VETCT
CONSULTANTS IN TELEMEDICINE

REPORTING SERVICE: XR

Report number: VETCT-49852 Report date: [redacted]

Referring Veterinarian: [redacted]

Referring Practice: [redacted]

Email address: [redacted]

Owner: [redacted] Patient: [redacted]

Species: Canine Breed: German Shepherd Dog Sex: Male Neutered Age: 1 year, 9 months

Associated cases:

Clinical History:

Adopted in April of this year from shelter and had what was assumed to be kennel cough. Went to a vet and was diagnosed with pneumonia. Was treated with Clavamox, baytril and another antibiotic. Dog did better but still had a cough and some respiratory difficulties so vet assumed they had either a chronic bronchitis or non-responsive bacterial infection. Started the dog on prednisone and theophylline and he seemed to be fine and was steroid responsive. Has been boarded for the last couple days at PetSmart and when went out today was breathing very hard and did not receive his daily medications (pred, theophylline). Brought to ER, is currently in oxygen cage and is more comfortable but has labored breathing anytime out of cage.

Questions to be answered:

Number of series / images: 1 / 4

Study dated: [redacted]

Study received: [redacted]

Anatomic regions: Thorax

Details of study and technical comments:

The following radiographs are available:

Thorax: lateral (believed to be left and right lateral) and ventrodorsal (centered cranial and caudal) projections

The image quality is diagnostic.

Diagnostic interpretation:

On the second lateral projection, thought to be a right lateral, there is an angular mineral opaque structure, with moderately peripheral mineral opaque margins at the level of the carina. The luminal margins of the principle bronchi are difficult to delineate. The dorsal margins of this structure extend dorsal to the dorsal margin of the carina, suggesting this mineral body is within the right cranial lobar bronchus or in the mediastinum. This structure is not seen on the additional lateral projection or the ventrodorsal projections. There is a ventrally distributed increase in soft tissue opacity within the right and left cranial lung lobes, consistent with an unstructured interstitial pulmonary pattern. There is moderate concurrent bronchial wall thickening. Subjectively, the cranial subsegment of the left cranial and left caudal lung lobes are hyperinflated, resulting in the lingula of the left cranial lung lobe extending into the thoracic inlet. The cardiac silhouette and pulmonary vasculature are unremarkable. There is a poorly defined increase in soft tissue opacity within the perihilar region. The pleural space is unremarkable. The extrathoracic structures are unremarkable.

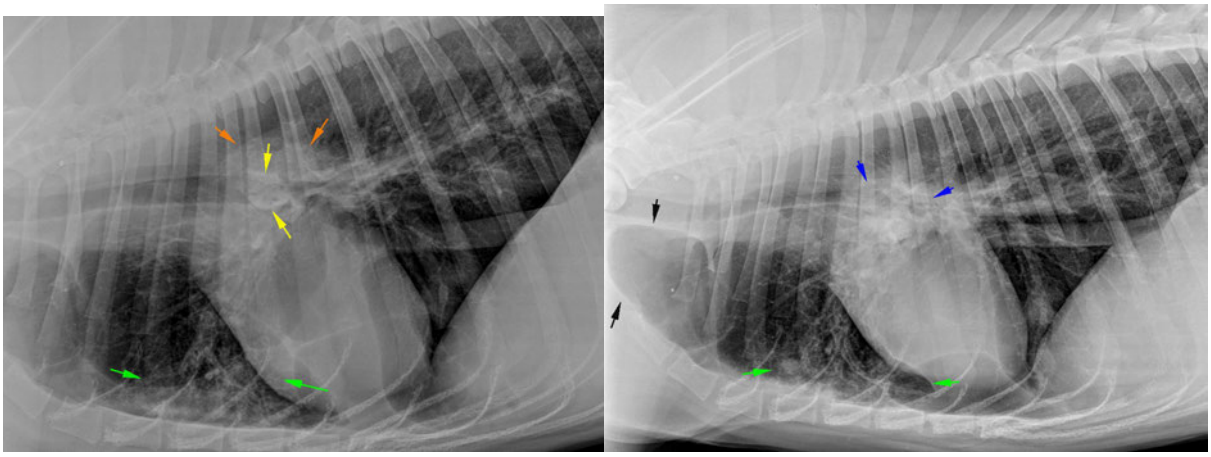

Figure 1. Lateral projections documenting the focal region of mineral at the level of the carina (yellow arrows) and ill-defined principle bronchi lumen margins (blue arrows). There is a ventrally distributed increase in soft tissue within the left and right cranial lung lobes, with a bronchial component (green arrows). There is a perihilar increase in soft tissue opacity (orange arrows). The left cranial lung lobe is hyperinflated (black arrows).

Conclusions:

1. Suspect mineralized tracheal/right cranial lobar bronchus foreign body, with secondary chronic bronchopneumonia or aspiration pneumonia. An esophageal foreign body with secondary bronchoesophageal fistula is not excluded. A summation artifact is also not entirely excluded.
2. Possible tracheobronchial lymph node enlargement.
3. Air trapping secondary to a foreign body or dyspnea.

Additional comments:

The lesion at the level of the carina is very suspicious and may be the source of this patient's refractory clinical signs. The pulmonary changes have worsened relative to the .jpg images attached to the VetCT platform. This mineral body is not definitively identified on these images. A thoracic CT would be required to confirm the presence of a foreign body, and to further define the location relative to the regional anatomy. Alternatively, bronchoscopy may be performed. Due to the chronic nature, if a foreign body is present, a CT may provide useful information regarding the feasibility of intervention using bronchoscopy.

Reporting Radiologist:

[redacted]

If you have any queries regarding this report then please "Add a comment" on the VetCT platform or contact info@vet-ct.com