



VETCT
CONSULTANTS IN TELEMEDICINE

REPORTING SERVICE: XR

Report number: XXX

Report date: XXX

Referring Veterinarian: Dr VET

Referring Practice: XXX

Email address: XXX

Owner: XXX

Patient: XXX

Species: XXX Breed: XXX

Sex: XXX

Age: XXX

Previous report number: XXX

Clinical History:

Owner noted reduced appetite and lethargy 2 weeks ago. In the last 2-3 days he has developed right mucoid ocular discharge, "rattly breathing described as upper respiratory and an occasional soft, productive cough. yesterday he had 2 episodes of haemoptysis. He has been persistently pyrexia. Blood tests done on 1/3 showed some mild non specific changes. Two previous episodes pyrexia and neutropaenia which resolved without a specific diagnosis.

Number of series/images: 5

Study dated: XX/XX

Study received: XX/XX

Anatomic regions: Thorax

Radiographic views and technical comments :

5 views are provided consisting of right and left laterals and one DV projection. The radiographs are generally of very high quality.

VetCT Specialists Ltd

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Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK

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.

Diagnostic interpretation:

There is a focal peribronchial alveolar to interstitial pattern following the path of the left caudal mainstem bronchus, and adjacent to the left aspect of the accessory lung lobe. There is a central region of lucency with a saccular appearance overlying the location of the left caudal mainstem bronchus (seen best on the left lateral view), which either represents a dilated bronchus or a cavitory lesion around the bronchus (less likely). A thin pleural fissure line is seen along the ventral aspect of the accessory lung lobe on the right lateral view. An additional region of focal alveolar infiltrate is seen ventral to T8 –T10 on the lateral views. This is best seen on the right lateral where small air bronchograms are seen within the region.

The included skeletal structures are normal. The cranial abdomen is unremarkable.

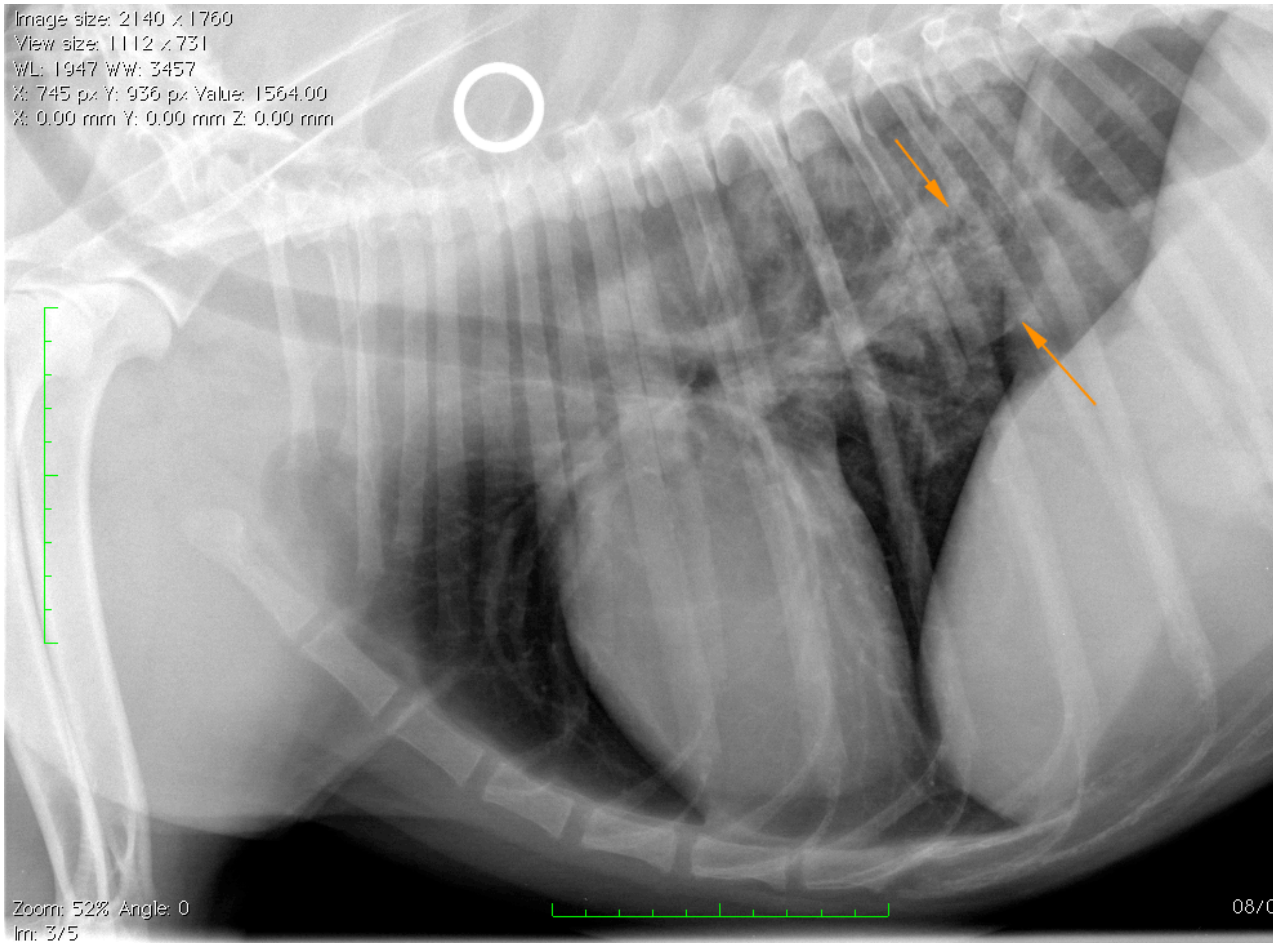


Image 1: The arrows show the sacculated radiolucent area

Conclusions:

1. Focal alveolar/interstitial infiltrate centred on the left caudal mainstem bronchus
2. Pleural thickening or a small amount of pleural fluid around the accessory lung lobe.
3. Possible dilation of the left caudal mainstem bronchus.
4. Additional alveolar infiltrate T8-10 dorsal left lung

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Additional comments:

The radiographic appearance is highly suspicious for a bronchial foreign body in the left caudal mainstem bronchus. Secondary pneumonia is present, and I am concerned that this is quite extensive. It is possible that intraluminal material may be present in several smaller bronchial divisions. CT could be useful for further assessment prior to endoscopy/surgery.

Other differentials include a bronchial tumour such as bronchogenic carcinoma. This is considered less likely.

Reporting Radiologist:

XXX BVSc DVR DipECVDI MRCVS

RCVS and European Specialist in Veterinary Diagnostic Imaging

If you have any queries regarding this report then please contact the reporting radiologist on the above email address or contact info@vetctspecialists.com

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