SonoPath Teleradiology

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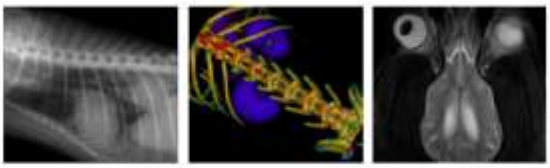

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lexi Kelley

SPECIES

Canine

BREED

Brittany

SEX

Female Spayed

AGE

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Blandford Animal Hospital

REFERRING VET

Hazel Holman

INVOICE

46908

DATE

8-9-21

PRESENTING CLINICAL SIGNS

Pleural effusion & nodule in chest 3/26/21. Dog on Baytril & Amox for 6 wks & since then has been pulsed on them once a wk a month. Dog clinically normal.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

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 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 – the left lung presents a generalized reduced volume due to dystelectasis; the intrapulmonary vascular branching is seen up to the third order lung vessels. A pleural fissure line is seen in the left lateral projection level with the 7th intercostal space. In the VD projection a thin pleural fissure line is visible between the left cranial & caudal lung lobe.

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

RADIOGRAPHIC DIAGNOSIS

- Pleural thickening versus very mild pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural fissure lines are equivocal for either a mild amount of pleural effusion or pleural thickening, possibly secondary to preceding pleuritis. No pulmonary nodule or intrathoracic mass are appreciated in the current radiographic study. Ultrasound can be used to rule out mild amount of pleural effusion completely.

Monitoring the patient on regular basis appears beneficial here. A CT study can be considered in case of strong suspicion of a pulmonary lesion.

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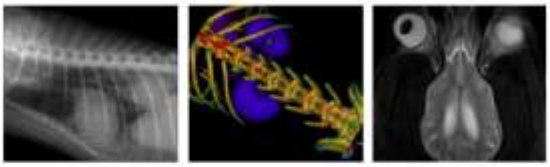

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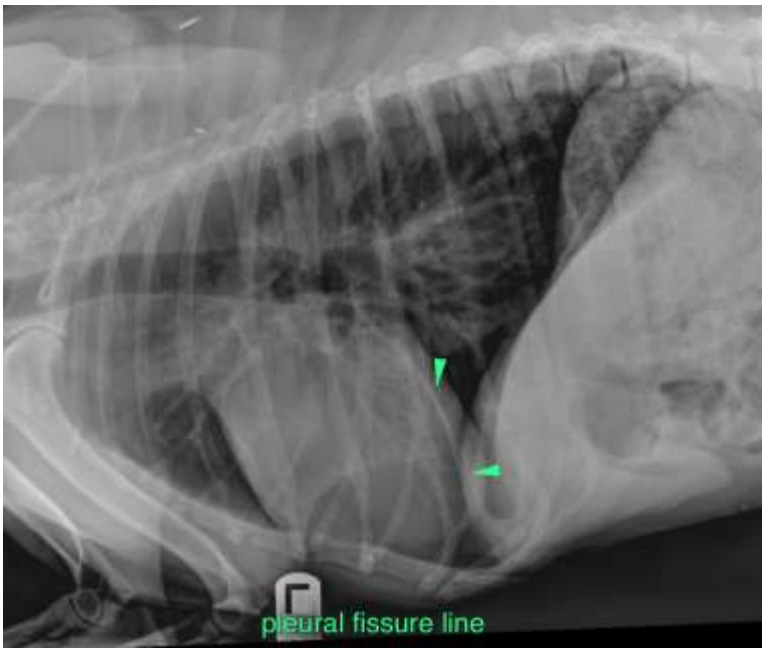

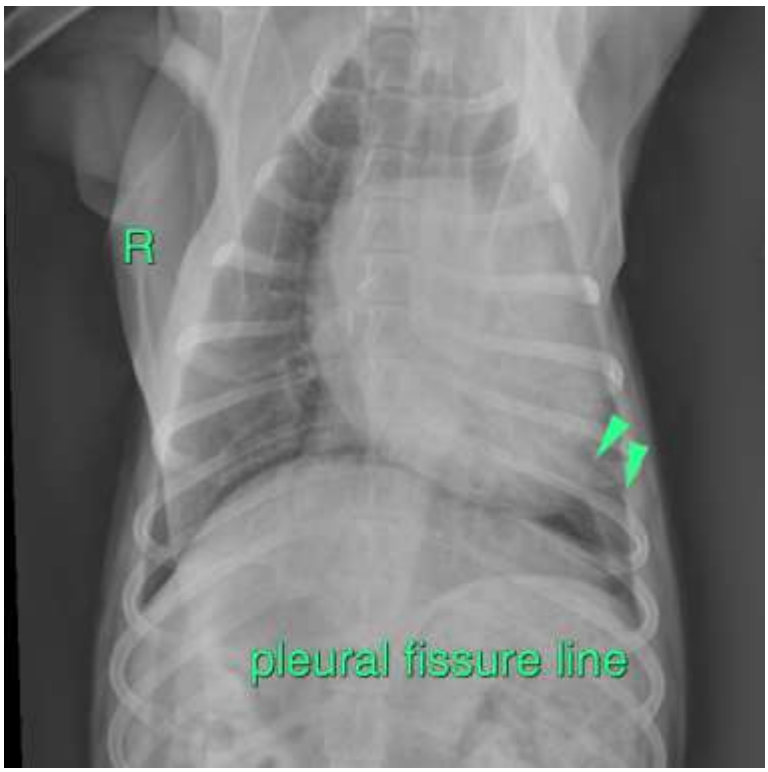

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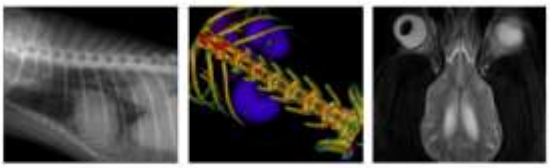

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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