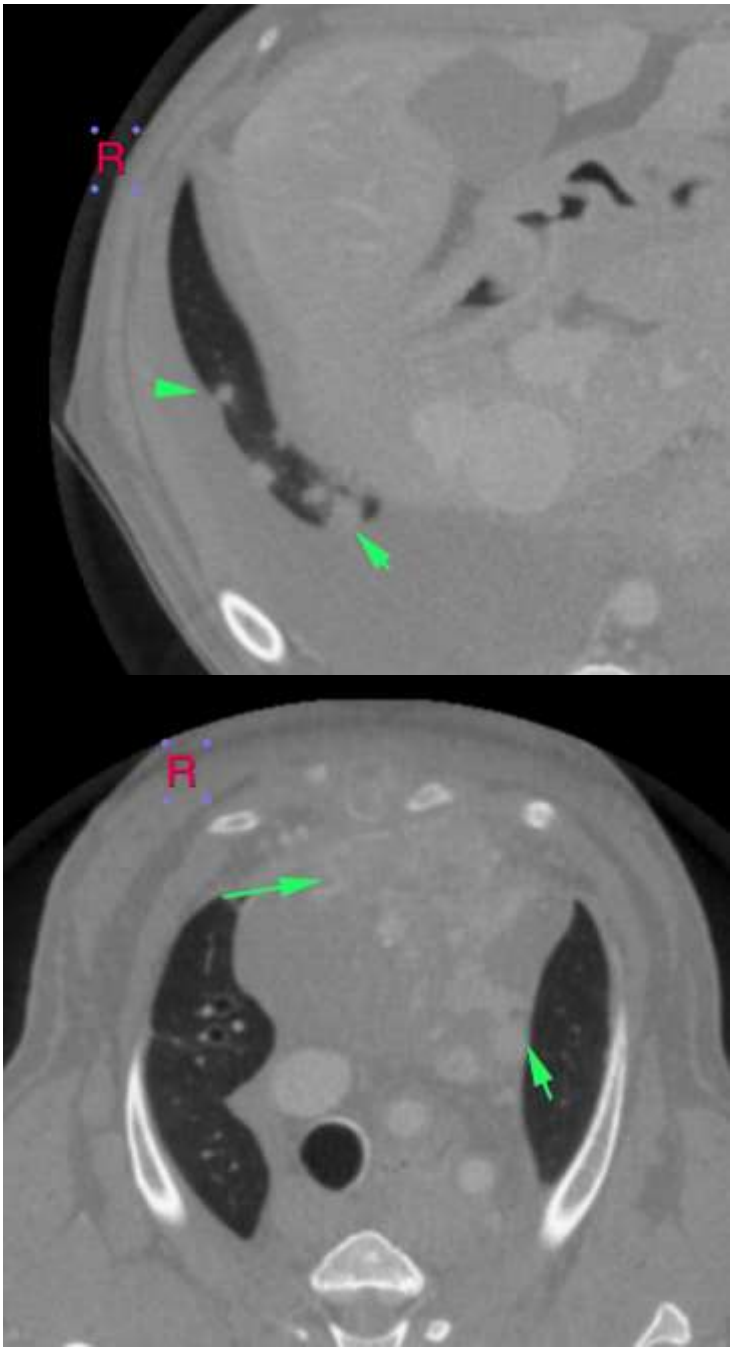

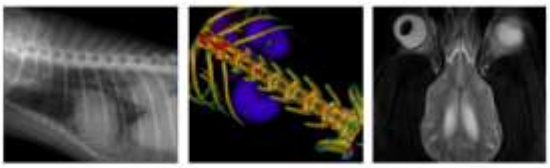

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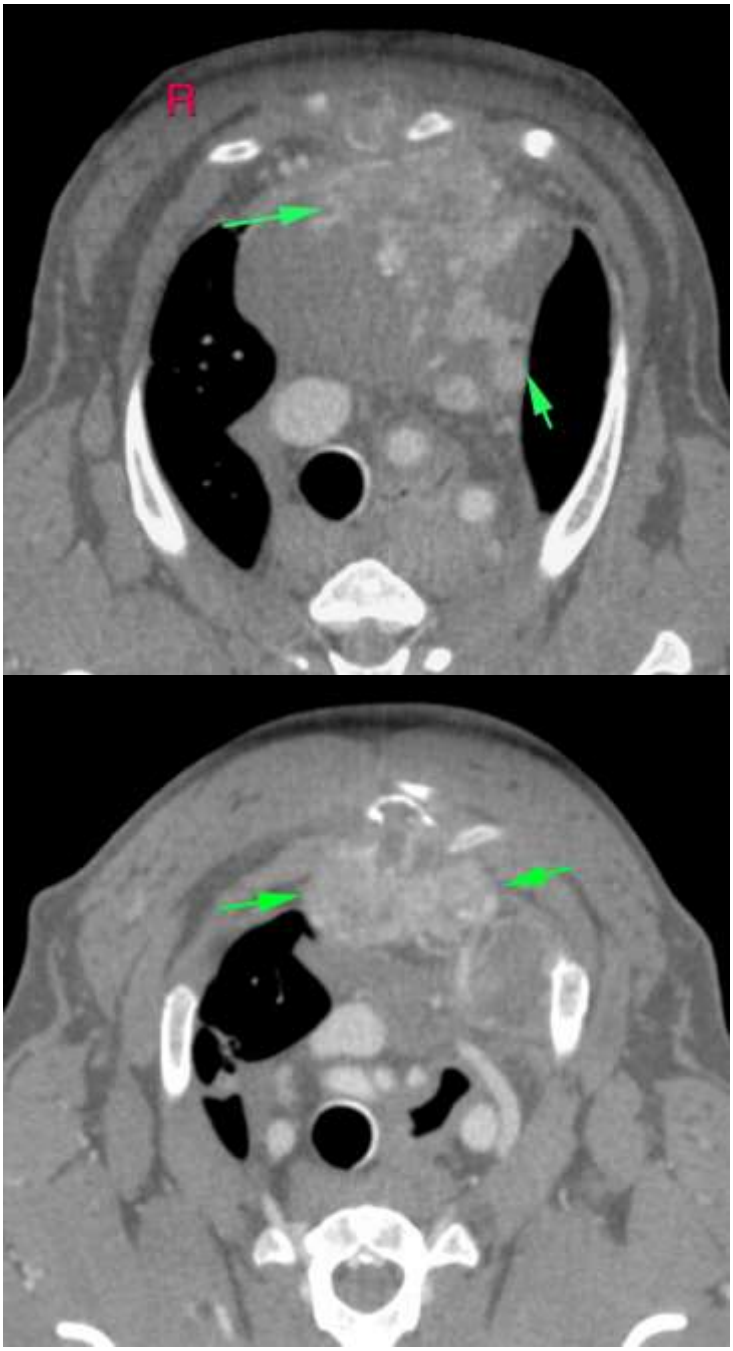

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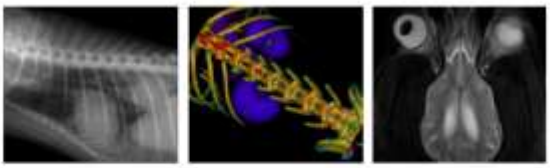

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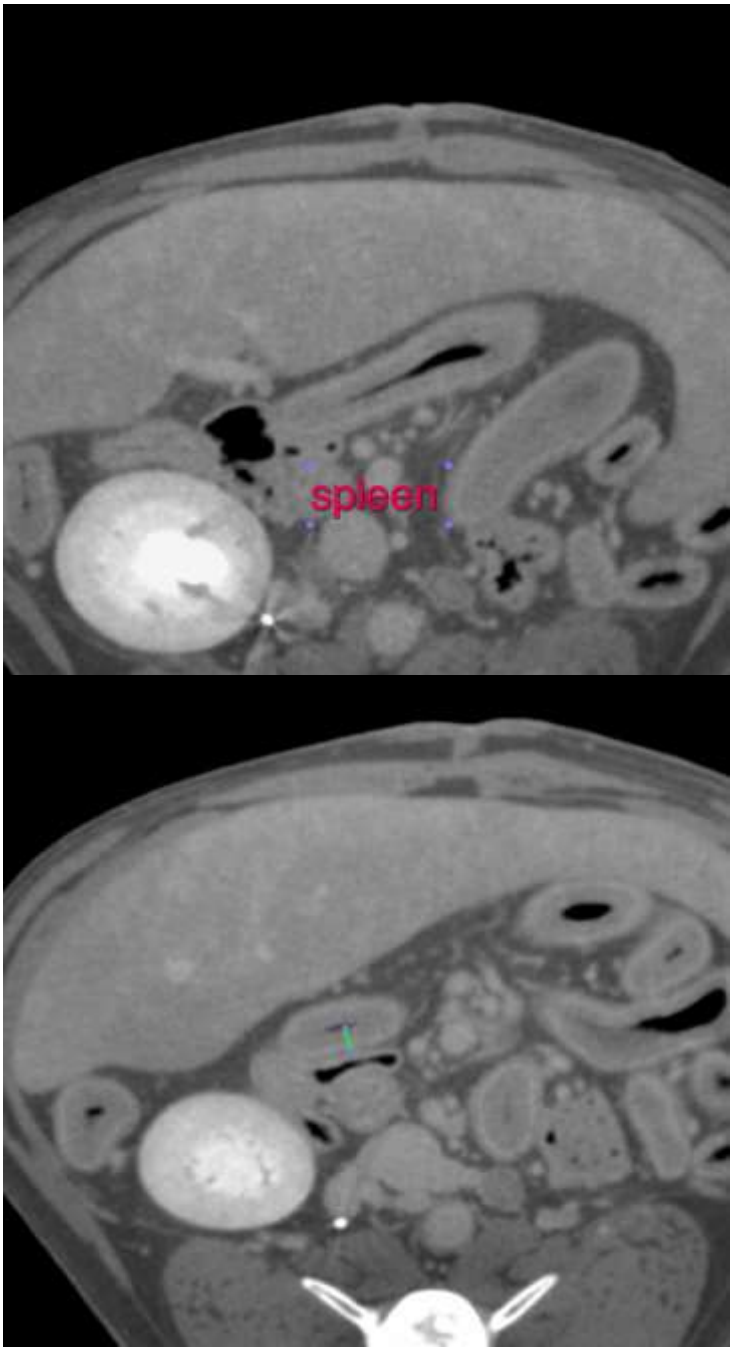

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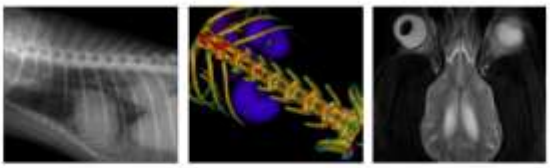

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Sebastian.Jawinski@sonopath.com