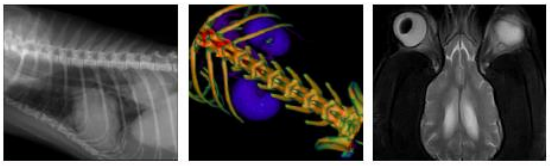

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nova Dunning

SPECIES

Canine

BREED

Canine

SEX

Spayed Female

AGE

10.5 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Cornelius VC

REFERRING VET

H. Flint

INVOICE

13219

DATE

9/21/21

PRESENTING CLINICAL SIGNS

History: Four day duration of coughing with recent inappetence. Patient had distemper as a puppy. No recent travel history out of the Pacific Northwest

Abnormal PE/Chem/CBC/UA Results: CBC and Chem 10 within normal limits

RADIOGRAPHIC STUDY OF THE THORAX

A complete set of radiographs of the thorax is provided for review.

RADIOGRAPHIC FINDINGS

Multifocal spondylosis formation is seen along the thoracic spine.

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.

Thin pleural fissure lines are seen.

In the hilar region an increased soft tissue opacity is noted with splaying of the principal bronchi and ventral deviation of one main bronchus in the right lateral bronchus is seen. There is a roundish soft tissue opacity visible in the cranial mediastinum, measuring approximately 1 intercostal space in size.

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

The lung parenchyma presents a generalized moderate unstructured reticular lung pattern, blurring the peripheral lung vessels.

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

RADIOGRAPHIC DIAGNOSIS

- Suspect lymphadenopathy tracheobronchial and cranial mediastinal lymph nodes
- Possible mild pleural effusion
- Unstructured interstitial lung pattern
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is concerning for generalized lymphadenopathy of the tracheobronchial and cranial mediastinal lymph nodes concerning for neoplastic transformation (e.g. round cell tumor). Granulomatous disease is a consideration as well. Ultrasound can be tried to visualize the enlarged cranial mediastinal lymph node and may allow FNA sampling. A CT study can be used as an advanced imaging modality to confirm the radiographic findings.

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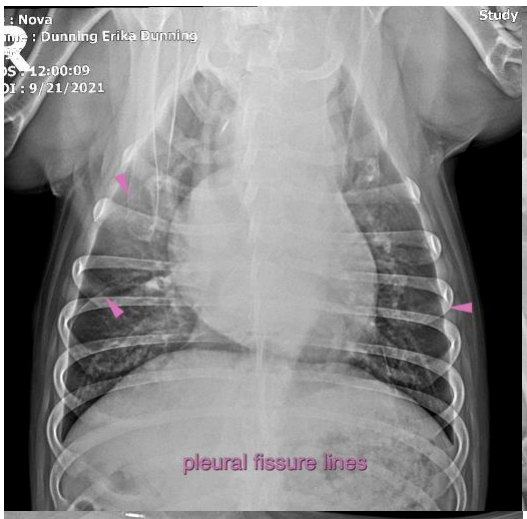
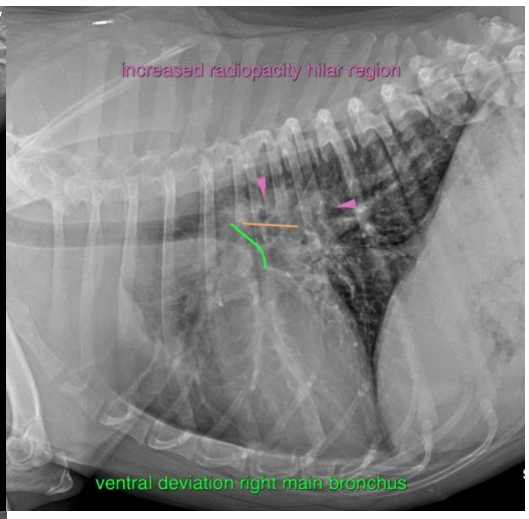
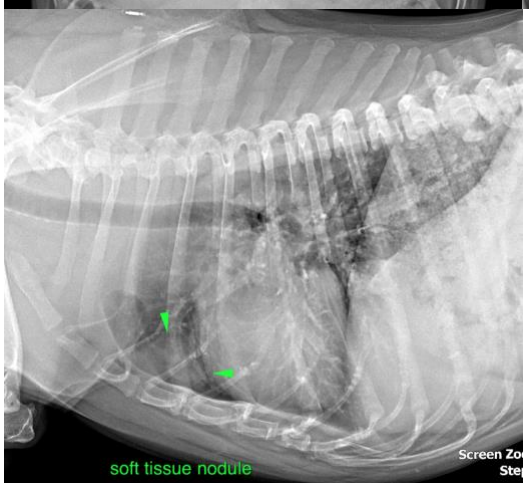
The unstructured interstitial pattern is not specific and can be accentuated by age related changes of the lung parenchyma. Other potentials include:

- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation, acute glomerulonephritis)
- Autoimmune hemolytic anemia (AIHA)
- Polycythemia
- Fibrosis
- Tumor (lymphoma, lymphomatosis carcinogenos, myelocytic leukemia)







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.

SonoPath Teleradiology

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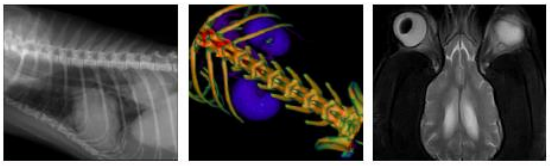

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