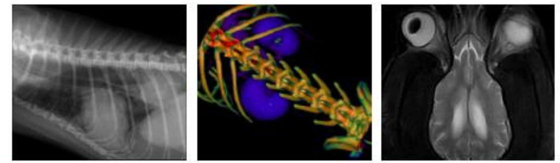


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Parker Slade

SPECIES

Canine

BREED

Shep X

SEX

MN

AGE

11

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Lomsnes Veterinary Hospital

REFERRING VET

Dr. Carli Chalmers

INVOICE

52735

DATE

7-6-22

PRESENTING CLINICAL SIGNS

Last twoweeks has been slowing down - less stamina on walks, owners note increased respiratory rate even when sleeping. No coughing noted. Does have arthritis / MSK pain that is not well managed. 10 days ago isolated incidence of dark tarry stool, has been normal before and since. >6 months ago had episode of severe gastroenteritis requiring hospitalization, abd u/s.
Abnormal PE/Chem/CBC/UA Results: Weight is stable / increasing. On auscultation noted quiet lung sounds / muffled heart sounds in ventral thorax, more notable on the right. Normal rhythm and rate, no murmur noted. CBC: Hct 41% (down from 43% Dec 2021), CBC NSF, no stress leukogram. CHEM ALKP 1581 U/L, up from 858 U/L (Dec 2021), otherwise NSF. UA NSF. Concern for pleural effusion, mass, cardiac dz... Dec 15 2021 - sonopath abdominal U/S report findings as follows: Coarse splenomegaly with multifocal nodules including a target lesion – Coarse splenomegaly can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. While target lesions have been associated with benign disease, they are often indicative of malignancy. Differentials include infiltrative round cell neoplasia versus malignant neoplasia versus less likely but possible benign extramedullary hematopoiesis, nodular regeneration, etc. • Hyperechoic hepatomegaly– most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely. • Early mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele. • Mesenteric lymphadenopathy – most consistent with reactive disease. However, infiltrative neoplasia cannot be ruled out. • Gastric stasis and proximal small bowel dilation – consistent with an obstructive pattern caused by a focal hyperechoic structure/mural mass in the distal duodenum/proximal jejunum. Foreign body and/or infiltrative disease such as neoplasia are both differentials for the obstruction.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The vertebral endplates T5/T6 present moderate spondylosis formation. The costal cartilages present moderate spondylosis formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

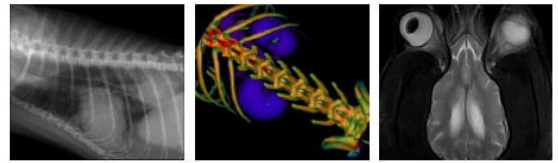
The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

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 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.

The lung parenchyma presents the expected architecture and opacity with randomly distributed punctuate mineralization; the intrapulmonary vascular branching is seen up to the third order



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lung vessels.

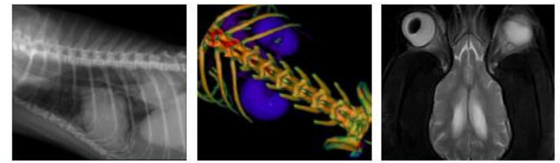
The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Pulmonary osteomas
- Degenerative changes costal cartilages
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the thorax presents without clinically relevant disease. The material in the ventral aspect of the thorax on the lateral views is most consistent with mediastinal fat. I do not see evidence of pleural effusion or intrathoracic mass.



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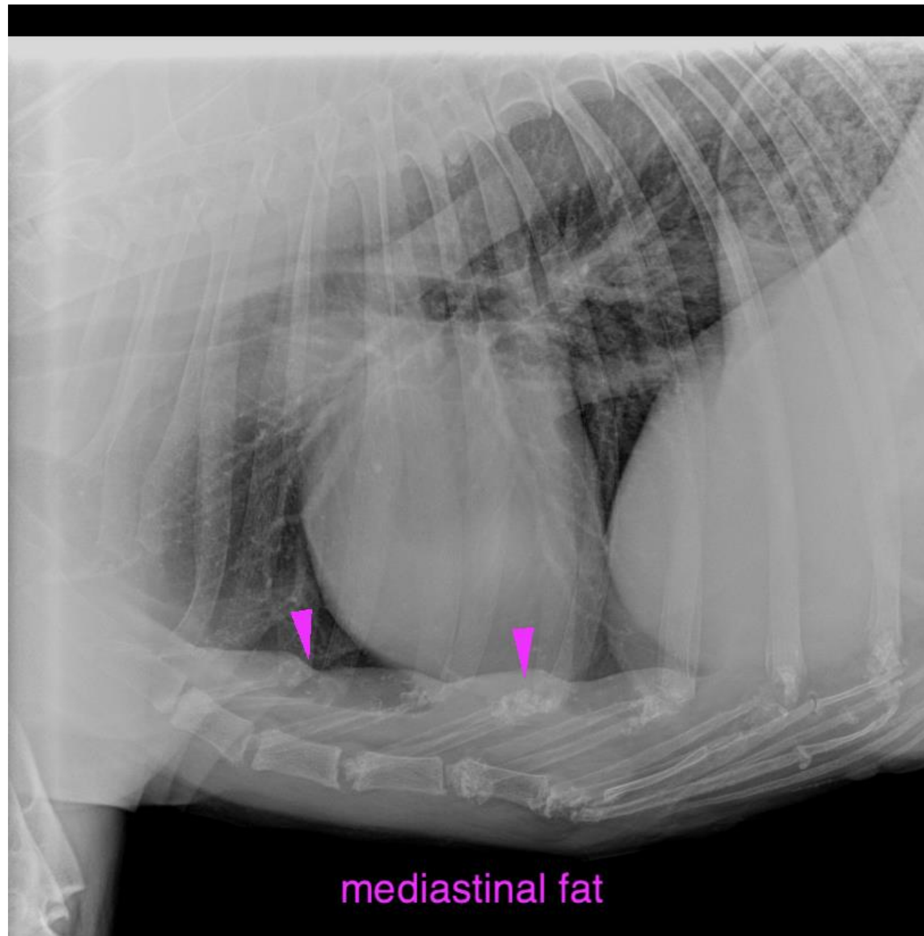

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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