



Teleradiology | Teleconsulting | Education

IT'S YOUR CASE

Species: Canine Breed: Norwegian Elkhound Sex: Female Entire Age: 2.5 years

Clinical History:

She was hunting yesterday for 2.5 hours. When she came home everything was normal but after 5 hours of resting the dog had a breathing frequency from 60 while resting and putting her head up/stretching her neck.

The CRP (C- reactive protein) was measured and was a little bit higher (16, normal < 10).

Anatomic regions: Thorax

Details of study and technical comments: Three view radiographs of the thorax (three films)

Diagnostic interpretation:

THORAX:

Noted in all lung fields, but worse caudodorsally and worse on the left compared to the right, there is a mild to moderate increase in soft tissue opacity which partially to completely obscures pulmonary blood vessels, creates some air bronchograms, and a partial lobar sign (pink arrow heads). The caudal lobar vessels are near completely obscured by this process, whereas cranioventrally the distribution is more patchy and left sided (lime circle) with other cranioventral pulmonary vasculature being well visualized. The left caudal lobar bronchi are prominent and subjectively dilated.

On the right lateral view associated with the dorsal aspect of the trachea there is soft tissue opacity (grey stars). This is not apparent on the left lateral view. There is scant oesophageal gas without evidence of oesophageal enlargement.

The heart, great vessels, plural space, diaphragm and thoracic margins are within normal limits. The skeletal structures included in the study showed no evidence of an aggressive process. Limited assessment of the cranial abdomen is unremarkable.

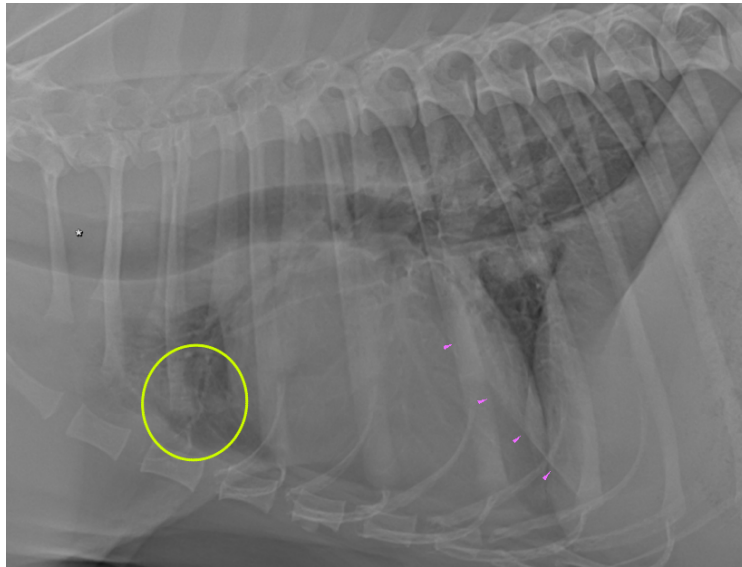


Reported by VetCT

t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com

Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK
ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

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. Moderate diffuse alveolar lung pattern, substantially worse caudodorsally and worse on the left
2. Tracheal appearance is most likely due to redundant trachealis muscle and is considered incidental

Additional comments:

Although there is pathology throughout the lungs especially on the left, the overall impression is that this is worse caudodorsally making pulmonary oedema the most likely differential. Given the reported history, the hunting related pulmonary oedema of Swedish hunting dogs is considered most likely. The right-left asymmetry may be due to a component of hypoinflation/atelectasis on the left. Other differentials for this appearance could include atypical pneumonia (aspiration pneumonia, fungal pneumonitis), haemorrhage (if correlated to trauma or coagulopathy), pulmonary lymphoma, or noncardiogenic pulmonary oedema due to other causes (such as upper airway obstruction, near drowning, seizure).

Literature:

dogs. *Journal of small animal practice*, 44(5), 209-217
hsson, L. (2003). Pulmonary oedema in Swedish hunting
Agudelo, C. F., & Schanilec, P. (2015). Pulmonary oedema in a hunting dog: a case report. *Veterinarni Medicina*, 60(8).



Reported by VetCT

t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com

Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK
ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

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.