



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine

Breed: Staffordshire Bull Terrier

Sex: Female Neutered

Age: 9 yrs

Clinical History:

2-3 month gradual weight loss. Recently declining appetite and now anorexic.

Anatomic regions: Thorax

Details of study and technical comments:

Evaluation consists of right lateral, left lateral and ventrodorsal radiographs of the thorax and abdomen. The study is adequate quality for interpretation.

Diagnostic interpretation:

Thorax: In the cranial mediastinum, there is increased conspicuity of the tracheal walls (red arrows), cranial vena cava (orange arrows) and brachycephalic trunk (yellow arrow). Closer to the heart base, there is silhouetting/border effacement of the brachycephalic trunk and cranial vena cava. The proximal descending aorta has increased distinction. There is a subtle increase in conspicuity of the bronchial walls (green arrowheads).

The cardiac silhouette is normal in size and position; there is no specific chamber enlargement. The pulmonary vasculature is normal in diameter and tapers as it extends to the periphery. The pulmonary parenchyma is unremarkable. No nodules are seen. The pleural space is unremarkable. The thoracic vertebral column is unremarkable without evidence of fracture, luxation or osteolysis.

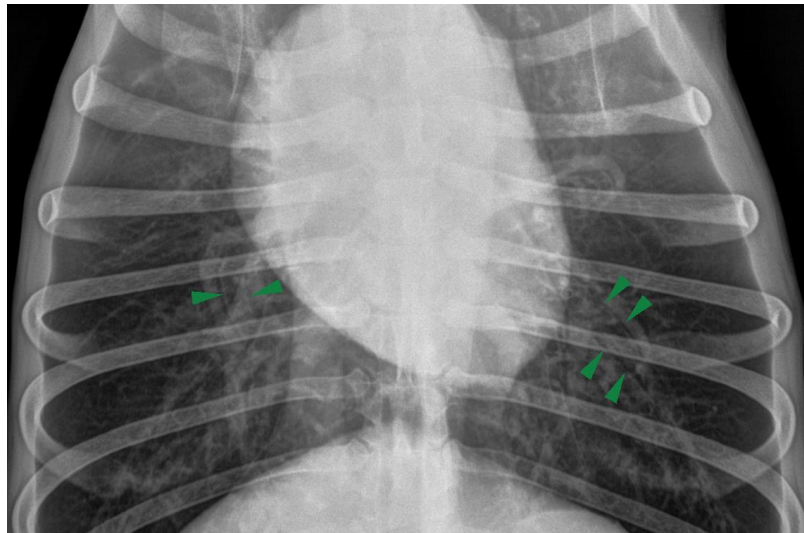
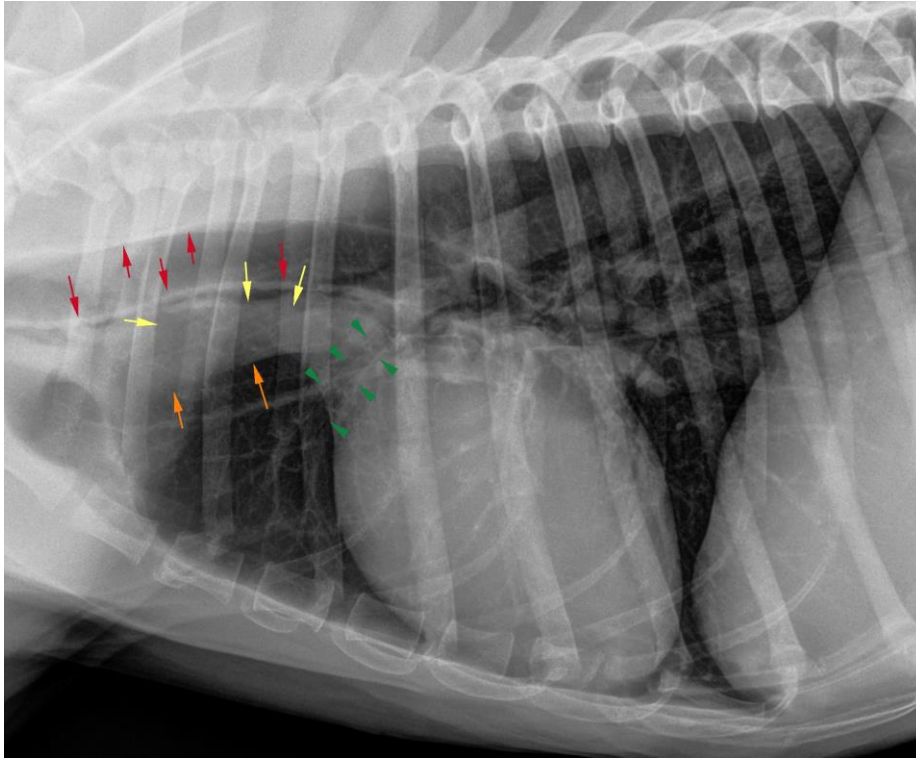


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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.

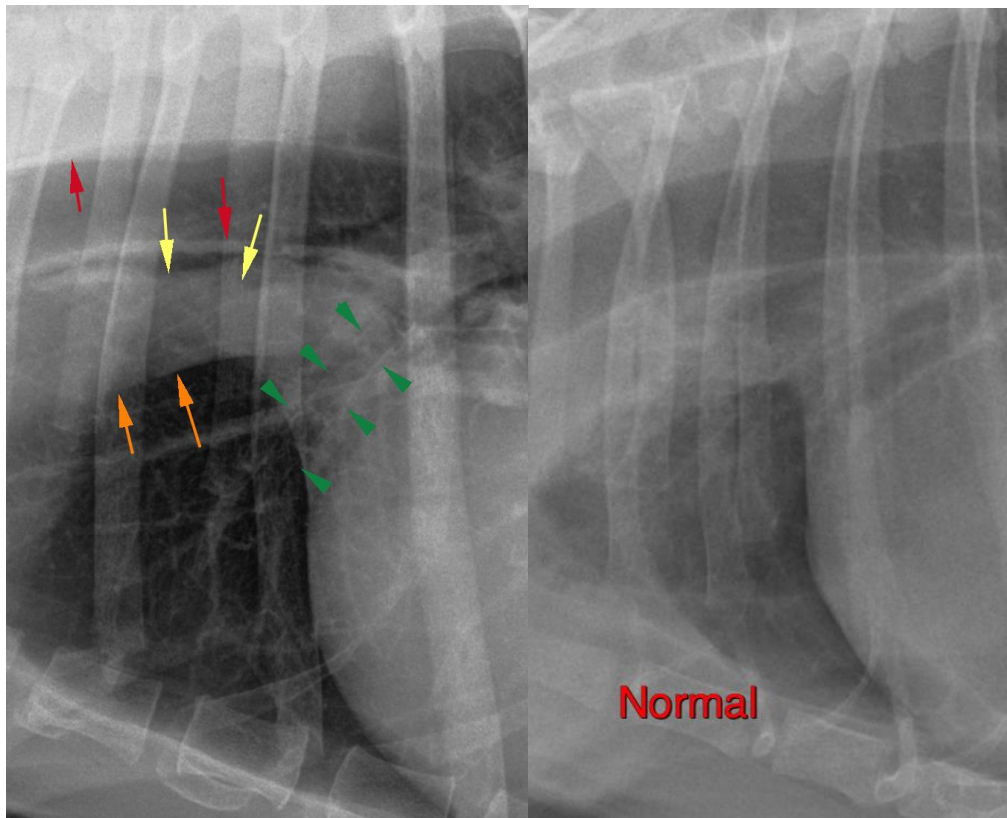


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Magnified view of the craniodorsal cardiac silhouette and a comparison image from a normal patient.

Conclusions:

Mild pneumomediastinum. This may be spontaneous (i.e. Macklin effect), iatrogenic (such as secondary to jugular veinipuncture), or less likely trauma.

Additional comments:

Pneumomediastinum is minimal in this case and is quite likely an incidental finding in this case.

Pneumomediastinum can result from varying aetiologies. Blunt force trauma is the most common however, it may also be observed spontaneously or secondary to tracheal or oesophageal perforation as well as dissecting wounds from the cervical region or theoretically from jugular venipuncture if gas is introduced into the myofascial planes. The mediastinum is generally comprised of fat which houses great vessels, the heart, the trachea, and the oesophagus. When gas is present in this region, it increases the serosal contrast of structures that would not normally be observed. The mediastinum can communicate with the bronchial tree and retroperitoneal space.

Spontaneous pneumomediastinum (the Macklin effect) is incompletely understood, but is suspected to be associated with alveolar rupture with air dissecting along the bronchovascular interstitial space with tracking towards the mediastinum. This allows for the increased distinction of the bronchial walls on the views.

This report has been tailored for academic use



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