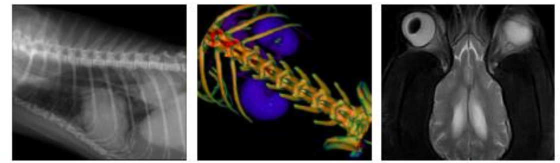


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bradley Hines

SPECIES

Canine

BREED

Rat Terrier

SEX

MN

AGE

9 Years, 8 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Kim Winters

INVOICE

50319

DATE

2-15-22

PRESENTING CLINICAL SIGNS

Bradley presented today for a consult. There were xrays and bloodwork done in October. Per the owner the Xray was clear. Labwork was within normal limits aside from mild BUN and SDMA elevations. He has been losing weight for about 4 months . Bradly has never been big eater. They currently cook his food and they follow a nutritionist's advice. In early Feb, he had neck or back spinal pain and xrays taken at that time, showed evidence of disc disease and a nodule within the right caudal lung lobe. Bradley is currently lethargic and not wanting to go for full walks. His veterinarian had prescribed Rimadyl and methocarbamol in early Feb but his folks have not been giving those for past couple days. Fainted about 3-4 months ago. He had gotten out of bed and starting to cough. He seemed to have a hard time catching his breath and then fainted. 2nd event - He tends to get very excited about the TV. He started barking at the TV and then got wobbly/woozy but did not fully pass out. 3rd event likely occurred about a year ago. He had woken up with the garbage truck came by. He was barking a lot, then fell down and was rigid. All events sound like syncopal event due to lack of oxygen related to coughing and/or barking. He has coughed since he was adopted about 4 years ago. His cough has progressively become more frequent. He tends to cough a lot at night. Exercise and excitement to not seem to trigger the cough. HIs cough is frequent - when sleeping, when awake, with play, when drinking water. The cough is hacking type cough with a terminal gag. More recently, he has also had a wheeze.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull, thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. A mild to moderate horizontal bone loss is seen in all jaw quadrants.

Moderate atrophy of the nasal conchal structures is seen.

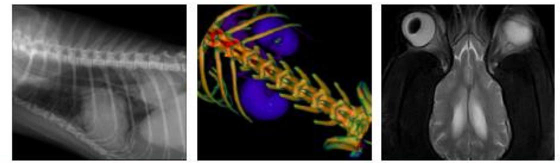
Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax



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The intervertebral disc spaces C4/C5, C6/C7, T13/L1 to L2/L3 are collapsed and chronic osseous remodeling of the subchondral bone of the respective vertebral endplates is seen.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The left ventricle presents with a decreased volume of the left ventricle and the ventricular wall appears thickened.

Segmental saccular widening of the first degree bronchus of the right & left cranial lung lobe is seen.

The right middle lung lobe presents a moderately decreased volume, and the parenchyma is consolidated with air-bronchograms. A focal round mineralization is seen in the lateroventral aspect of the right caudal lung lobe

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The right kidney presents a moderately decreased volume with mild irregular margins. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Mild hyperattenuating gravity dependent material is visible in the ventral aspect of the urinary bladder.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

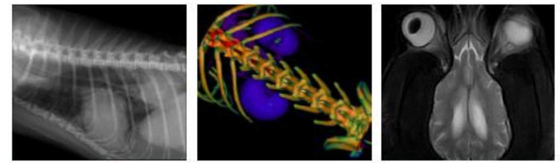
The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Possible concentric hypertrophy left ventricle
- Destructive rhinitis
- Saccular bronchiectasis cranial lung lobes bilaterally
- Atelectasis right middle lung lobe
- Right sided chronic nephropathy



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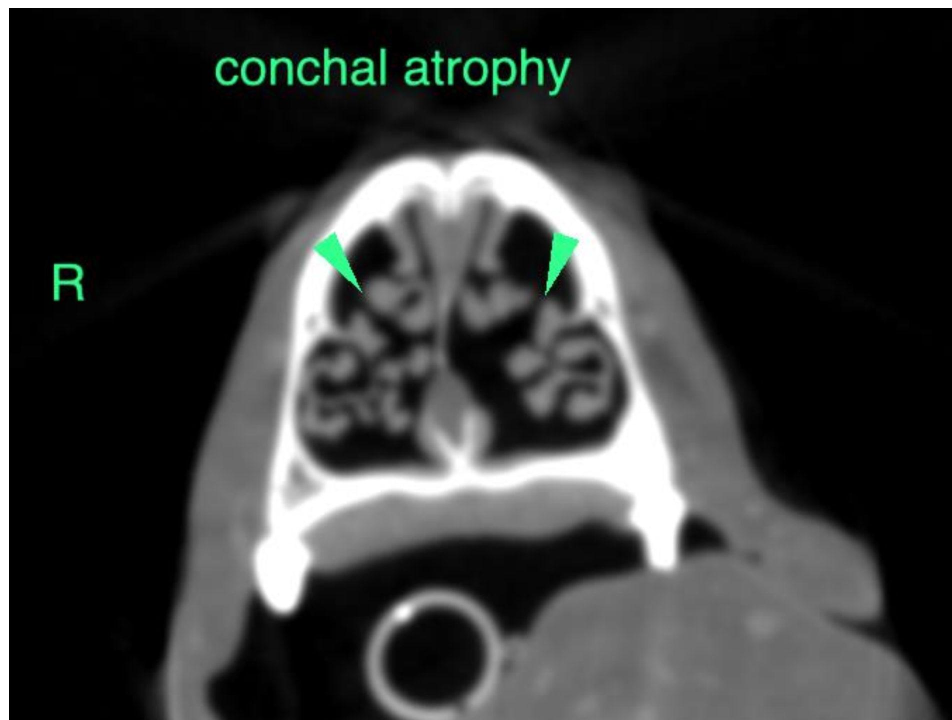
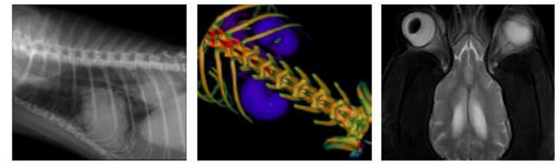
- Chronic discopathy C4/C5, C6/C7, T13/L1 to L2/L3
- Generalized periodontal disease
- Suspect crystalluria
- Multiple absent teeth
- Pulmonary osteoma right caudal lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of the heart by CT is limited, but the left ventricle appears hypertrophic – which can be a sequela to hypovolemia, systole, left ventricular outflow obstruction (commonly eccentric hypertrophy) or underlying cardiomyopathy. Consider complementing workup by a cardiac echo.
The bronchiectasis in combination with the destructive rhinitis can be a sequela to chronic inflammatory non-specific airway disease – such as eosinophilic, lymphoplasmacytic or mixed inflammation. The findings explain the history of cough. The bronchiectasis is also a predisposing factor for recurrent airway infection/inflammation due to the impaired mucociliary bronchial clearance.





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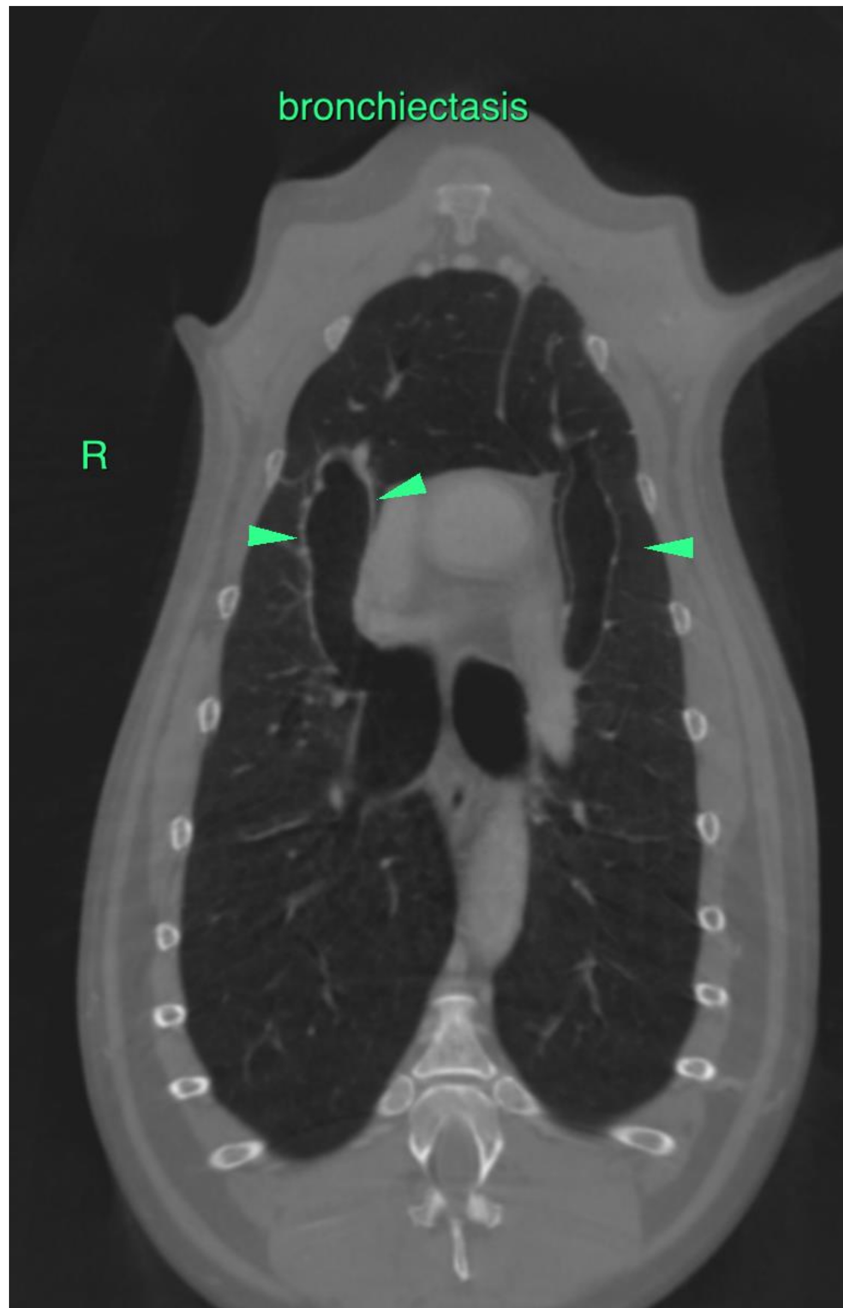

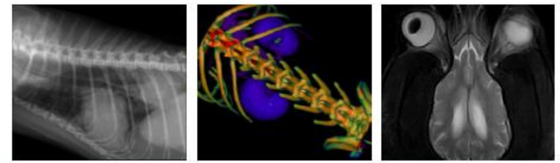

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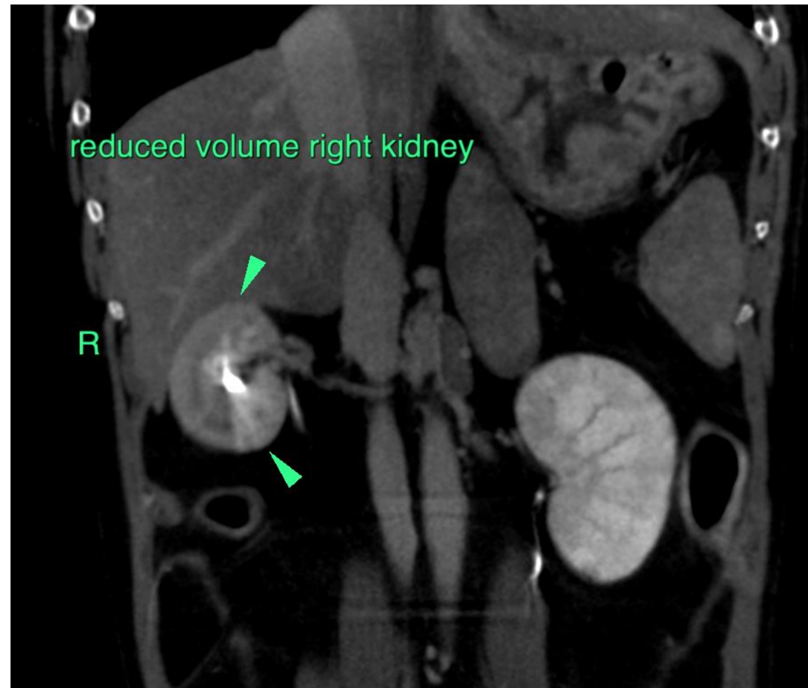

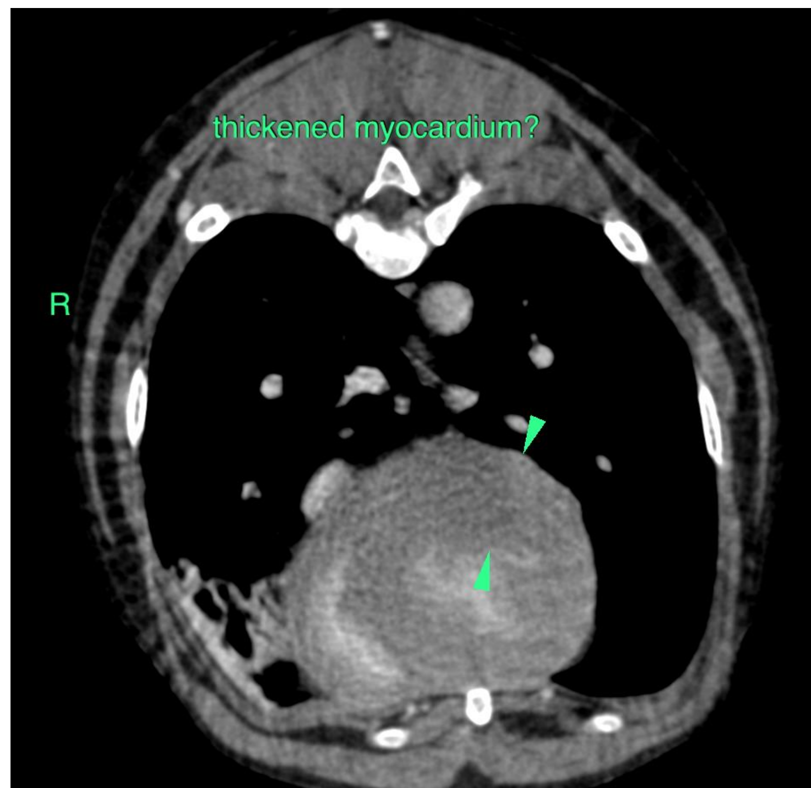

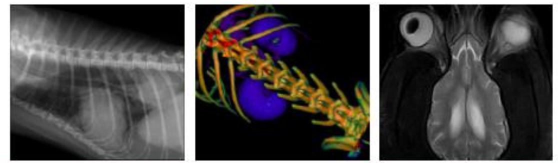

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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