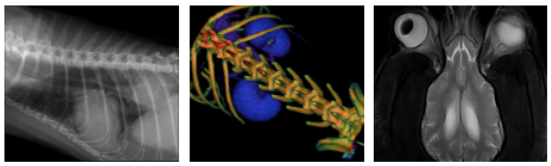
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jack McLaughlin

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Abina Glennon

INVOICE

44534

DATE

8/7/23

PRESENTING CLINICAL SIGNS

Dyspnea and cough.
Abnormal PE/Chem/CBC/UA Results: Bloods pending

RADIOGRAPHIC STUDY OF THE THORAX

A right & left lateral projection of the thorax are provided for review.

RADIOGRAPHIC FINDINGS

The body condition score is 8/9.

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 pulmonary vasculature is within normal limits.

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

An increased visibility of the bronchial walls is appreciated. The main stem bronchi are moderately dorsoventrally flattened in the left lateral projection.

The lung parenchyma presents a generalized increased radiopacity, caused by an unstructured reticular lung pattern; the intrapulmonary vascular branching is seen up to the third order lung vessels. Multifocal throughout the lung parenchyma, well-defined, variable sized nodular soft tissue opacities are seen.

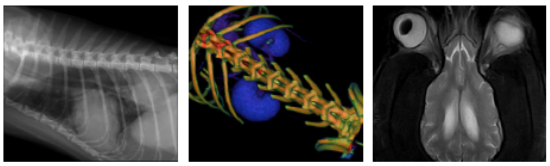
Likely the left crus of the diaphragm is in a far cranial position in the right & left lateral projection – extending up to the level of T8/T9. The hepatic volume is increased.

RADIOGRAPHIC DIAGNOSIS

- Structured nodular interstitial lung pattern
- Bronchial lung pattern with interstitial component
- Suspect bronchial collapse
- Cranial position of one crus of the diaphragm – suspect left crus
- Hepatomegaly
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The structured nodular interstitial lung pattern is highly suggestive for pulmonary metastatic disease. The cranial position of the diaphragm can be caused by phrenic nerve palsy (e.g. trauma, neoplastic, mediastinal pathology – no distinct abnormality in the lateral projections) or abdominal mass effect. A VD/DV projection of the thorax would allow further definition. The finding can contribute to the dyspnea.



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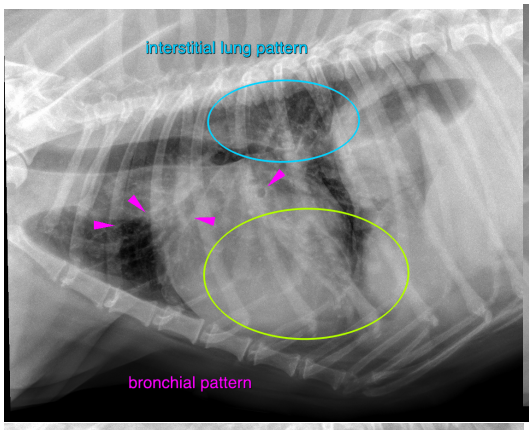
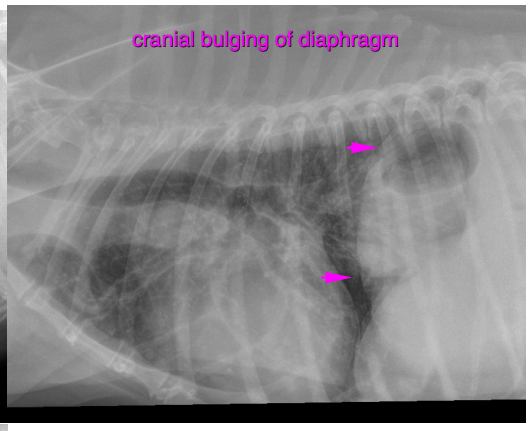
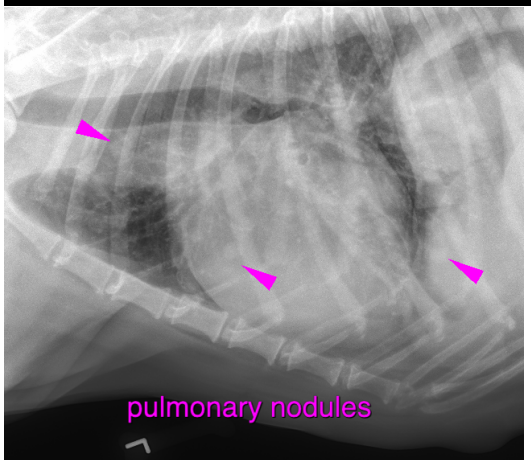
The bronchial lung pattern might present a second entity and is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. The recent onset of clinical signs is increasing the odds for primary infectious origin, such as canine infectious respiratory disease complex (CIRDS). The interstitial component can be accentuated by the obesity, decreased volume of the lung parenchyma and age related changes of the lung.

Obesity is also a known predisposing factor for cough an impaired pulmonary function. Recommend abdominal imaging as well to screen for primary neoplastic disease.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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.co