

Final Report

Study Date/Time	01/10/2022 11:14 (CST)	Receive Date/Time	01/10/2022 19:14 (CST)
Patient Name	BUDDY SMITH	Modality	XRAY
Patient ID	20028	Institution	VETERINARY CLINIC
Age	12 years 0 months 0 days	Referring Veterinarian	REFERRING DVM
Sex	F	Image Count	6
Species	Canine	Priority	Standard
Breed	Mixed Breed	Accession No.	99228044
Spayed/Neutered	YES	Owner	JOHN SMITH
Weight	30.000 lbs		

STUDY TYPE(S)

Thorax- Three view

HISTORY / REASON FOR STUDY

Did not weigh P, guessing about 20-30 lbs

History: for about 3 weeks now p has had a raspy cough. Mostly notices at night when she is laying down energy level is good, cough is not elicited by exercise cough seems non productive and dry, will sometimes gag and vomit a bit

Exam: LPL thigh enlarged ~ 2x size of right thigh, 2 soft SC masses around left lateral stifle. lungs clear, able to elicit dry cough with tracheal palpation, pt recovers <5s. overweight. rads:

LPL cortical margins in tact. Soft tissue enlarged, there is a trilobed mass primarily fat density below a muscle belly.

Right lateral thoracic rad: heart wnl, diffuse interstitial lung pattern, few spots of mineral density

Left lateral: similar to right lateral

VD: interstitial lung pattern

OBSERVATIONS :

Presented for interpretation are 3 orthogonal views of the thorax, 2 VD views of the pelvis, and a ML view of the left pelvic limb.

THORAX:

There is a diffuse mild thickening of the walls of the bronchial tree throughout the entire lung field. Well-defined foci of mineralization are scattered throughout the lung field.

The trachea and mainstem bronchi are normal in diameter. There is mild redundancy of the dorsal tracheal muscle in the caudal cervical region.

The cranial mediastinum is normal in width and opacity. An incidental trace of gas is present in the thoracic portion of the esophagus.

The hepatic silhouette is extending beyond the costal arch and has rounded margins.

The stomach contains a mixture of gas and soft tissue material compatible with normal ingesta.

No skeletal abnormalities are detected.

PELVIS and left pelvic limb:

A heterogenous fat opacity is present in between the fascial planes of the left thigh musculature. This opacity is extending within the lateral musculature of the thigh where it is suspected to be infiltrative inside the semimembranous muscle.

The coxofemoral and stifle joints are unremarkable.

CONCLUSIONS:

1. Mild diffuse bronchial lung pattern is compatible with chronic bronchitis of allergic, inflammatory or infectious etiology. Consider BAL for cytology, culture and sensitivity.
2. Well-defined foci of mineralization scattered throughout the lung fields are compatible with incidental pulmonary osseous metaplasia/osteomas.
3. Large lipoma along the left thigh with suspected infiltrative component. CT could be considered to confirm muscular infiltration.
4. Hepatomegaly. This is a non-specific finding and differentials include vacuolar hepatopathy (such as with hyperadrenocorticism), extramedullary hematopoiesis, nodular hyperplasia, hepatitis, round cell infiltration, or vascular congestion.

Electronically Signed By : RADIOLOGIST DVM, PHD, DIPECVDI, MRCVS

Approval Date/Time (CST) : 01/11/2022 05:46

Patient Name : BUDDY SMITH

Patient ID : 200

Site Code : 01605