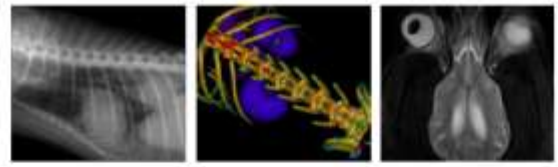


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Che Cornell

SPECIES

Dog

BREED

Lab

SEX

Male Neutered

AGE

9

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mountain Vista Veterinary Hospital

REFERRING VET

Dr. Erin Kanerva

INVOICE

49517

DATE

1-11-22

PRESENTING CLINICAL SIGNS

Initially presented in February 2021 for retching/gagging/coughing, producing small amounts of foamy phlegm. Thoracic radiographs unremarkable at that time. The issue seemed to improve with no intervention but continued at a low level. Re-presented in June 2021 for a sudden worsening of the issue. Thoracic radiographs obtained again, revealed mild bronchointerstitial pattern (different/progressed from previous radiographs). Improved on a course of amoxicillin (was also on sucralfate at that time). Presented a third time for recurrence/worsening of retching/gagging in late December 2021. Che was also anorexic and occasionally vomiting at that time. Radiographs revealed innumerable pulmonary nodules and a questionable area of consolidation in the left caudal lung field. Ddx included metastatic neoplasia vs fungal granulomatous disease (i.e. Blastomycosis). Abdominal ultrasound was unremarkable, no evidence of a primary tumour. Biochemistry was WNL. CBC revealed mild thrombocytopenia with giant platelets and occasional nucleated RBCs (3 out of 100 cells counted). Blastomyces urine antigen test was negative. Che has improved on Cerenia, pred (25 mg SID), and was started on itraconazole (200 mg BID) while Blastomyces urine antigen test pending. Coughing is minimal and appetite is currently good. Thoracic radiographs from all 3 dates are submitted for your interpretation.
Abnormal PE/Chem/CBC/UA Results: : Biochemistry was WNL. CBC revealed mild thrombocytopenia with giant platelets and occasional nucleated RBCs (3 out of 100 cells counted). Blastomyces urine antigen test was negative.

RADIOGRAPHIC STUDY OF THE THORAX

A consecutive radiographic study of the thorax is provided for review. The radiographs are dated 2/3/21, 6/28/21 and 12/28/21

RADIOGRAPHIC FINDINGS

<u>Thorax 2/3/21</u>

Multifocal mild spondylosis formation is seen along the thoracic spine. The costal cartilages present mild to moderate degenerative changes.

Multiple small subcutaneous nodules are seen along the subcutaneous tissue of the neck, measuring up to 6 mm in size.

The extrathoracic soft tissues present homogeneous without abnormalities.

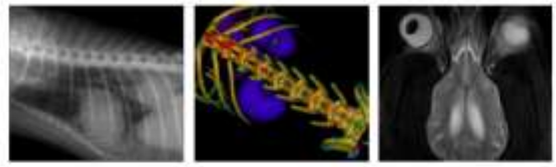
The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

A redundant tracheal membrane is bulging into the lumen of the cervical tracheal segment.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity with interspersed



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punctuate mineralization; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

<u>Thorax 6/28/21</u>

The lung parenchyma is fairly inflated, accentuating a generalized moderate ground glass opacification of the lung parenchyma, effacing the peripheral lung vessels. The lung pattern is likely accentuated by hypoinflation of the lung parenchyma.

No additional findings.

<u>Thorax 12/28/21</u>

Multifocal throughout the lung parenchyma, well-defined, soft tissue opaque nodules of variable size, measuring approximately up to 12 mm in size are visible.

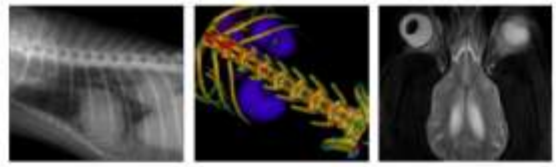
No additional findings.

RADIOGRAPHIC DIAGNOSIS

- Structured nodular interstitial lung pattern, 12/28/21
- Interstitial pattern 6/28/21 – likely accentuated by hypoinflation of the lung
- Spondylosis deformans, stationary

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The structured nodular interstitial lung pattern is highly concerning for pulmonary metastatic disease, although granulomatous pneumonia is a potential I would likely expected accompanying lymphadenopathy, especially in chronic cases. Ultrasound guided FNA sampling and/or bronchoscopy including BAL can be used as advanced diagnostic tests, if applicable.



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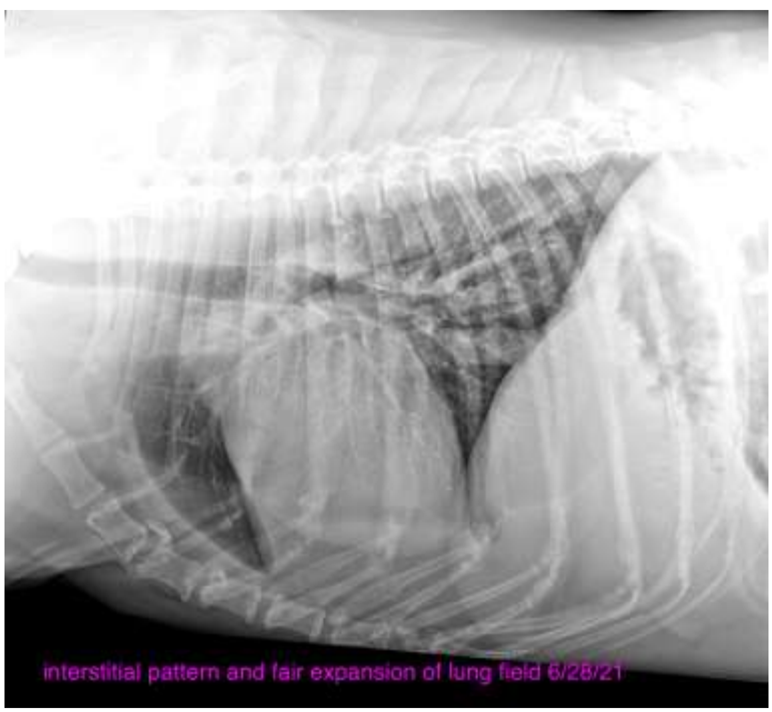
normal thoracic study 2/3/21



interstitial pattern and fair expansion of lung field 6/28/21

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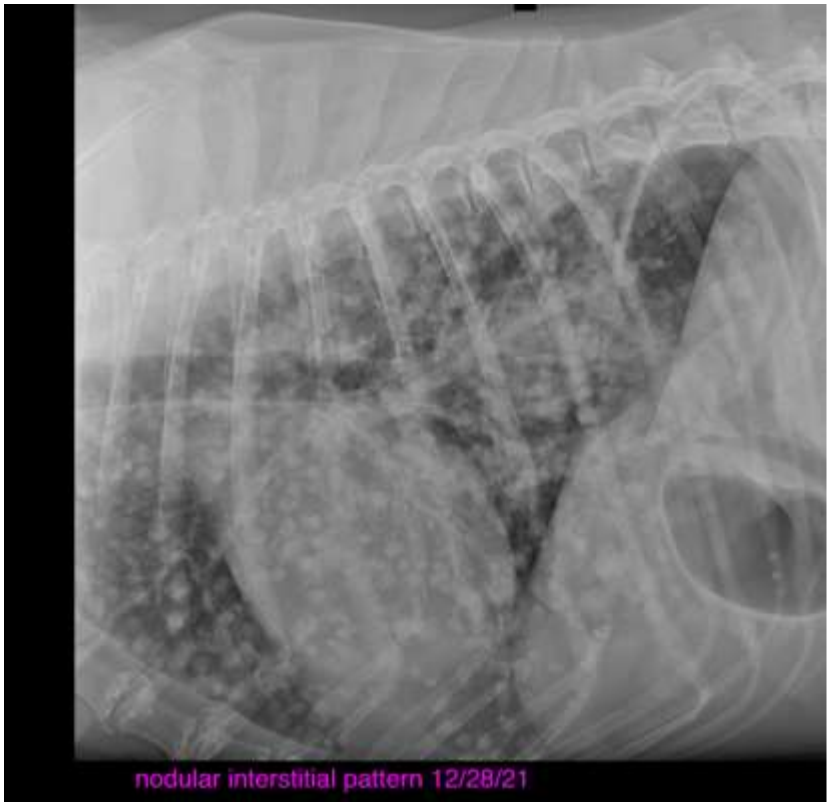

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com