SonoPath Teleradiology

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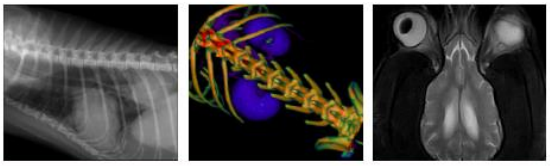

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mollie Malone Tansey

SPECIES

K9

BREED

Beagle

SEX

FS

AGE

12 Years, 6 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Blairstown Animal Hospital

REFERRING VET

Dr. Leal

INVOICE

51754

DATE

4-26-22

PRESENTING CLINICAL SIGNS

Mass noted in thorax on radiographs. Unable to see with ultrasound Current Meds: Temaril P, hycodan (for cough), butorphonol (sometimes)

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Multifocal mild spondylosis formation is seen along the thoracic spine. The intervertebral disc T9/T10 is mineralized. Both shoulder joints present mild osteophyte new bone formation.

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 cardiovascular structures including the pulmonary vasculature are within normal limits.

The lung parenchyma presents a generalized ground glass attenuating parenchyma. Cylindrical widening of multiple bronchial segments is appreciated. The ventral dependent aspect of the right middle lung lobe is consolidated and presents a decreased volume.

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

The spleen presents with a post contrast well-defined intraparenchymal strong contrast enhancing nodular lesion, measuring 8 mm in diameter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized mild unstructured interstitial lung pattern
- Cylindrical bronchiectasis
- Mild degenerative osteoarthrosis shoulder joints bilaterally
- Chondroid disc degeneration T9/T10
- Intraparenchymal nodular lesion of the spleen
- Spondylosis deformans
- Dystelectasis ventral dependent aspect right middle lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the mild interstitial pattern and the bronchiectasis of multiple bronchial segments – indicating chronic inflammatory lower airway disease. Depending on the presenting clinical signs preceding broncho-pneumonitis is considered likely – infectious versus primary inflammatory origin. No thoracic mass is appreciated. Depending on the presenting clinical signs (cough?), the CT study might be complemented by bronchoscopy including BAL.

The splenic intraparenchymal nodule is most consistent with nodular hyperplasia or extramedullary hematopoiesis. Ultrasound guided FNA sampling of the spleen can be used to confirm the diagnosis and rule out malignant infiltration.

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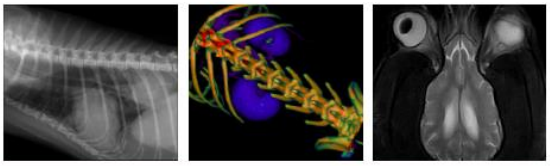

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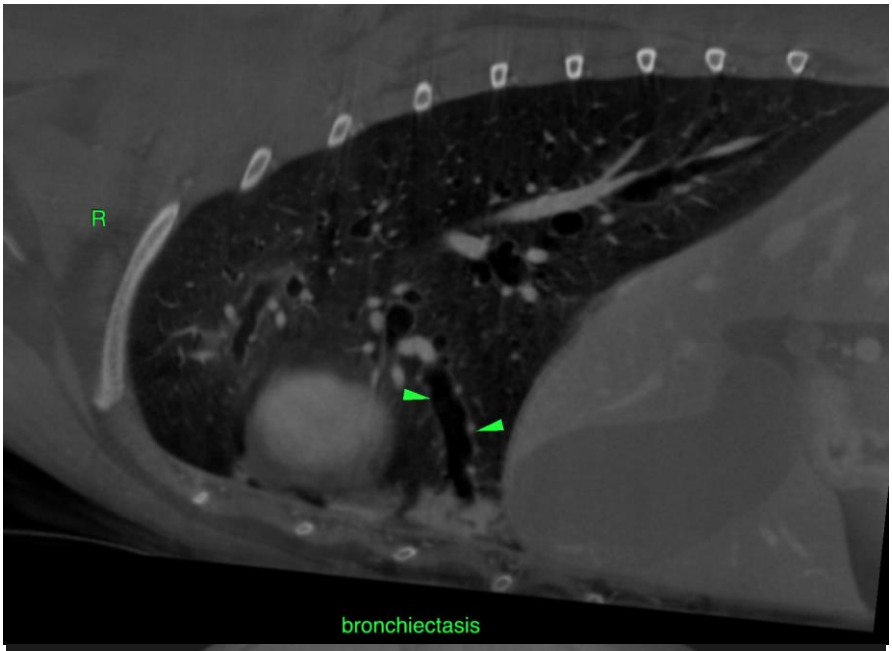

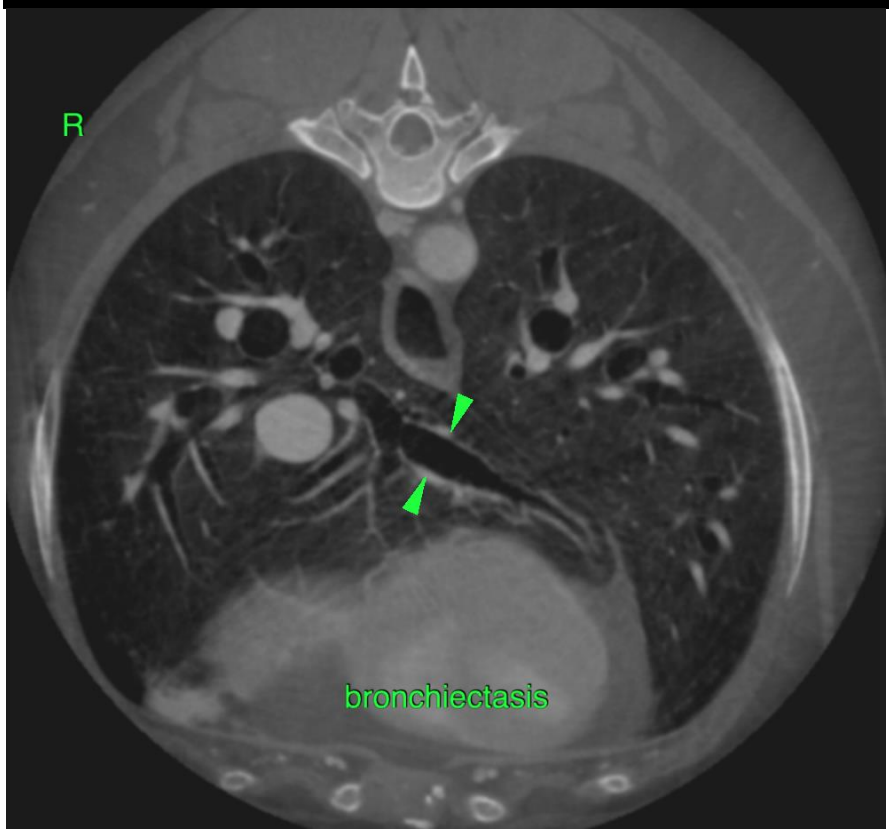

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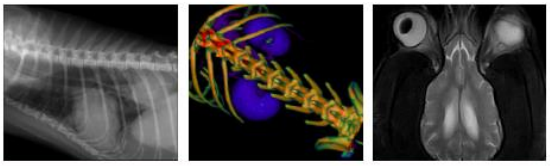

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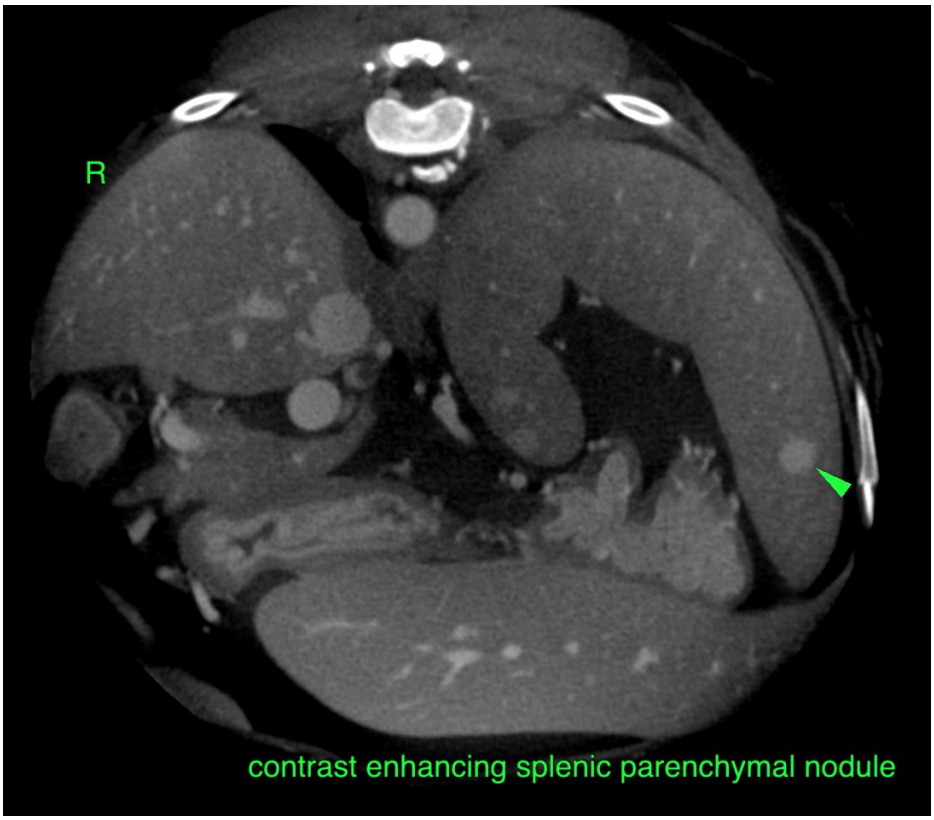

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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