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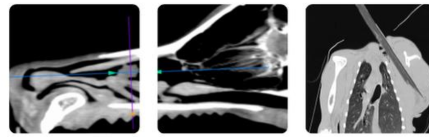


Teleradiology
Educational Teleconsultation Services™

PATIENT
Tino Yurak

SPECIES
Canine

BREED
English Bulldog

SEX
MN

AGE
6Y

WEIGHT
47.1lbs

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

IMAGING PERFORMED BY
Jenna W./ Kaylin D.

HOSPITAL NAME
Animal Clinic Northview

REFERRING VET
Ariel Taylor, DVM

INVOICE
75253

DATE
6-2-26

PRESENTING CLINICAL SIGNS

Presented 6/1 for fever, anorexia, nasal discharge, cough, generalized pain.
The pet had TPLO surgery in March of this year and did great with his post op care. The pet was using the leg and was on controlled walking with the leash. The pet went back in for his recheck and when they brought the pet back to the owner she says he was limping. The pet has had a steady decline since then. He was hospitalized for what was originally thought to be pneumonia. He has been coughing according to the owner a wet and sometimes dry cough. They were sent home with Zeniquin which they have been trying to give. The pet has lost significant weight because he will not eat and he seems to have pain wherever he is touched. The owners said today he has been shaking and they are not able to get any pain medications into him.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX AND STIFLE

A pre- and post-contrast CT study of the whole-body and stifle joints are provided for review totaling 3 series. One pre-contrast series of the whole-body (bone algorithm). One pre-contrast series of the stifle joints (bone algorithm). One post-contrast series of the thorax (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and mainstem bronchi are patent and within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal size and attenuation limits.

Mild multifocal ground-glass pulmonary opacities are scattered throughout the aerated lung parenchyma. Additional mild dependent ground-glass opacity and peripheral consolidation are present within the gravity-dependent portions of the lungs, most conspicuous in the left caudal lung lobe. No focal pulmonary mass, pulmonary nodule, or extensive lobar consolidation is identified.

The bronchial walls are of normal thickness with normal branching and tapering.

Cardiac silhouette and major pulmonary vessels are within normal limits.

No pleural effusion or pneumothorax is identified.

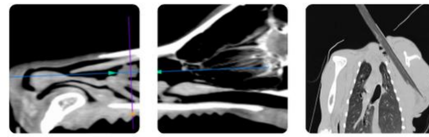
The thoracic esophagus, diaphragm, and thoracic body wall are unremarkable.

LEFT STIFLE JOINT

Postoperative TPLO changes are present with a proximal tibial plate secured by six screws, producing regional beam-hardening artifact. No severe peri-implant osteolysis or other aggressive osseous change is identified.

Moderate periarticular osteophytosis/enthesophytosis is present. Mild subchondral cystic and microcystic change is noted. The patella remains appropriately seated within the femoral trochlea and exhibits a small apical osteophyte.

There is mild diffuse osteopenia and mild reduction in regional muscle volume compared with the contralateral limb.



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No significant joint effusion or periarticular soft tissue swelling is identified.

RIGHT STIFLE JOINT

Moderate periarticular osteophytosis/enthesophytosis is present. The patella is appropriately positioned within the femoral trochlea with a small apical osteophyte.

No significant joint effusion or periarticular soft tissue abnormality is identified.

Incidental bipartite gastrocnemius sesamoid bone is noted.

HEAD

The nasal cavities are normally aerated with preserved turbinate architecture. No evidence of rhinitis, turbinate destruction, nasal mass, or fluid accumulation is identified.

The cribriform plate is intact.

Aberrant nasal turbinates and diffuse thickening of the soft palate are present, consistent with brachycephalic conformation.

Missing teeth include Triadan 101, 106, 201, 308, 311, and 411.

The mandibular, medial retropharyngeal, and parotid salivary glands are unremarkable.

The mandibular and medial retropharyngeal lymph nodes are normal in size and appearance.

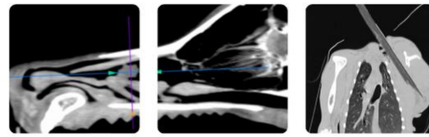
The included intracranial structures are unremarkable.

Mild congenital vertebral malformations (hemivertebrae) are present involving T6, T8, and several caudal vertebrae.

Mild incomplete bridging spondylosis deformans is present at L7–S1.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild multifocal pulmonary ground-glass opacities with mild dependent peripheral consolidation, most pronounced within the left caudal lung lobe. Differential diagnoses include for the region of more aerated portion of the lung mild residual or resolving inflammatory/infectious pneumonitis, incipient pneumonia. Concurrent atelectatic changes.
- Postoperative left TPLO changes without CT evidence of peri-implant osteolysis or aggressive osseous lesions. However, evaluation is partially limited by pronounced beam-hardening artifact associated with the metallic implant.
- Mild diffuse osteopenia and regional muscle atrophy of the left pelvic limb, likely reflecting chronic disuse.
- Bilateral moderate stifle osteoarthrosis with suspected concurrent patellar instability. Correlation with orthopedic examination is recommended.
- Brachycephalic airway-associated abnormalities including aberrant nasal turbinates and diffuse soft palate thickening. Differential diagnoses include concurrent pharyngitis.
- Incidental congenital thoracic and caudal vertebral hemivertebrae and mild L7–S1 spondylosis deformans.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic abnormalities are relatively mild and do not explain the severity of the patient's reported systemic illness, generalized pain, marked weight loss, and progressive clinical decline. The pulmonary findings may represent mild residual inflammatory or infectious pulmonary disease, but there is no CT evidence of severe bronchopneumonia or other major thoracic disease.

The left TPLO surgical site appears stable, with no CT evidence of aggressive osseous change to support postoperative infection or implant-associated complications. However, evaluation is partially limited by pronounced beam-hardening artifact associated with the metallic implant.

No significant abnormalities are identified within the nasal cavities or included intracranial structures to explain the reported nasal discharge.

Given the history of fever, anorexia, generalized pain, and weight loss, the imaging findings raise concern for a systemic inflammatory, infectious, immune-mediated, or less likely occult neoplastic process that is not fully characterized by the present CT examination. Correlation with CBC, serum biochemistry, infectious disease testing, cytology/culture of any clinically suspicious sites, and additional clinical investigation is recommended.

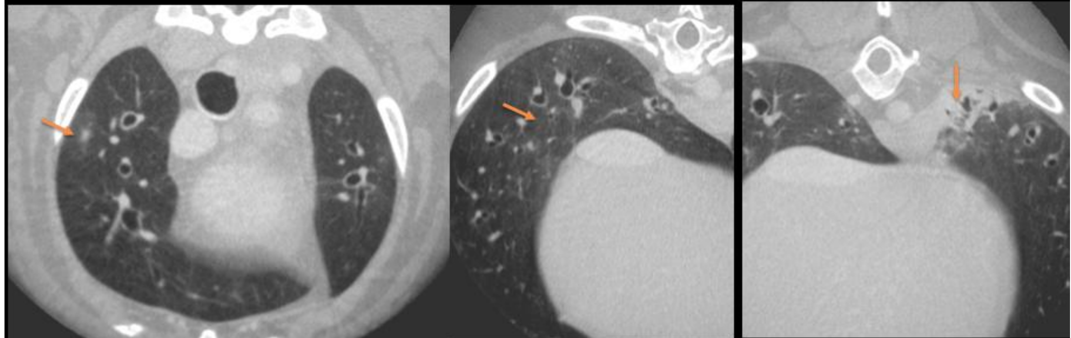

Fig. 1. Discrete multifocal ground-glass pulmonary opacities with dependent peripheral consolidation, most pronounced in the left caudal lung lobe.

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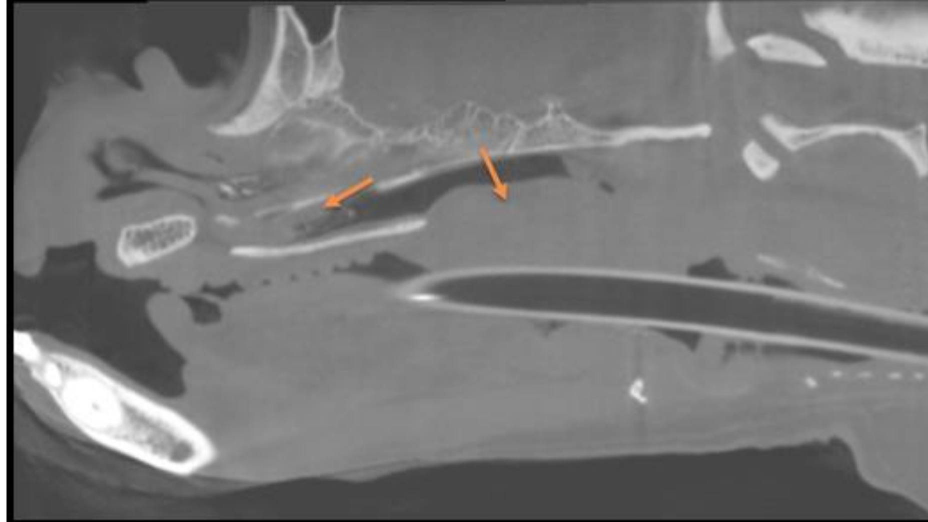


Fig. 2. Diffuse thickening of the soft palate with aberrant nasal turbinates

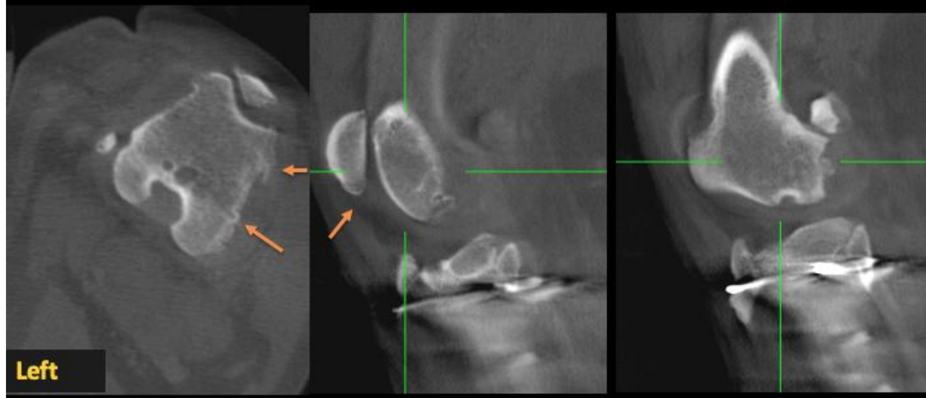
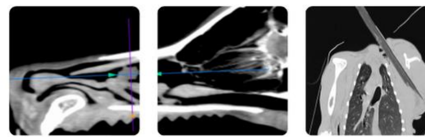


Fig. 3. Left proximal tibial TPLO implant in place without CT evidence of peri-implant osteolysis or aggressive osseous change.



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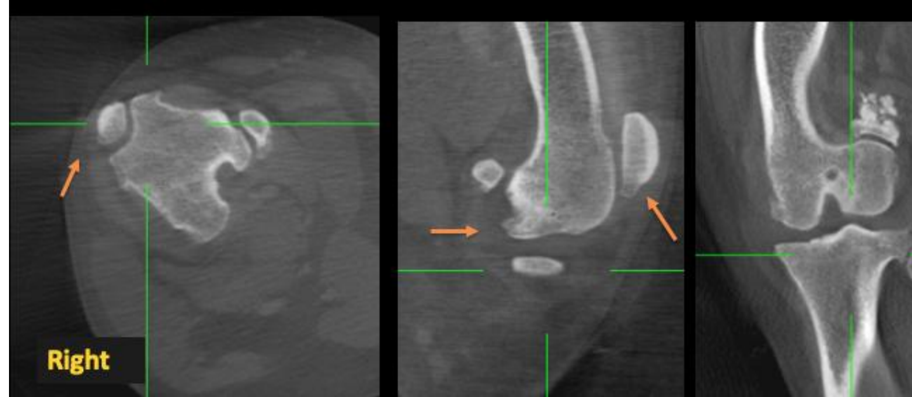

Fig. 4. Moderate bilateral periarticular osteophytosis/enthesophytosis with small patellar apical osteophytes.

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.

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