SonoPath Teleradiology

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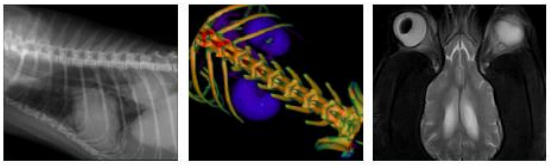


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ruby Shales

SPECIES

Canine

BREED

Pug

SEX

SF

AGE

16 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Truscott Animal Hospital

REFERRING VET

Dr. Mena Abdelsayed

INVOICE

52615

DATE

6-28-22

PRESENTING CLINICAL SIGNS

Difficulty breathing
Abnormal PE/Chem/CBC/UA Results: Difficulty walking due to increased and deep respirations.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study including the thorax and abdomen in three imaging planes is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

Moderate spondylosis formation is seen along the thoracic spine. The pictured parts fo the elbow joints present evidence of moderate osteophyte new bone formation.

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 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 intrathoracic tracheal segment presents a mild undulating course and dynamic complete collapse of the intrathoracic segment of the trachea and the principial bronchi is appreciated.

The esophagus contains a mild to moderate amount of gas.

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

The lung parenchyma presents the expected architecture and generalized mild to moderate increased radiopacity, caused by an unstructured reticular pattern; 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.

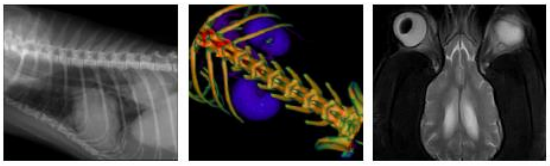
Abdomen

The intervertebral disc spaces T13/L1, L1/L2, L3/L4 and L4/L5 are collapse and multifocal moderate spondylosis formations is seen along the lumbar spine. Convex shaped mineral opaque material is superimposed on the neuroforamina L1/L2 and L3/L4.

Both coxofemoral joints present advanced osteophyte new bone formation.

Superimposed on the region of the left kidney and over the retroperitoneal space ventral to L3, irregular mineralized bodies measuring up to 7 mm in length are appreciated. Multiple irregular mineral opaque bodies are seen superimposed on the descending colon/dorsal aspect of the urinary bladder

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.



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The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The hepatic volume is moderately increased the liver is protruding beyond the costal arch; the gastric axis is deviated caudally. The caudoventral hepatic margins are rounded.

The splenic head is in the anticipated position and within normal limits for size and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

The stomach presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

- Tracheal (intrathoracic segment) and bronchial collapse
- Hepatomegaly
- Suspect nephrolithiasis
- Possible ureterolithiasis or dystrophic mineralization of the overlying soft tissues
- Chronic discopathy T13/L1, L1/L2, L3/L4 and L4/L5
- Possible intervertebral disc protrusion L1/L2 and L3/L4 versus superimposed dystrophic mineralization/lateral spondylosis formation
- Generalized mild to moderate unstructured interstitial lung pattern
- Advanced Degenerative osteoarthrosis elbow joints bilaterally
- Degenerative osteoarthrosis coxofemoral joints bilaterally
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tracheal collapse of the intrathoracic segment and bronchial collapse can be a source for cough but should not be associated with dyspnea, as the trachea & bronchi are pulled open during inspiration due to negative intrathoracic pressure and is commonly a source for cough. No additional abnormality, can be specified, explaining the difficulty breathing, rule out upper airway obstruction as well.

The mineralization along the retroperitoneal space can present nephrolithiasis and ureterolithiasis. Dystrophic mineralization of the overlying soft tissues or mineralized material in the intestinal tract are differentials as well.

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.

The intervertebral disc protrusions can be a source for paresis if associated with spinal cord compression.

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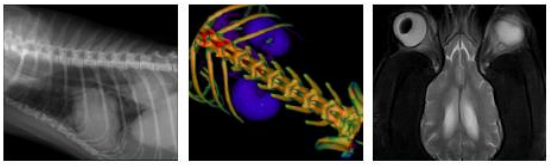

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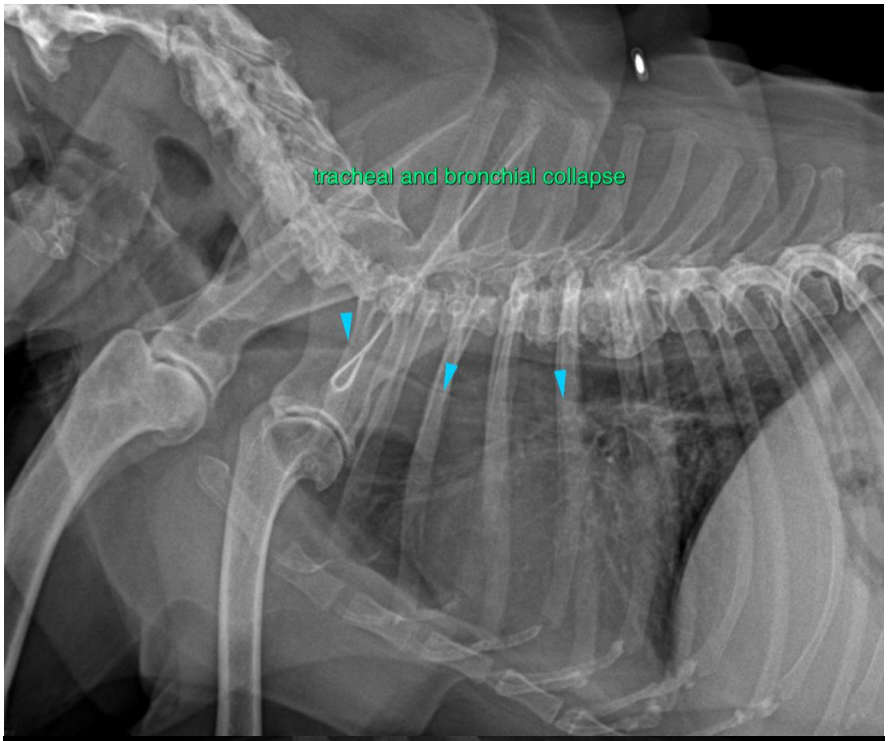

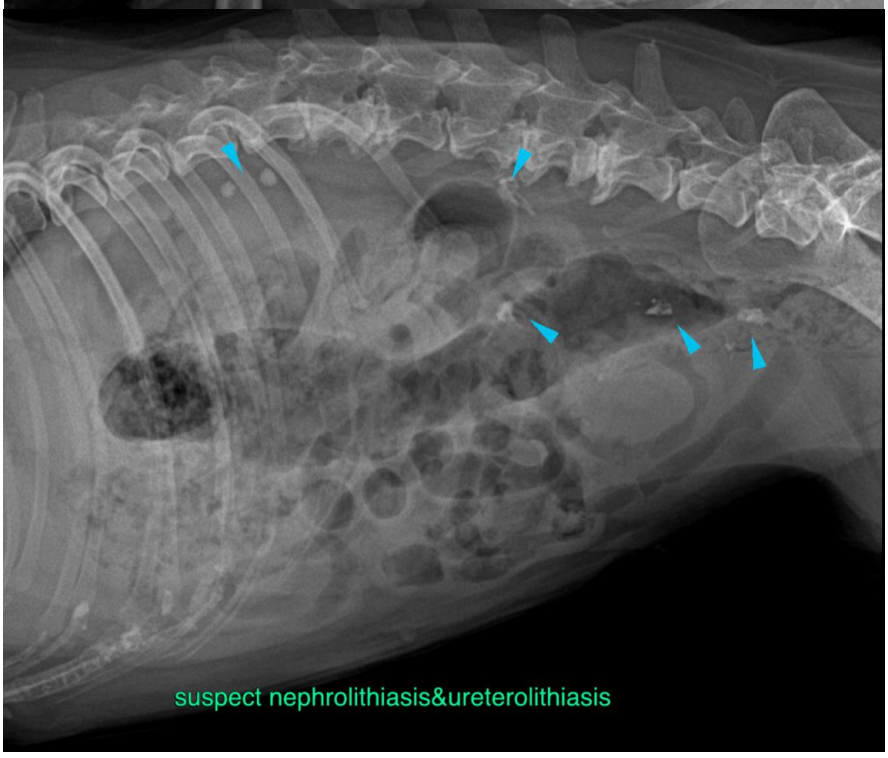

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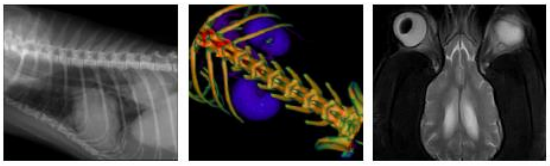

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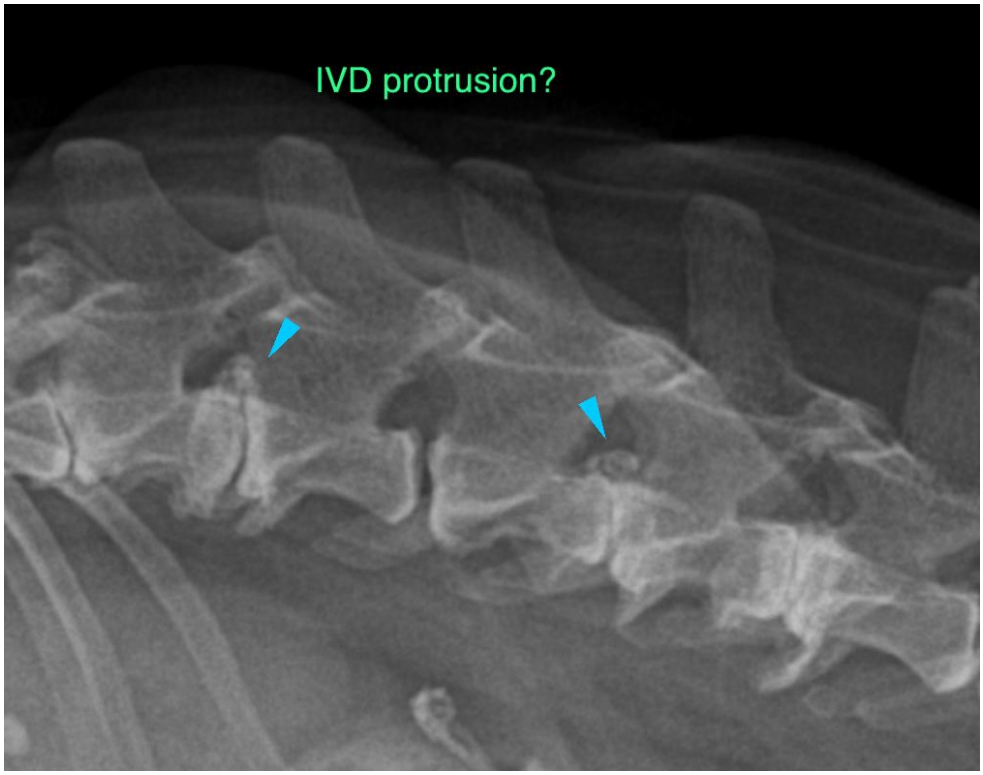

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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