



IT'S YOUR CASE

Species: Canine Breed: Boxer Sex: Female Neutered Age: 3 years, 5 months

Clinical History:

2-week history of cough. Cough has worsened in the past two days, appears to be productive.
Cough developed while on antibiotics for UTI.
CBC demonstrated eosinophilia.
Has received about 3 doses of fenbendazole.

Anatomic regions: Thorax

Details of study and technical comments: A radiographic study of the thorax is presented for evaluation. The study consists of right and left lateral views as well as a ventrodorsal view.

Diagnostic interpretation:

There is moderate diffuse thickening of the bronchial walls resulting in increased number of rings and tramlines spread throughout the pulmonary parenchyma (green arrows on the images below). In general, the bronchial diameter is within normal limits.

In addition, there is peribronchial increased radiopacity of the interstitium and areas of consolidation with air bronchograms in the ventral part of the right cranial lung lobe (pink arrows).

The trachea has normal size and there are no signs of abnormal contents. The cardiovascular structures are normal in size and shape. There is no evidence of thoracic lymphadenomegaly. There is transient distention of the oesophagus with gas (seen on the left lateral projection only).

The thoracic boundaries are normal. The included abdomen is unremarkable.

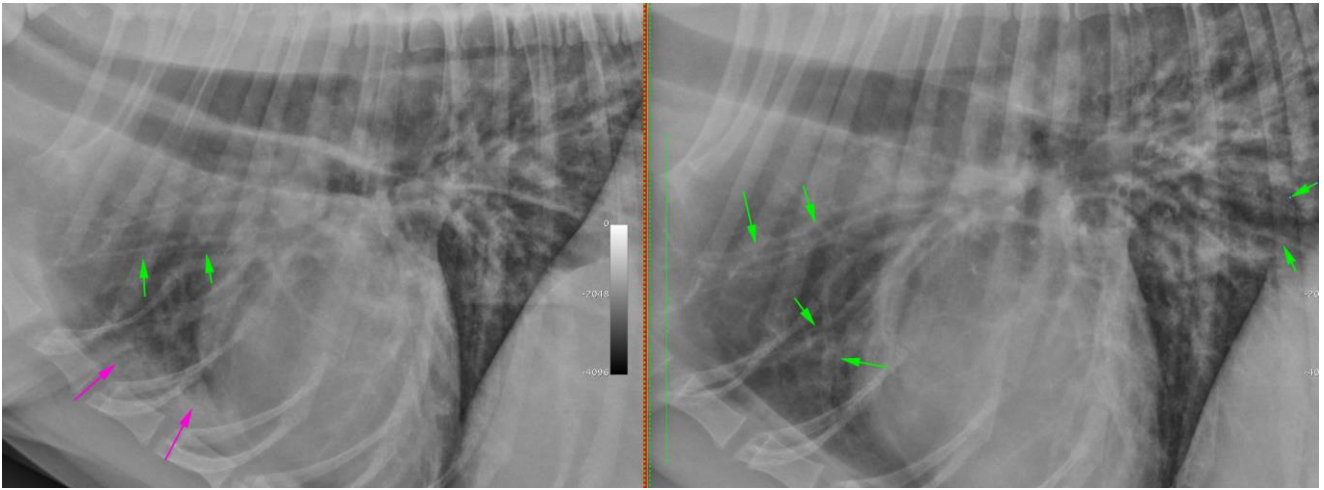


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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.



Conclusions:

1. Generalised moderate broncho-interstitial lung pattern.
2. Focal ventral alveolar pattern in the right cranial lung lobe.

Additional comments:

Possible differential diagnoses are: most likely eosinophilic bronchopneumopathy, less likely infectious bronchopneumonia (bacterial, parasitic, less likely fungal), much less likely diffuse neoplasia. An eosinophilic bronchopneumopathy is considered more likely considering the presence of blood eosinophilia and the lack of significant response to the antibiotic and antiparasitic treatments.

Bronchoscopy and bronchoalveolar lavage may provide further information regarding the diagnosis.



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