



VETCT
CONSULTANTS IN TELEMEDICINE

It's your case - Equine

Species: Equine

Breed: Warmblood

Sex: Mare

Age: 4 years

Clinical History:

Cough of 3 weeks duration

Details of study and technical comments: Four laterolateral radiographs of the thorax. The images are of good diagnostic quality.

Diagnostic interpretation:

- There is a marked regional, multifocal unstructured increase in soft tissue opacity within the caudoventral lung lobes, representing an alveolar pulmonary pattern, with effacement of the adjacent margins of the caudal border of the cardiac silhouette, caudal vena cava and partially the margin of the diaphragm. There are small air-bronchograms visible throughout this region.
- There is a semi-circular shaped region of gas opacity within the pulmonary structures at the caudodorsal margin of the cardiac silhouette, with a flattened soft tissue opacity ventral border, measuring approximately 2.5cm x 3.1cm, and a much fainter similar structure immediately caudal and slightly dorsal to this which is much less well defined.
- There is a 4cm x 2.5cm oval shaped gas opacity region dorsal to the caudal vena cava in the mid thorax, at the dorsal margin of the region affected by the alveolar pattern.
- The cranioventral lung and the caudoventral lung is overall appropriately air-filled, with an overall mild bronchointerstitial pulmonary pattern.



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 has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.

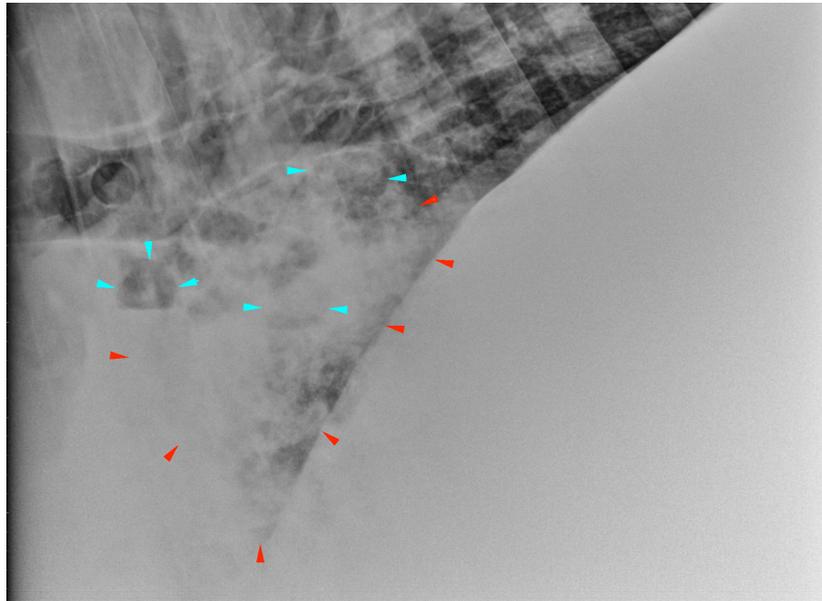


Figure: Laterolateral thorax radiograph. Red arrows indicate regional alveolar pulmonary pattern (unstructured), the blue arrows indicate the focal gas filled cavitary lesions suspected to represent pulmonary abscessation.

Conclusions:

Marked caudoventral alveolar pulmonary pattern; consistent with bronchopneumonia, with multifocal regional cavitary lesions most likely indicative of pulmonary abscessation. Possible aetiologies include aspiration pneumonia, secondary to choke or recent general anaesthesia or bronchiopneumonia secondary to transportation

Additional comments:

The radiographs support the suspicion for bronchopneumonia, potentially consistent with aspiration-type pneumonia, with a typical dependently-located distribution. There is evidence of gas-filled cavitary lesions, which would be most likely to be compatible with concurrent pulmonary abscesses also evident within this region.

There is no evidence of pleural effusion, however this can be difficult to differentiate from ventrally located pulmonary consolidation. Ultrasonographic examination of the thorax may be useful to differentiate.

Learning points:

- It is not always possible to directly apply the lung patterns as we know them from small animal imaging to the equine lungs. Similar principles apply, however the 'normal' pattern for the equine lung would usually be described as a bronchio-interstitial pattern in small animals. Dunkel et al. 2013 'A fresh approach to Thoracic Radiography' is a useful reference which discusses lung patterns in horses.

Reference:

Dunkel B, Gibbs C, Weller R. 2013. A fresh approach to equine thoracic radiography. In Practice 35(10):589–596. doi:10.1136/inp.f5977. <http://inpractice.bmj.com/cgi/doi/10.1136/inp.f5977>.



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