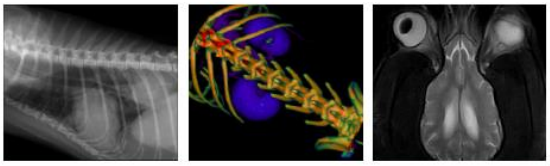

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1-800-838-4268 info@sonopath.com

PATIENT

Jackson Ropelato

SPECIES

Canine

BREED

Labrador Retriever X

SEX

MN

AGE

8 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mountain West Veterinary Hospital

REFERRING VET

Melanie Thompson

INVOICE

57802

DATE

4-13-23

PRESENTING CLINICAL SIGNS

1. Left cranial lung lobectomy 12/06/2022 - histopathology exuberant reaction to arthropod inhalation. Additional consultation regarding the 0.4 um, refractile, organized structure. Consultation revealed this to be an arthropod of some type, such as a flea, fly, mite, etc. It is possible this was inhaled down into the lung, resulting in the exuberant reaction. 2. Cough - after he is hyper 3. Thoracic radiographs - Pneumothorax appears mild, but left cranial thorax mass/bulla?

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review. Images are provided in JPEG file format.

RADIOGRAPHIC FINDINGS

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 heart is centralized and the apex of the heart is tilted to the left. 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.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

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

In the left cranial pleural cavity, at the dorsal aspect of the cranial part of the left cranial lung lobe, an ovoid shaped, gas opaque lesion, demarcated by a thin soft tissue capsule is appreciated – no pulmonary vessels can be appreciated within the center of the lesion. A triangular shaped soft, mild ill-defined soft tissue opacity is seen cranial to the heart in the lateral projections. A small amount of free pleural gas is seen in the mild tilted VD projection in the left hemithorax.

The lung parenchyma presents the expected architecture and opacity; 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.

RADIOGRAPHIC DIAGNOSIS

- Mild pneumothorax – may be limited to the left pleural cavity
- Thin wall gas filled cavitary lesion left cranial hemithorax
- Triangular shaped ill-defined soft tissue opacity cranial to the heart
- History of (partial?) lobectomy left cranial lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is suggestive for a prominent bulla in the region of the cranial part of the left cranial lung lobe, a second small bulla might be present in the caudodorsal aspect of the large cavitary

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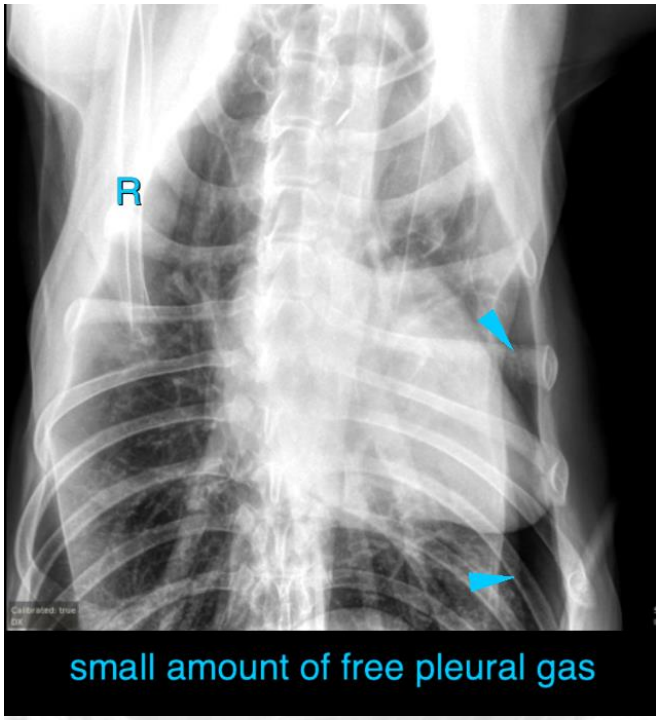
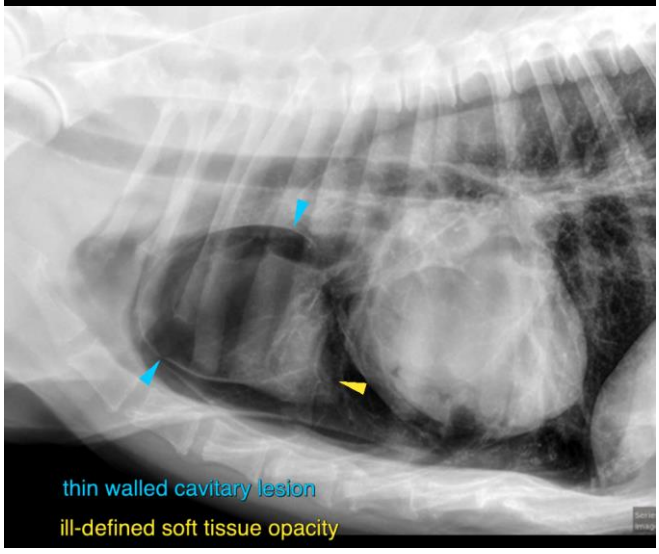
lesion. In combination with the mild pneumothorax, trapped gas in pleural folds is a consideration. The triangular shaped soft tissue opacity can present a consolidated portion of lung – secondary to the supposed bulla – or a small mediastinal mass (e.g. thymoma), less likely pulmonary mass – consolidated lung is considered most likely. Depending on the development of pneumothorax a CVT study might be considered for further workup.

The midline shift of the heart to the left can be a sequela to the lung lobectomy.





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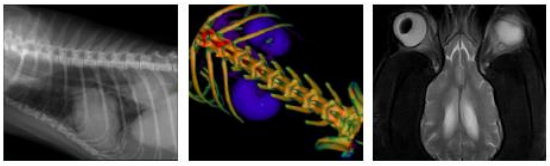

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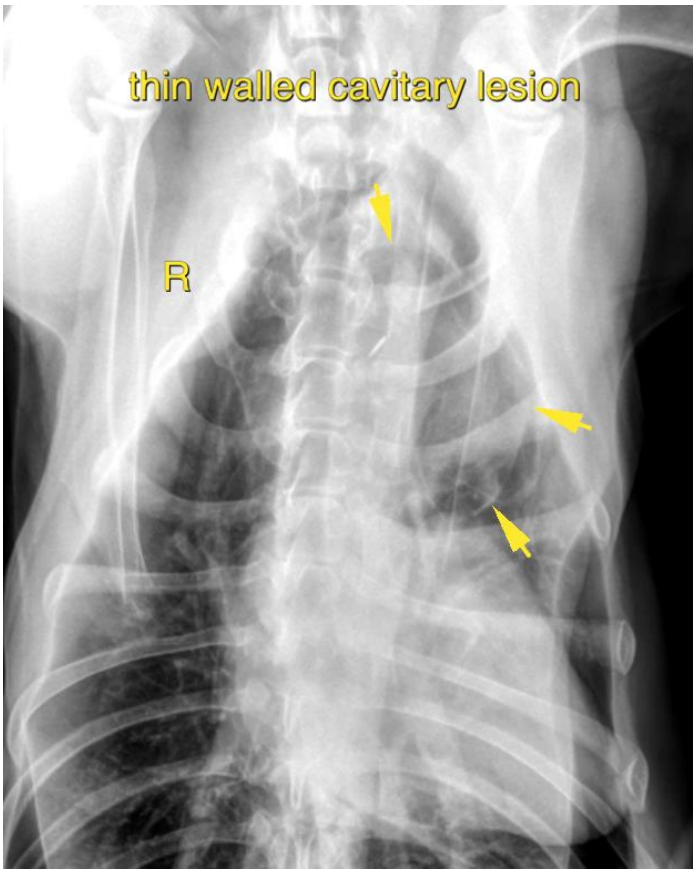

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com