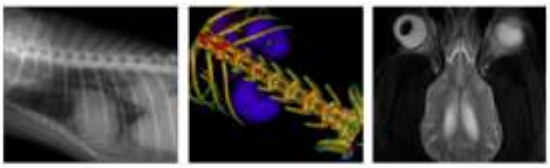
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bee Middlebrooks

SPECIES

K9

BREED

Terrier Mix

SEX

FS

AGE

15.5 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Reid Veterinary Hospital

REFERRING VET

Jeff Popowich

INVOICE

49748

DATE

1-21-22

PRESENTING CLINICAL SIGNS

Hx of chronic cough, previously diagnosed with tracheal collapse (via radiographs by rDVM). O reports cough is worsening lately, but no dyspnea, syncope or cyanosis. Pt also had a mast cell tumor removed from left thoracic limb approx 9 years ago. Pt currently has a couple large subcutaneous masses but no diagnostics performed. No current medications, administered joint supplement.
Abnormal PE/Chem/CBC/UA Results: Quiet inspiratory crackles right and left lung fields; eupneic; short coughing episodes, non-productive; ~10cm x20cm large, firm, subcutaneous mass in left inguinal region; 5cm soft, moveable, subcutaneous mass on ventral thorax; mild perivulvar erythema CBC/Chem/T4/UA pending

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The body condition score is 8/9

The surrounding bony structures are within normal limits.

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 effaced by the pulmonary pattern.

The trachea is normal in diameter and presents the anticipated course, mild mineralization of the tracheal rings is present. The luminal outline of the trachea is smooth.

A metal opaque air-gun pellet is seen in the most caudoventral aspect of the lung – suspect accessory lung lobe. The lung parenchyma presents a generalized mild to moderate ground glass opacification.

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

RADIOGRAPHIC DIAGNOSIS

- Obesity
- Moderate unstructured interstitial lung pattern
- Air-gun pellet caudoventral aspect of lung – suspect region of accessory lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate unstructured interstitial lung pattern is likely accentuated by the obesity and is not specific, potentials include:

· Fibrosis
· Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation, acute glomerulonephritis)

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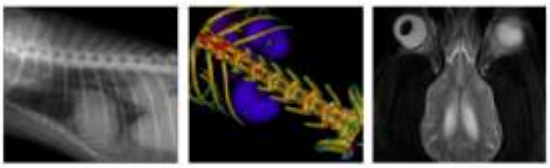

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· Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
· Autoimmune hemolytic anemia (AIHA)
· Polycythemia
· Tumor (lymphoma, lymphomatosis carcinogenos, myelocytic leukemia)

I consider the odds for the first two points highest here. Bronchoscopy including Bal can be used Consider weight management, as obesity is a known predisposing factor for bronchitis, cough and impaired pulmonary function (decreased expansibility).

No tracheal collapse is appreciated in the current radiographic study – but might be dynamic.

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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
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