

REPORTING SERVICE: XR

Nose: Mild epistaxis bilateral.

Defermine Meteri	Report number: VETCT-48678		Report date:	
Referring Veterinaria	nn:			
Referring Practice:				
Email address:				
Owner:	Patient:			
Species: Canine	Breed: German Shepherd Dog	Sex: Male Neutered	Age: 7 months	
Associated cases:				
Clinical History: History presented to Veterinary Specialty Center at Illinois' Emergency and Critical Care Department on Sunday, after jumping or falling off their deck in the back of the house (~20ft).				
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Previous Pertinent History: deck, and when they costairs for him to use, so		ne back of the house (~20fd n. ly member returned home , bleeding and on the grou	t). and saw on the nd. There are no	



Oral Cavity: There is a large amount of active bleeding and clotted blood noted in his mouth. There is a bite wound on the left side of his tongue as well as a puncture/bite wound the rostral, maxillary lip just to the left of his nasal planum that is actively bleeding. There are no appreciable fractured teeth and no fractures felt to the mandible or hard palate.

The bleeding abates once the lip puncture is sealed with lidocaine, epinephrine and wound glue.

Heart and Lungs: No murmur auscultated, bounding and synchronous pulses, tachycardic sinus rhythm. Lungs harsh in all fields and he contunes to pant despite fluid therapy and pain medication.

Abdomen: There are no masses and no fluid wave palpated. All structures palpate within normal limits.

Urogenital/Mammary Glands: The external urogenital system is within normal limits.

Rectal: Rectal exam is within normal limits with no masses or strictures palpated. Anal tone is within normal limits. No pelvic fractures appreciated.

Musculoskeletal: Ambulatory on all 4 limbs but he is lame on all limbs and walks with a hunched posture and slow, sore gait. He is toe touching lame on the RHL and seems painful with hip extension, but can walk if encouraged.

Neurological: presented shocky and weak. Upon stabilization he is more QAR and appropriately alert and responsive. He has no spinal or neck pain and his reflexes are all appropriate. He does have slow CPs in all limbs initially and these are not immediately rechecked.

Integument: Skin exam within normal limits.

Lymph nodes: All peripheral lymph nodes palpate within normal size and density. Comments: presents weak, shocky and bleeding with harsh lung sounds.

Questions to be answered:

Number of series / images: 2 / 2

Study dated:

Study received:

Anatomic regions: Thorax

Details of study and technical comments:

A radiographic examination of the thorax is available. Ventro-dorsal and right lateral projections are provided. XR images are of diagnostic quality.

Diagnostic interpretation:

The lung parenchyma displays a diffuse interstitial pattern with multifocal more alveolar patches with illdefined contour.

The cardiac silhouette, the caudal vena cava and the pulmonary vessels are subjectively small.

The pleural space appears empty. The thoracic boundaries are within normal limits. The included part of the abdomen is normal.



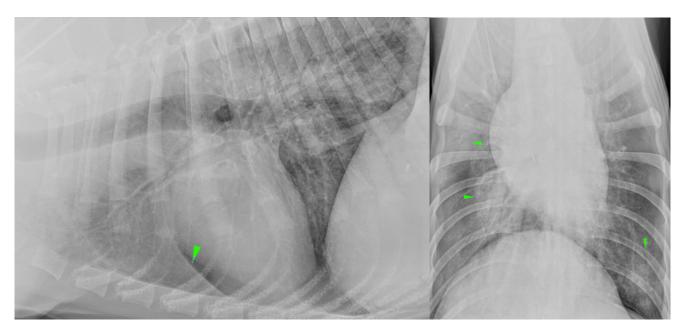


Figure 1: Multiple alveolar patches within a diffuse interstitial lung pattern

Conclusions:

- 1. Multiple alveolar patches within a diffuse interstitial lung pattern
- 2. Small cardiovascular structures: hypovolemic shock

Additional comments:

Lung contusions is considered most likely if trauma. Non-cardiogenic oedema or acute respiratory distress syndrome could also be secondary to the lung traumatic injury. Other less likely hypotheses given the anamnesis are: viral, atypical bacterial, parasitic or fungal pneumonia, eosinophilic bronchopneumopathy, lymphoma, intoxication or pneumoconiosis (smoke, hydrocarbons, dust, paraquat), leptospirosis, coagulation disorder, adverse drug reaction. Oxygen therapy may also increase the lung opacity.

Control X-rays are recommended in 2 to 4 days depending on the clinical evolution.

Reporting Radiologist:

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

