

Case 1

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Signalment and History

- A 4 year old female spayed Chesapeake Bay Retriever
- Non-productive cough for 2 months
- Companion and hunting dog
- Previously diagnosed with left ventricular enlargement with systolic dysfunction and early onset DCM
- Also has fever and lymphadenopathy at presentation

Physical Exam Findings

- T- 103.4 F
- P- 140 bpm
- R- panting
- Respiratory: Chronic unproductive cough on expiration
- Lymph nodes: Enlarged left popliteal LN, slightly enlarged superficial cervical lymph nodes

Thoracic radiographs are available.

- 1) Describe your radiological findings
- 2) List your diagnosis/differential diagnosis





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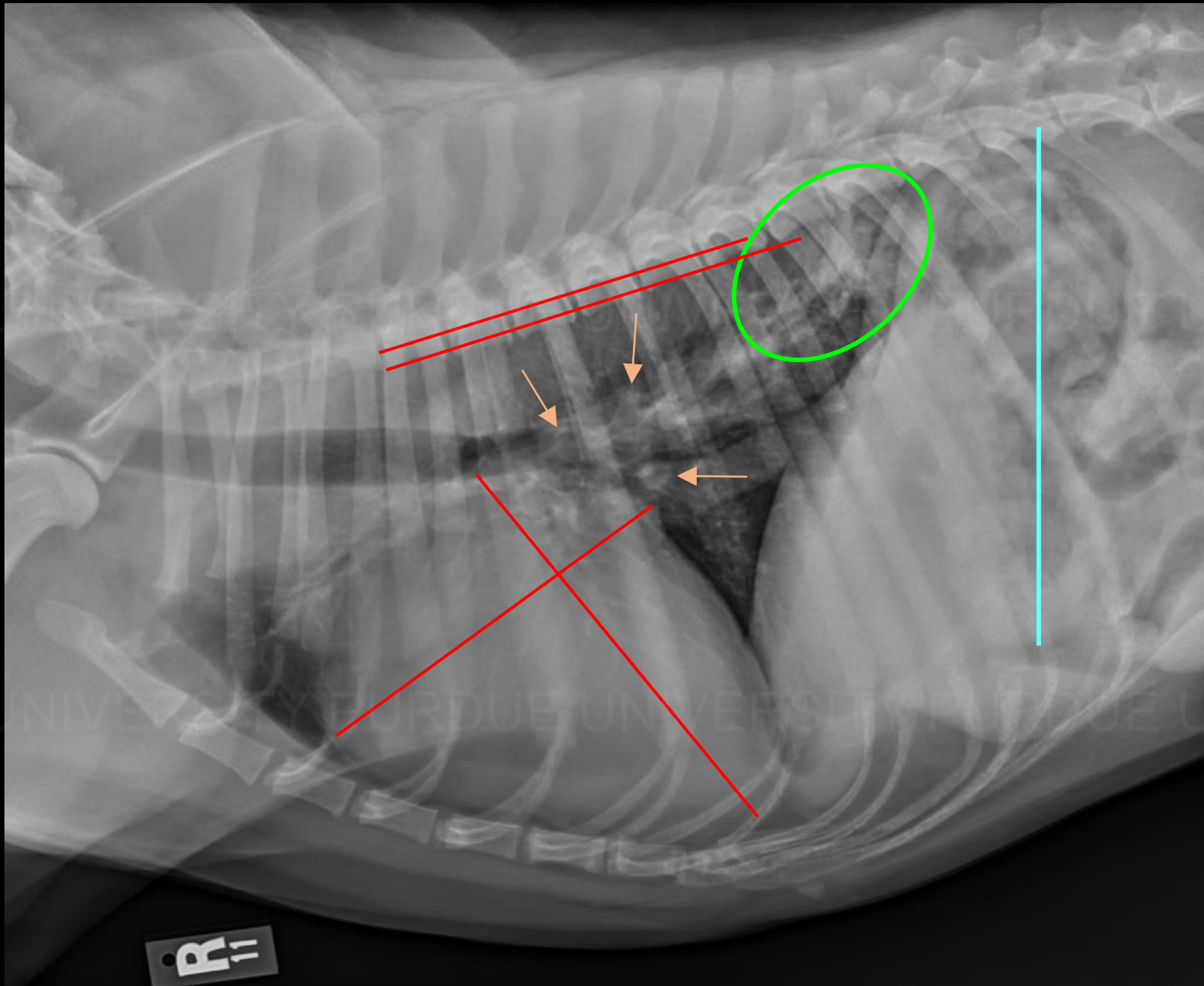
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Radiological Findings

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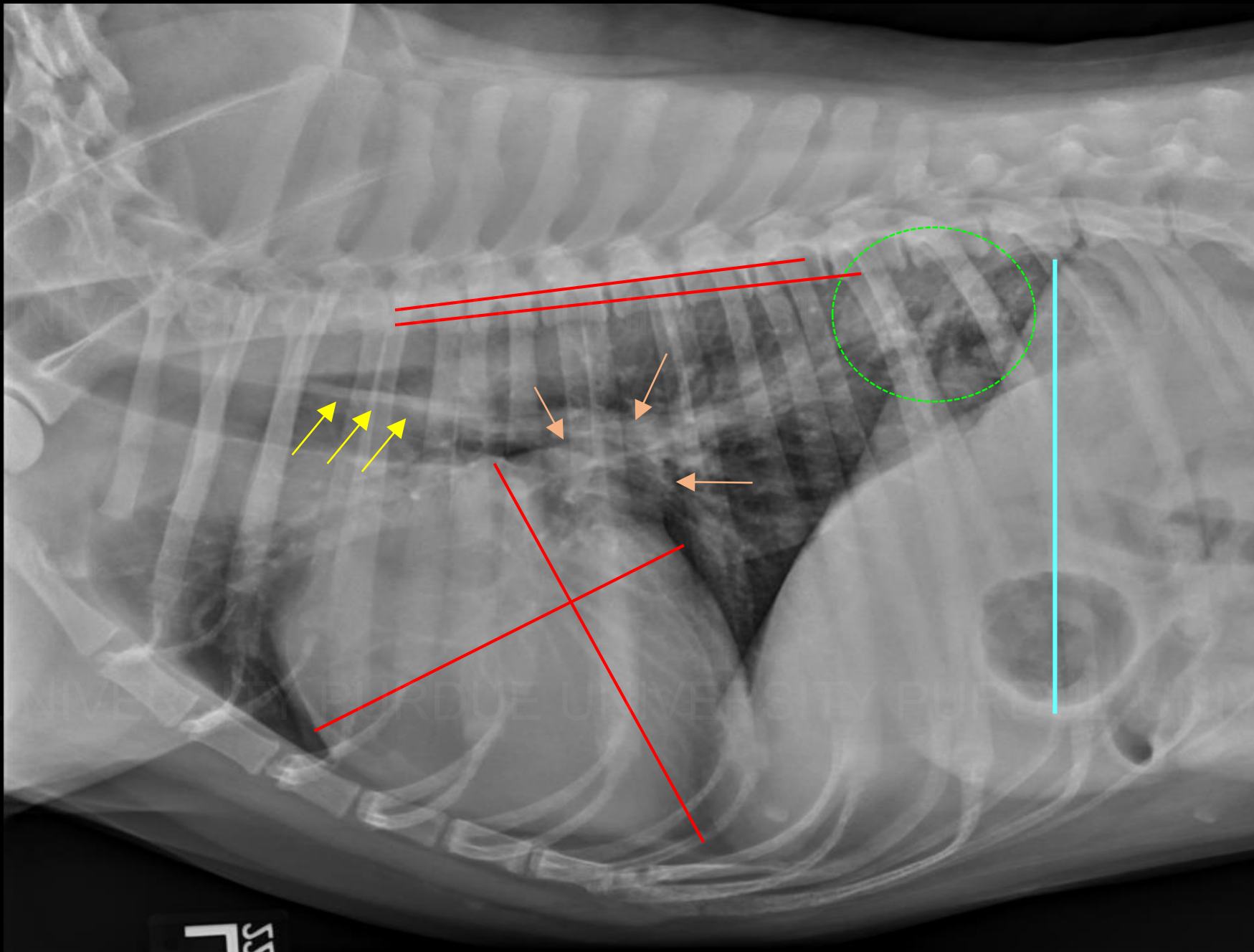


Left atrial bulge

Generalized enlargement
of heart- VHS of 12v

Poorly defined irregular
heterogenous soft tissue
structure/ mass

Cranial deviation of gastric
axis- expiratory radiograph



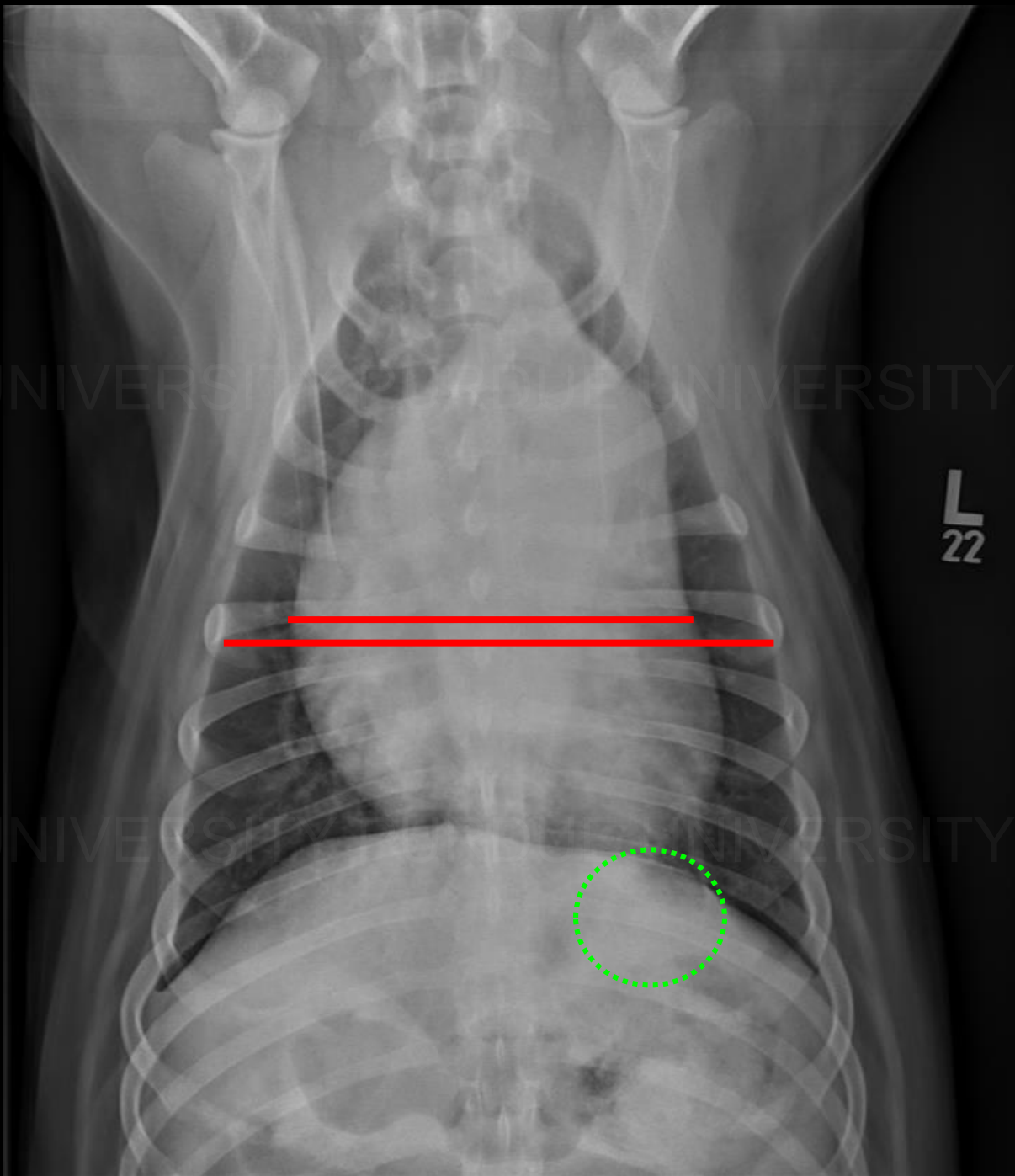
Left atrial bulge

Generalized
cardiomegaly
VHS of 12v

Poorly defined
irregular heterogenous
soft tissue structure/
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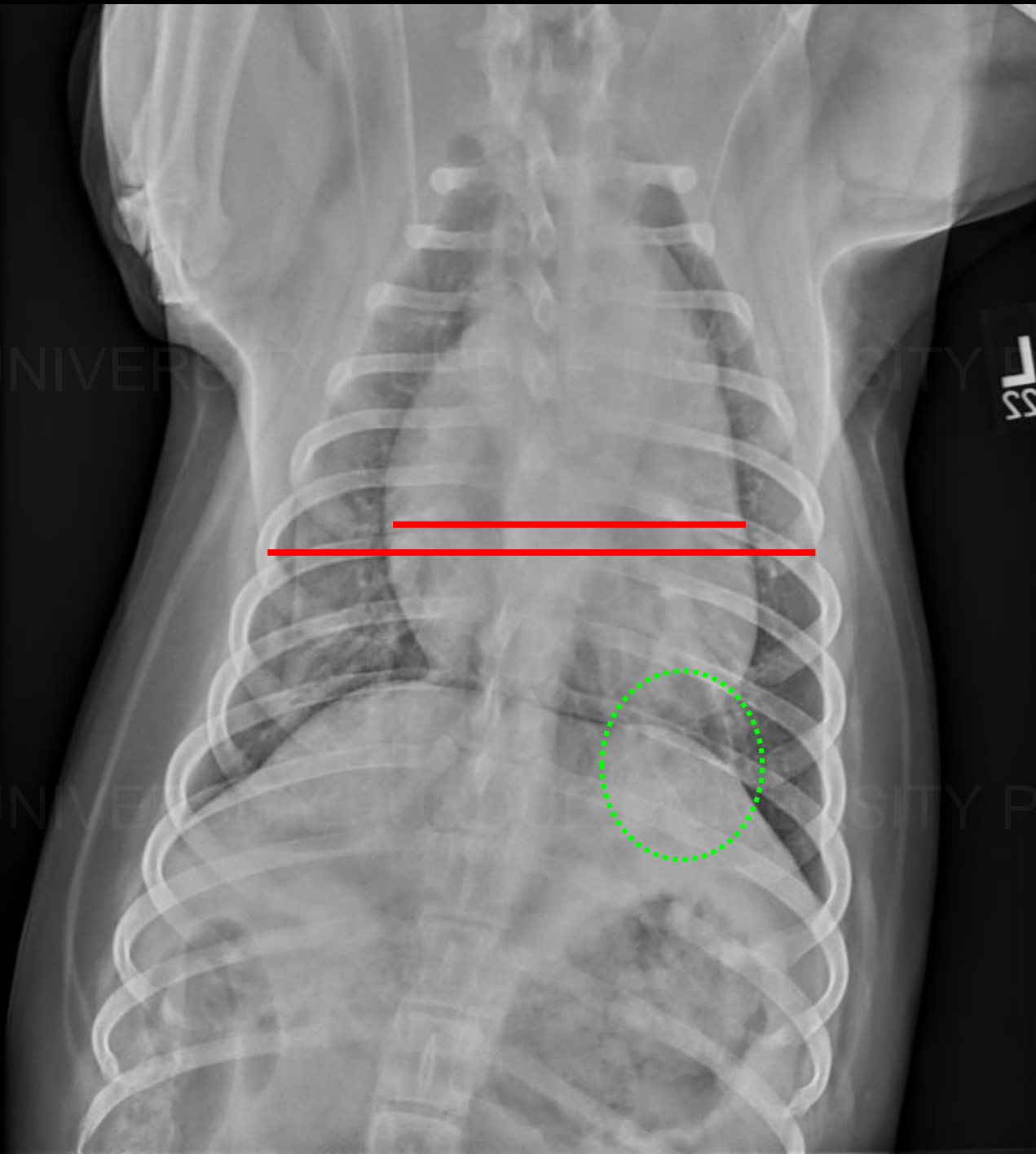
Cranial deviation of
gastric axis-
expiratory radiograph

Tracheal stripe sign-
mild aerophagia



Generalized enlargement of heart- more than 2/3 width of thorax

Poorly defined heterogeneous soft tissue structure/mass in the left caudal lung lobe



Generalized enlargement of heart-takes up more than 2/3 of thorax

Poorly defined heterogeneous soft tissue structure/mass in the left caudal lung lobe

Differentials

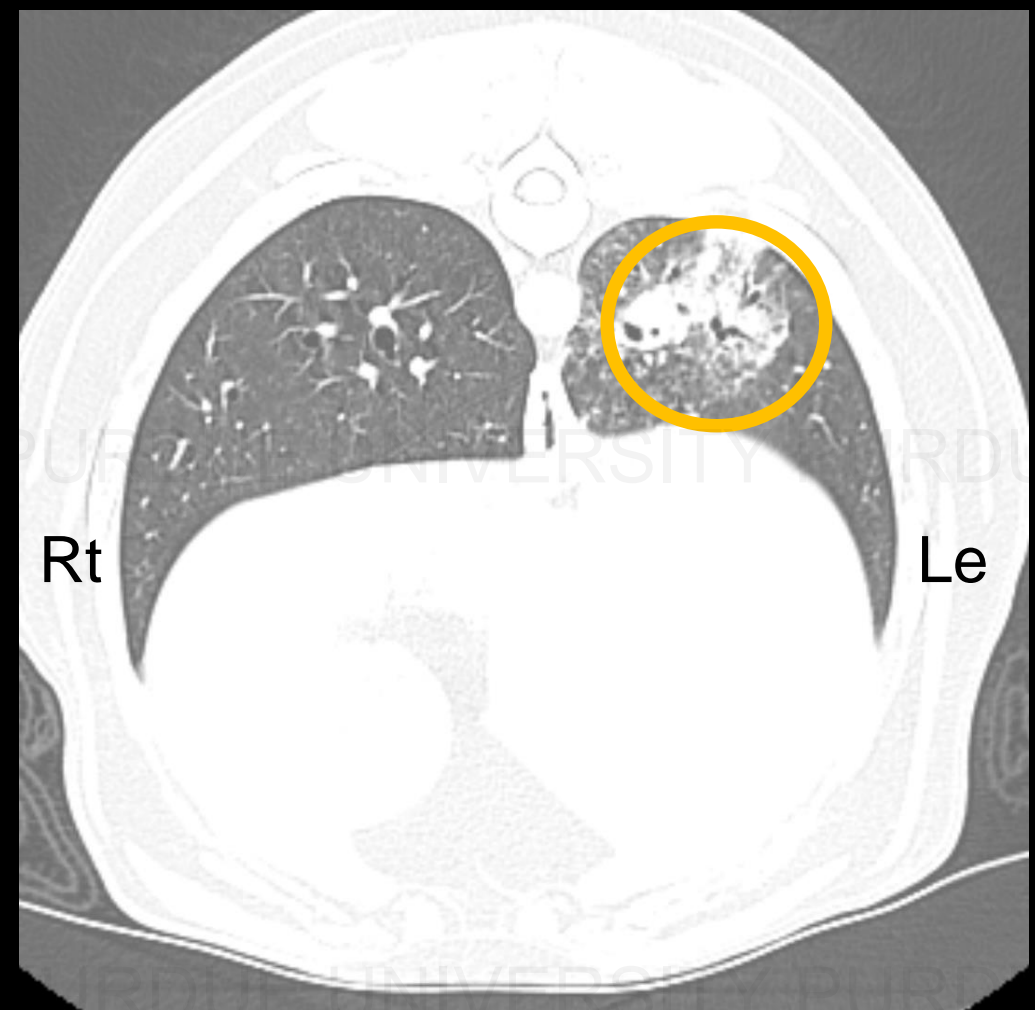
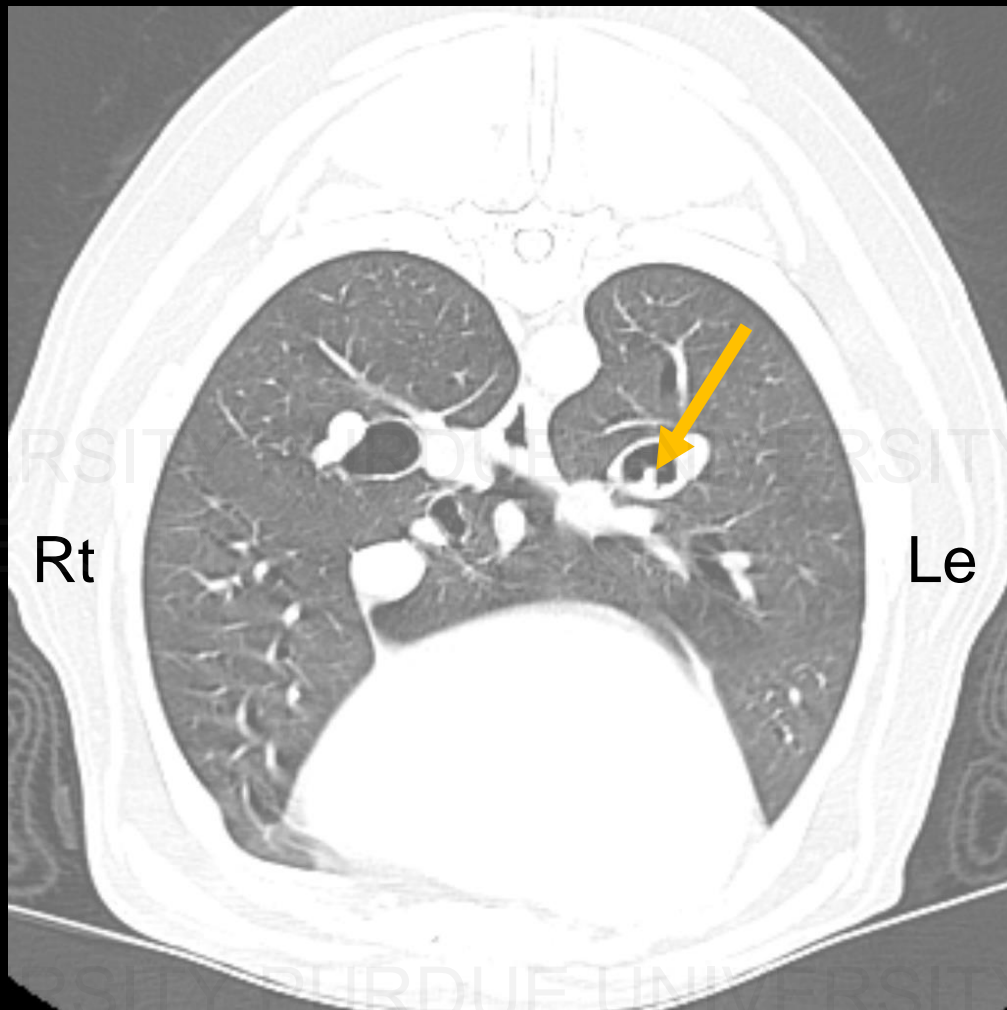
- Pulmonary mass in left caudodorsal lung lobe
 - Abscess (secondary to inhaled foreign material)
 - Granuloma
 - Primary lung neoplasia

- Cardiomegaly with left atrial enlargement
 - Previously diagnosed with left ventricular enlargement with systolic dysfunction and mild mitral valve stenosis.
Cardiomegaly is static but consistent with early onset DCM

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Final diagnosis

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- Thoracic CT
 - left caudal lobar bronchial linear foreign body (arrow) with associated bronchopneumonia (circle)
- A 5 cm long wooden stick foreign body was removed via bronchoscopy

Remarks

- Intrathoracic migrating/inhaled foreign bodies
 - Usually associated with interstitial to alveolar lung pattern
 - Right caudal, accessory and *pars caudalis* of the left cranial lung lobes are mostly affected
 - Increased prevalence in young hunting dogs
 - Common clinical signs include cough and hyperthermia
 - Computed tomography may add in detection and determination of the location of the foreign body

References

1. Le Roux, A.B., Cahn, D., 2016. What Is Your Diagnosis? Tracheal foreign body (possibly a wood stick) with secondary pneumonia in the accessory lung lobe. *J. Am. Vet. Med. Assoc.* 248, 879–881.
<https://doi.org/10.2460/javma.248.8.879>
2. Schultz, R.M., Zwingenberger, A., 2008. Radiographic, Computed Tomographic, and Ultrasonographic Findings with Migrating Intrathoracic Grass Awns in Dogs and Cats. *Vet. Radiol. Ultrasound* 49, 249–255.
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3. Cerquetella, M., Laus, F., Paggi, E., Zuccari, T., Spaterna, A., Tesei, B., n.d. Bronchial Vegetal Foreign Bodies in the Dog — Localization in 47 Cases 4.