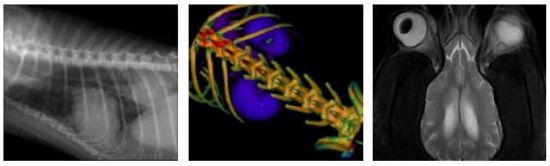
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Henry Christie

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

AGE

13 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Sunridge Vet Clinic

REFERRING VET

Dr. Magill

INVOICE

52193

DATE

5-31-22

PRESENTING CLINICAL SIGNS

Previous study done on April 2, 2022 invoice # 51402. Productive cough, episode of collapse, decreased exercise tolerance, appetite is off. Increased chest sounds bilaterally, cardiac irregularity heard, but not shown on ECG.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

Multifocal mild to moderate spondylosis formation is seen along the mid thoracic spine.

A moderate amount of soft tissue opaque material is present in the pleural cavity bilaterally. The lung lobes are retraced from the thoracic wall and present a moderate increased radiopacity.

The cardiac silhouette is effaced by the pleural soft tissue material.

The extrathoracic soft tissues present homogeneous without abnormalities.

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

In the pictured parts of the cranial abdomen, the hepatic volume appears more prominent, and the hepatic margins are subjectively more rounded in comparison to the preceding radiographic study.

RADIOGRAPHIC DIAGNOSIS

- Moderate pleural effusion
- Hepatomegaly with rounded margins
- Generalized increased radiopacity of the lung, secondary to pleural effusion
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is consistent with moderate pleural effusion which was not present in the previous radiographic study of the thorax and transudate, or exudate are considerations. An underlying cause for the pleural effusion cannot be appreciated in the current radiographic study, but the progressive hepatic enlargement – rule out hepatic neoplastic transformation, hepatitis or unlikely liver lobe torsion; all differentials might cause pleural effusion. Other causes for pleural effusion include neoplasia, pancreatitis, coagulopathy, hypalbuminemia, chylothorax, cardiac disease, vasculitis. Further workup warrants tapping the pleural effusion and complete fluid analysis. A complete abdominal ultrasound examination and cardiac echo appear beneficial as well. A CT study of the thorax and abdomen can be used as advanced imaging modalities as well.

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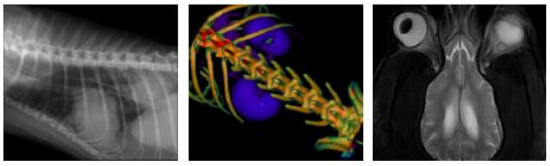

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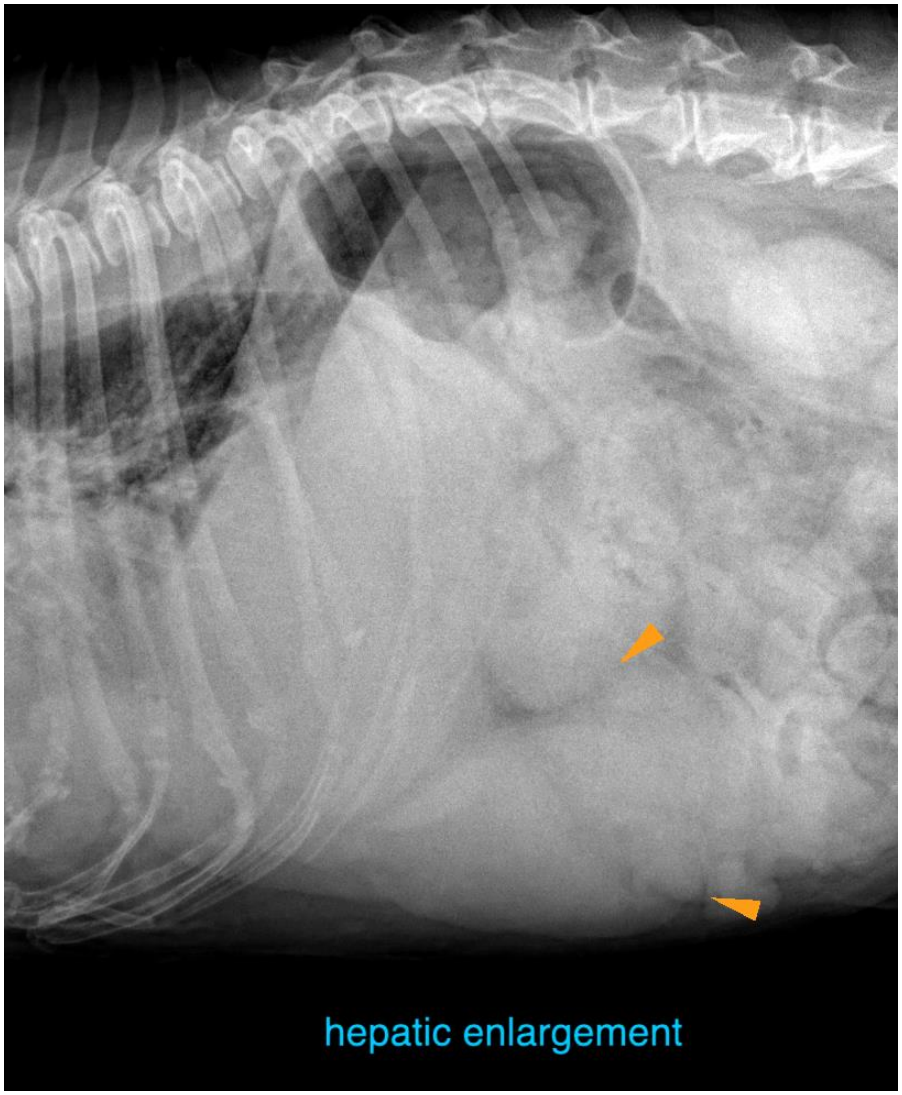

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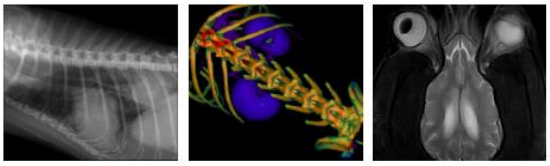

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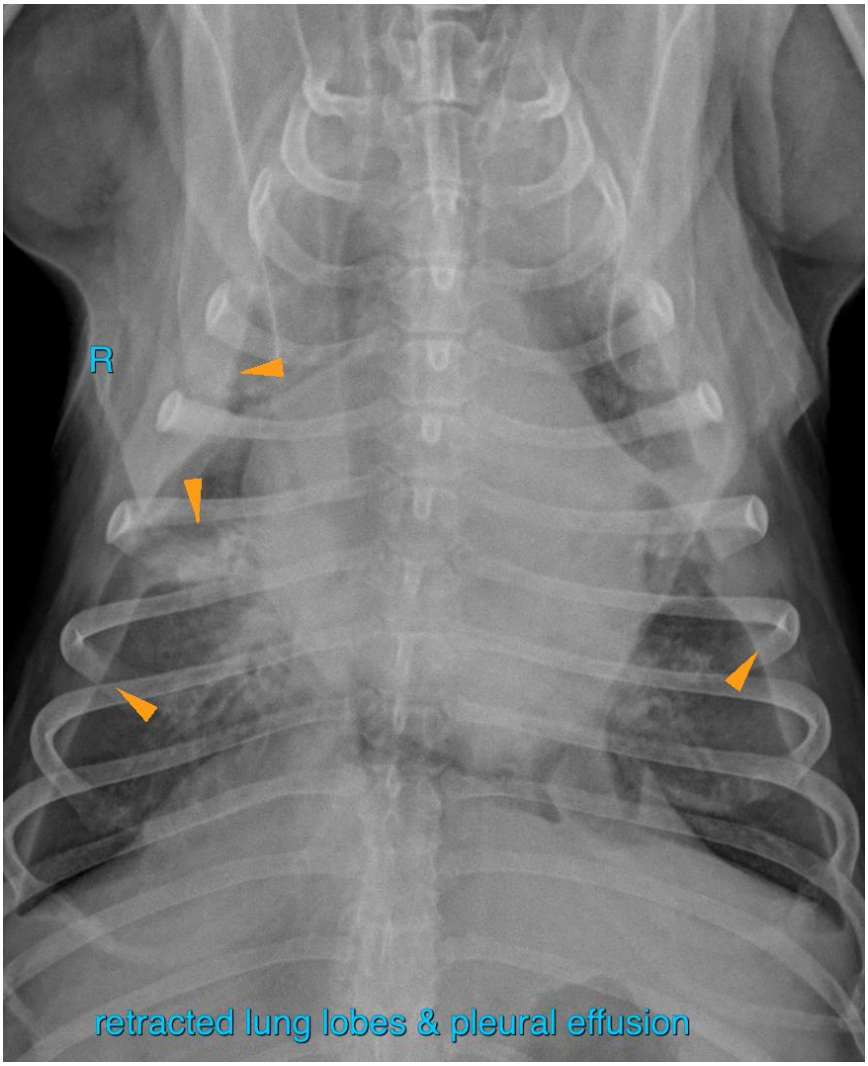

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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