



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine

Breed: Bernese Mountain Dog

Sex: Female Neutered

Age: 6 y

Clinical History:

Weight loss and intermittent cough

Details of study and technical comments:

A radiographic study of the thorax is available for interpretation. The study consists of right lateral and dorsoventral views. The study is of good quality.

Diagnostic interpretation:

There is a large 7.5 centimetres diameter soft tissue mass immediately caudal and dorsal to the heart (image below, red arrows), causing ventral displacement of the left main stem bronchus and carina (image below, blue arrows). The lesion is not identified in the dorsoventral view due to superimposition on the heart.

An elongated soft tissue opacity is seen cranial to the heart, causing displacement of the trachea dorsally and to the right (image below, green arrows). This causes widening of the cranial mediastinum.

The bronchial walls are slightly prominent in some areas. The lungs are otherwise normal.

The cardiac silhouette has a normal size and shape.

A small osteophyte is identified on the caudal aspect of the one of the glenoids.

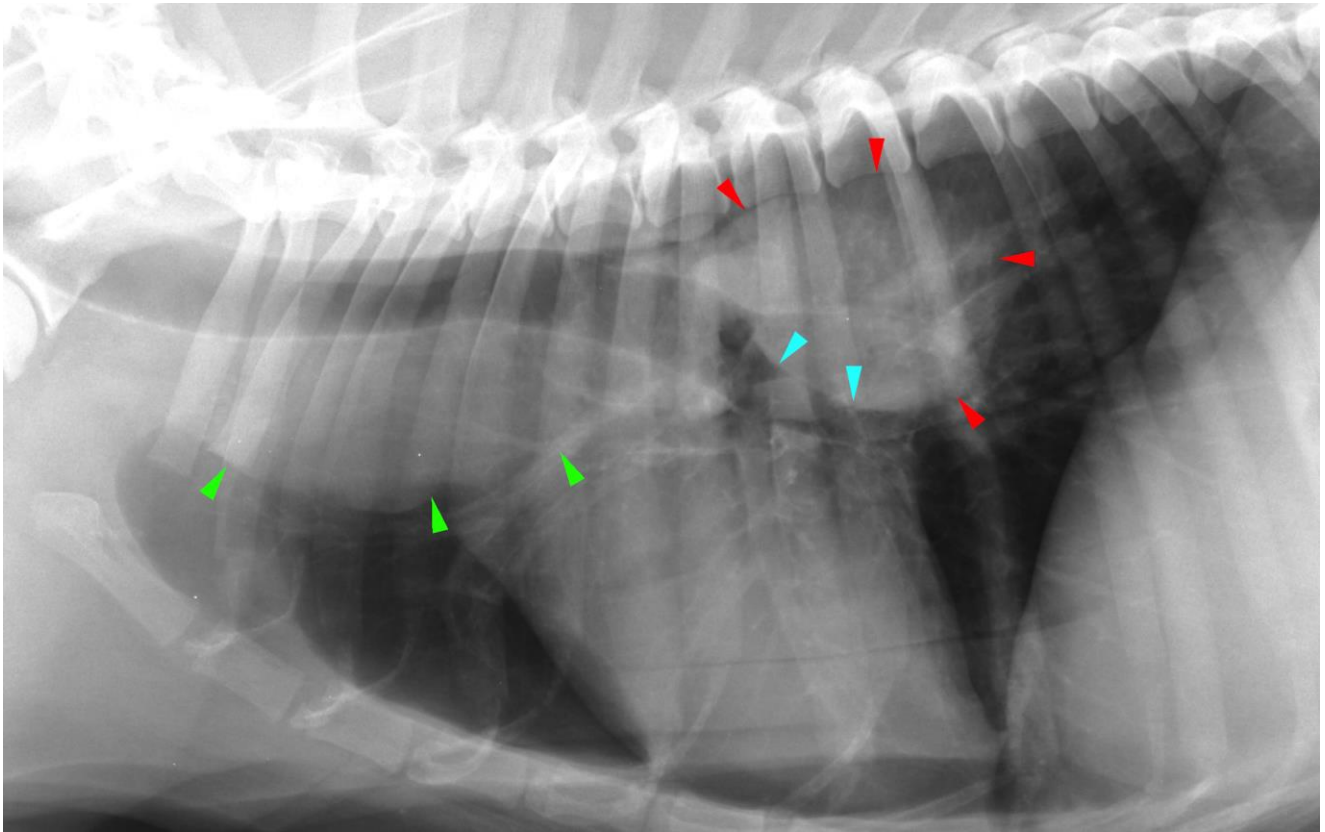


Reported by VetCT

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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 must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.



Conclusions:

- Severe tracheobronchial lymphadenopathy. See comments.
- Mild bronchial pattern.
- Mild shoulder degenerative joint disease. Incidental.

Additional comments:

The severe tracheobronchial lymphadenopathy is causing compression of the main stem bronchi and trachea, which likely explains the cough. The mild bronchial pattern could also play a role.

Tracheobronchial lymphadenopathy of this severity is often associated with neoplasia such as lymphoma and malignant histiocytosis, which the breed is genetically predisposed to. Other less likely differential diagnosis such as granulomatous lymphadenopathy or infectious diseases cannot be excluded.

Abdominal ultrasound and thorough clinical examination of the patient may be considered to try to identify additional lesions that could be easier and safer to sample, such as peripheral or abdominal lymph nodes, liver, spleen or other abdominal organs.



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