SonoPath Teleradiology

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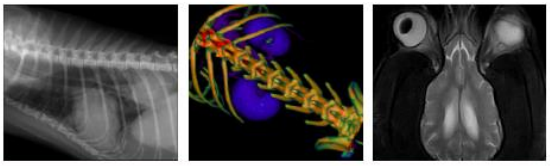

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sancho Canetti

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neuter

AGE

13 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr. Ferrer, DVM

INVOICE

53961

DATE

9-6-22

PRESENTING CLINICAL SIGNS

Pt presented for respiratory distress on 8-25-22. Pt had evidence of pericardial effusion and removed 60 mls of serosanguinous fluid. An echocardiogram was done and submitted to sonopath cardiologist. No cardiac abnormalities that will cause pericardial effusion. Presented again on 9-5-22 with respiratory distress and radiographs were taken. Pleural effusion was presented and removed 700mls of hemorrhage fluid. It was sent for cytology.
Abnormal PE/Chem/CBC/UA Results: Thoracic radiographs: Pending BW: 8-25-22 Mild leukocytosis

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

A consecutive radiographic study of the thorax is provided for review, images are dated 8/26/22 and 9/5/22.

There is evidence of progressive mild amount of soft tissue material in the pleural cavity and in the radiographic study dated 9/5/22 the lung lobes are retraced from the thoracic wall and pleural fissure lines are visible.

Multifocal throughout the lung parenchyma, soft tissue opaque nodular lesions are visible measuring up to 17 mm in diameter. The nodular lung pattern is significantly progressive in comparison to the preceding radiographic study and an accompanying unstructured reticular lung pattern is appreciated.

The vertebral enpdlates T4/T5 present mild spondylosis formation.

RADIOGRAPHIC DIAGNOSIS

- Progressive structured nodular interstitial lung pattern
- Mild pleural effusion
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is consistent with disseminated pulmonary metastatic disease and secondary mild paraneoplastic pleural effusion. Potentials include primary pulmonary neoplasia (e.g. lymphosarcoma, carcinoma) or metastatic. Thoracocentesis has already been performed and complete fluid analysis is recommend. Consider abdominal imaging to screen for primary abdominal neoplastic disease. Ultrasound guided FNA sampling of the appreciated pulmonary nodular lesions might be feasible as well.

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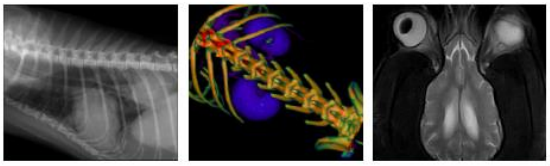

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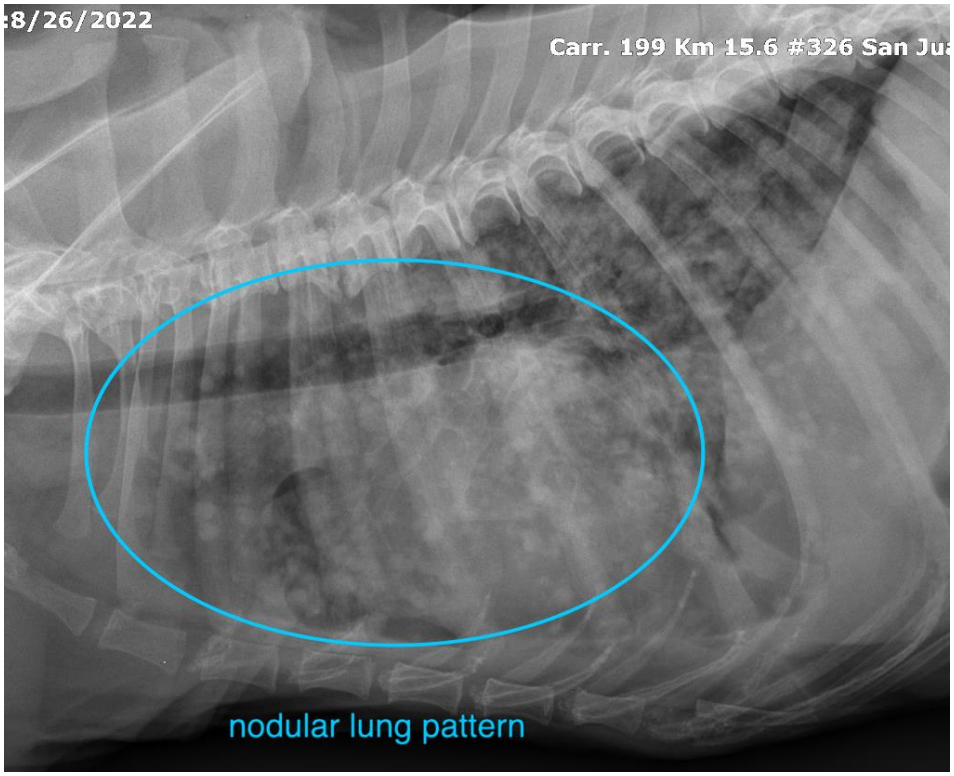

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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