



# IT'S YOUR CASE

Species: Canine

Breed: Golden Retriever

Sex: Male Neutered

Age: 11 years

## Clinical History:

Patient has been lethargic and showing respiratory difficulties for past 2-3 days.  
Vomiting for 3 days.

## 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 dorsoventral view.

## Diagnostic interpretation:

In the right middle lung lobe, the mid-zone and ventral periphery of the right cranial lobe, the accessory lobe, the cranial and caudal sub-segments of the left cranial lobe, there is a marked, homogeneous increase in soft tissue opacity with loss of vessel margination (blue arrows below), air bronchograms (orange arrows) and partial lobar signs (yellow arrows). There are also less dense, poorly defined, patchy increases in soft tissue opacity in the ventral periphery of the caudal lobes.

The cardiac silhouette is poorly defined due to overlying pulmonary changes, however no overt cardiomegaly is seen. There is moderate generalised gas dilation of the oesophagus (light blue arrows below), with a tracheal stripe sign. There is no obvious widening of the pleural fissures or mediastinum.

There is moderate multifocal spondylosis deformans of the spine and moderate sternbral remodelling.

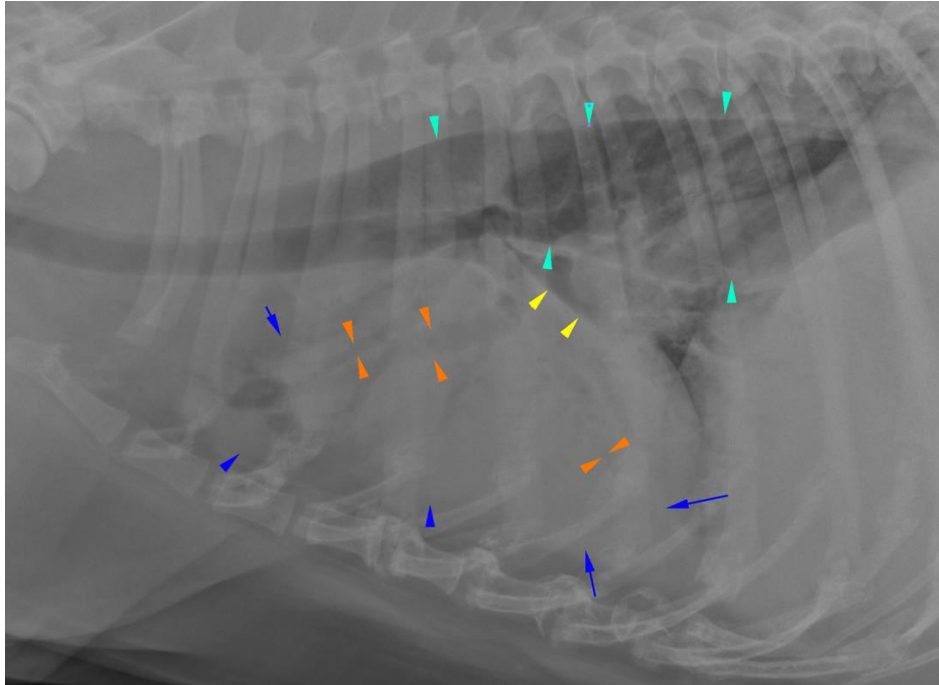


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### Conclusions:

1. Severe multifocal alveolar pulmonary pattern with predominantly ventral distribution. The distribution, particularly in the presence of oesophageal dilation (see below) and history of vomiting, is suggestive of aspiration pneumonia. Other less likely differential diagnoses include bacterial pneumonia, diffuse neoplasia...
2. Megaoesophagus, generalised. This is likely an acquired condition, there are numerous underlying causes including sedation, immune mediated, metabolic disease, oesophagitis, myasthenia gravis, toxicity and idiopathic disease. Aerophagia is also possible.
3. Spinal and sternbral degenerative changes as described (likely incidental).

### Additional comments:

Further diagnostic tests which may be beneficial would include bronchoscopy/bronchoalveolar lavage, CT of the thorax and investigation for underlying causes of megaoesophagus and vomiting/regurgitation (biochemical testing, upper GI endoscopy, abdominal ultrasonography...).



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