VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine Breed: Chihuahua) Sex: Male Neutered Age:10 years

Clinical History:

5 seizures this week, now laboured breathing.

Anatomic regions: Thorax

Details of study and technical comments: Orthogonal thoracic radiographs are provided for interpretation.

Diagnostic interpretation:

Diffusely in the lungs, but substantially worse caudodorsally, there is a severe increase in soft tissue opacity that partially to completely obscures pulmonary blood vessels, creates faint air bronchograms, and creates a partial lobar sign between the left cranial and left caudal lung lobes on the right lateral view. On the VD view in the region of the left caudal lung lobe there is a well-defined curved soft tissue opaque feature which silhouettes with the cardiac silhouette creating focal border effacement . The cardiac silhouette is partially obscured by silhouetting/border effacement with this pulmonary pathology, however the overall impression is that there is mild cardiomegaly characterized by mild loss of the caudal cardiac waist and increased sternal contact and elevation of the trachea on the lateral view. In the pleural space there is a minimal amount of fluid that creates thin pleural fissure lines and causes very slight retraction of lung from the body wall. On the caudal aspect of the shoulders, especially at the caudal aspect of the humeral heads, there is periarticular new bone formation.

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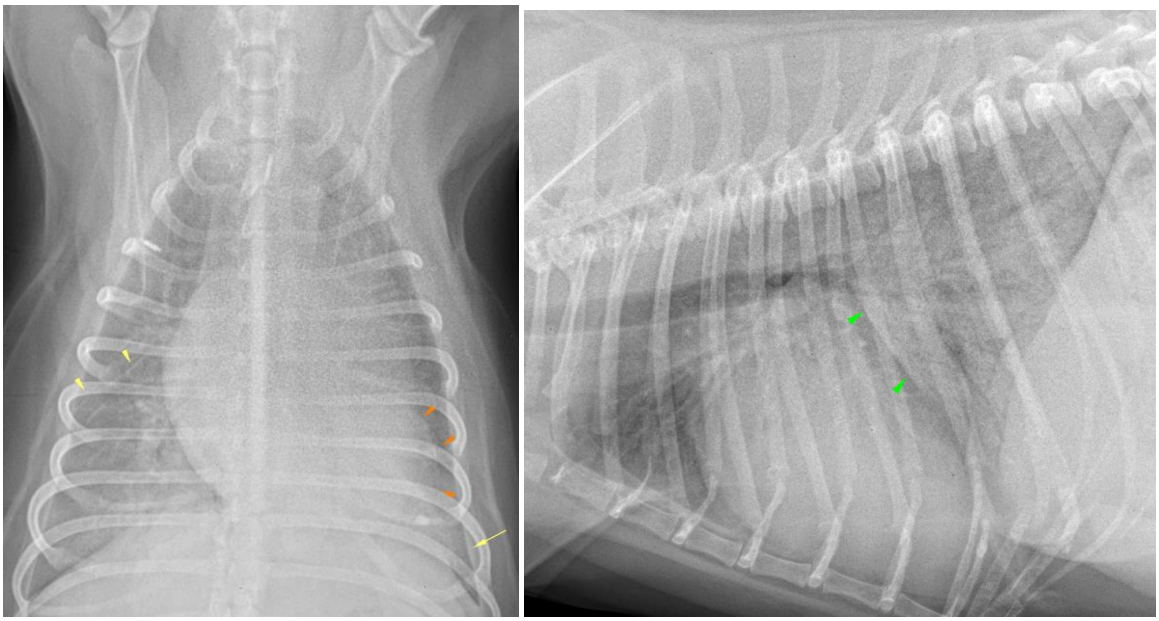

Figure 1, 2. Severe caudo-dorsal to diffuse alveolar lung pattern is noted bilaterally but is worse focally in the left caudal lung where there is a well-defined border (orange arrowheads) that creates border effacement with the cardiac silhouette. Thin pleural fissure lines (yellow arrowheads) and mild retraction of lung (yellow arrow) are also noted. A partial lobar sign is seen on the lateral view (green arrow heads).

Conclusions:

1. Severe caudo-dorsal to diffuse alveolar lung pattern-most consistent with pulmonary edema, please see below
2. Minimal pleural fluid
3. Poorly defined soft tissue feature in left caudal lung on DV views-most likely a worse manifestation of diffuse lung disease versus less likely poorly defined mass
4. Questionable cardiomegaly-please correlate with clinical findings including auscultation, consider echocardiography if indicated.

Additional comments:

The radiographic findings are highly consistent with pulmonary edema. Consider non-cardiogenic causes of pulmonary edema such as secondary to the reported seizures as the most likely differential diagnosis. However, as the heart is mildly enlarged cardiogenic edema could be considered if correlated to clinical findings such as murmur, cough.