



**PATIENT PRESENTING CLINICAL SIGNS**

Petey Decesare coughing

**RADIOGRAPHIC STUDY OF THE THORAX**

**SPECIES**

Canine

Radiographs of the thorax, in two imaging planes are provided for review. Total of seven images are available. Two right lateral views and one ventral dorsal view dated 04.10.2023 and four compared images dated 03.09.2023.

**BREED**

Chihuahua Mix

**RADIOGRAPHIC FINDINGS**

The cervical and thoracic tracheal luminal height is normal. The caudal thoracic trachea and Carina are border effaced by increased soft tissue opaque mass effect in the perihilar region, more prominent in comparison to the previous exam.

**SEX**

MN

Diffuse unstructured interstitial and bronchial pattern is seen throughout the lung lobes. In addition, a poorly marginated coalescing region of increased opacity and the concomitant alveolar pattern is seen in the cranial subsegment of the left cranial lung lobe, border effacing the adjacent border of the cardiac silhouette; and it is new from the previous exam.

**AGE**

g

Few, thin, non-divergent pleural fissure lines. On the lateral views, the ventral border of the cardiac silhouette is partially border effaced by soft tissue opaque fluid.

The cardiac silhouette and visible pulmonary vasculature are normal.

Mild cervical esophageal dilatation within intraluminal gas is seen.

**INTERPRETED BY**

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

The caudoventral margins of the hepatic silhouette are mildly convex in peripheral contour.

The stomach is moderately distended in the last series (5:30pm) and contains a moderate amount of gas admixed with heterogeneous ingesta material.

The remainder of the collimated abdomen is normal.

The collimated musculoskeletal structures are normal.

**HOSPITAL NAME**

All Creatures Animal Hospital Stuart

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr Rich Bressman

- Progressive pulmonary lesion compared to the previous exam dated 03.09.2023.
- Mixed pulmonary pattern through the lung lobes, more concentrated alveolar pattern at the left cranial lung lobe, and signs of tracheobronchial lymphadenitis. The differential diagnosis includes more severe allergic/infectious bronchitis and focal pneumonia with lymphadenitis as would occur with bacterial or fungal, however, a pulmonary infiltrative disease such as lymphoma is also considered.

**INVOICE**

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- Thin pleural fissure lines secondary to tangent beam orientation, pleural fibrosis, or minor amount of pleural effusion.
- Mild hepatomegaly. The differential diagnosis includes hepatopathy such as metabolic (endocrinopathy or vacuolar change), hepatitis or infiltrative neoplasia such as round cell.
- Post-prandial stomach and aerophagy.

**DATE**

4-12-23



**PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**Petey Decesare** The radiographic findings explain the history of chronic cough. The lesion is worse in comparison to the previous exam, showing the progression of the disease. The mixed aspect of the pulmonary findings, alveolar coalescency, and tracheobronchial lymphadenitis increases the number of possible etiologies.

**SPECIES** As previously mentioned, the differential diagnosis includes more severe inflammatory/allergic bronchitis with concurrent bronchopneumonia, fungal disease, parasite pneumonia, or neoplastic disease (for example, lymphoma). Consider fungal test analysis.

Canine

**BREED**

Medical management is recommended, with airway sampling, such as bronchoalveolar lavage for cytology, culture, and sensitivity to guide treatment.

Chihuahua Mix

The more coalescent area in the left cranial lung lobe is peripherally located and may be amenable to ultrasound-guided fine needle aspiration for cytologic evaluation.

**SEX**

Correlate the mild hepatomegaly with the laboratory analysis, and abdominal ultrasound is suggested for further evaluation, especially if any abnormalities are detected.

MN

**AGE**

8

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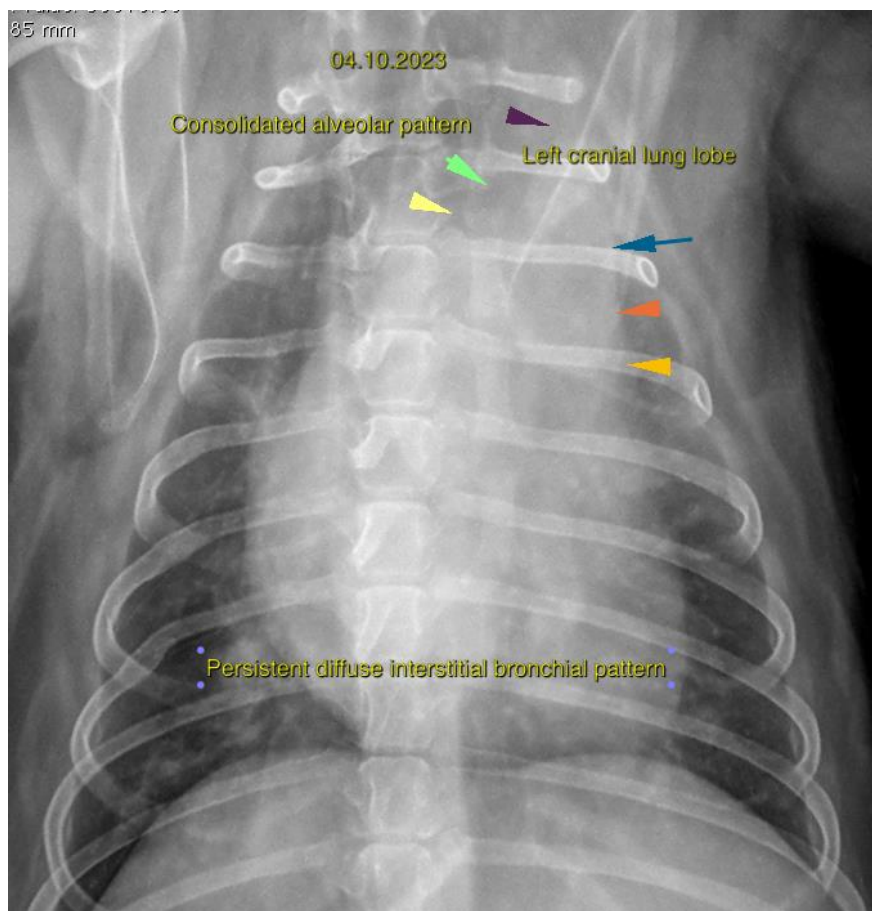
Dr Rich Bressman

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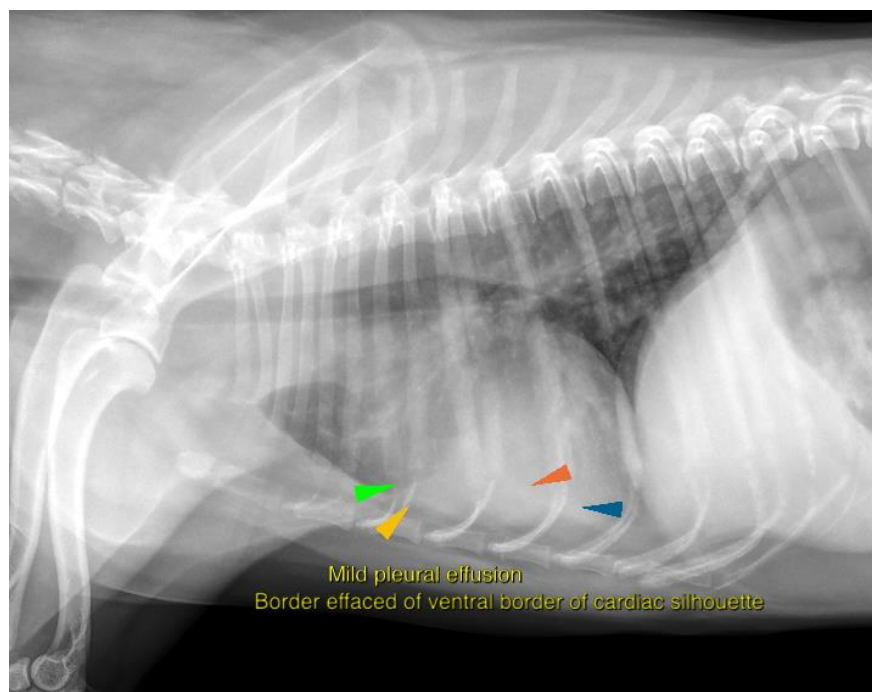
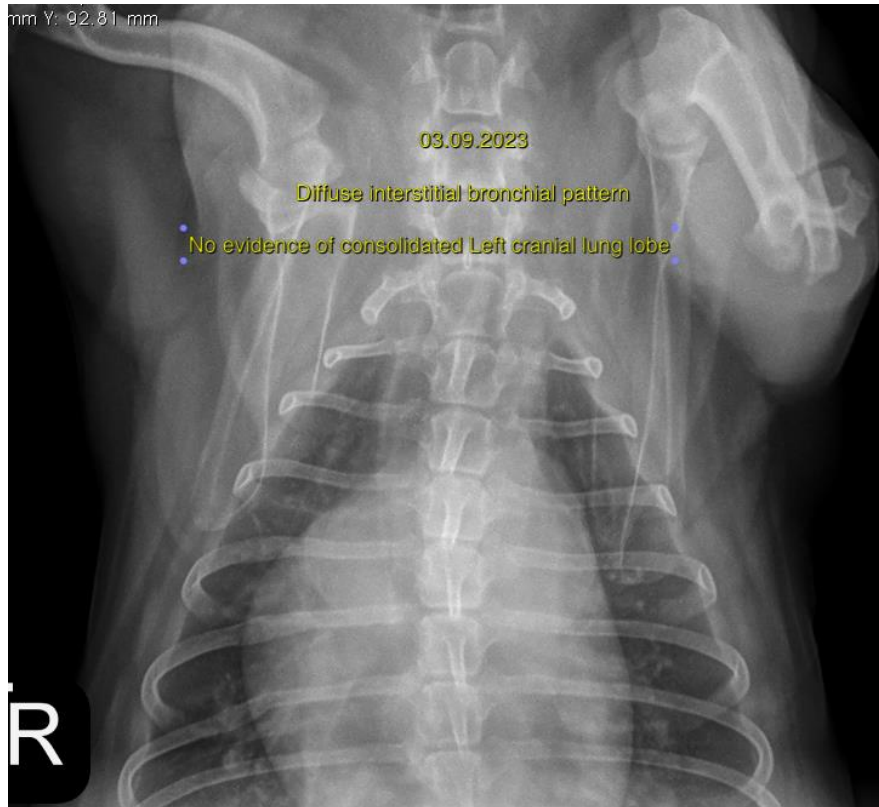
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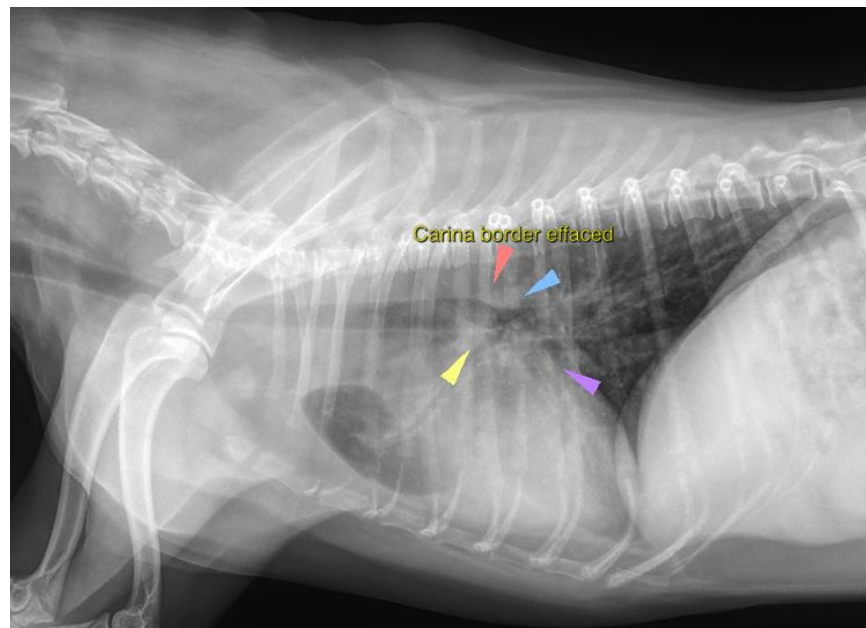
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**PATIENT**

Petey Decesare

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.

**SPECIES**

Canine

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.

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