Case History

6 image(s) - is an approximately 14 year old female spayed jack russell terrier presenting for 2 weeks of decreased appetite and activity with possible intermittent vomiting; dark stools. Owner unsure if vomiting or coughing when prompted; does occasionally appreciate wheezing. Grade 3/6 heart murmur. Bloodwork normal at primary several days ago . Currently on Pepcid, probiotic, pyrantel, entyce and cefpodoxime from primary

Requested November 24, 2025 5:19AM
Completed November 24, 2025 6:26AM
Return Time 2HR STAT

Referring Vet
Patient ID
Birthdate 2011-02-24
Breed Jack Russel Terrier
Gender Female Neutered Yes
Species Dog
Weight 13.8 Lbs

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Found

Neoplastic vs infectious - Respiratory
Likely

Tracheobronchial lymphadenopathy - Respiratory
Likely

Pleural effusion - Pleural space
Likely

Checked

Cardiovascular
Normal

Mediastinum
Normal

Hepatobiliary
Normal

Spleen
Normal

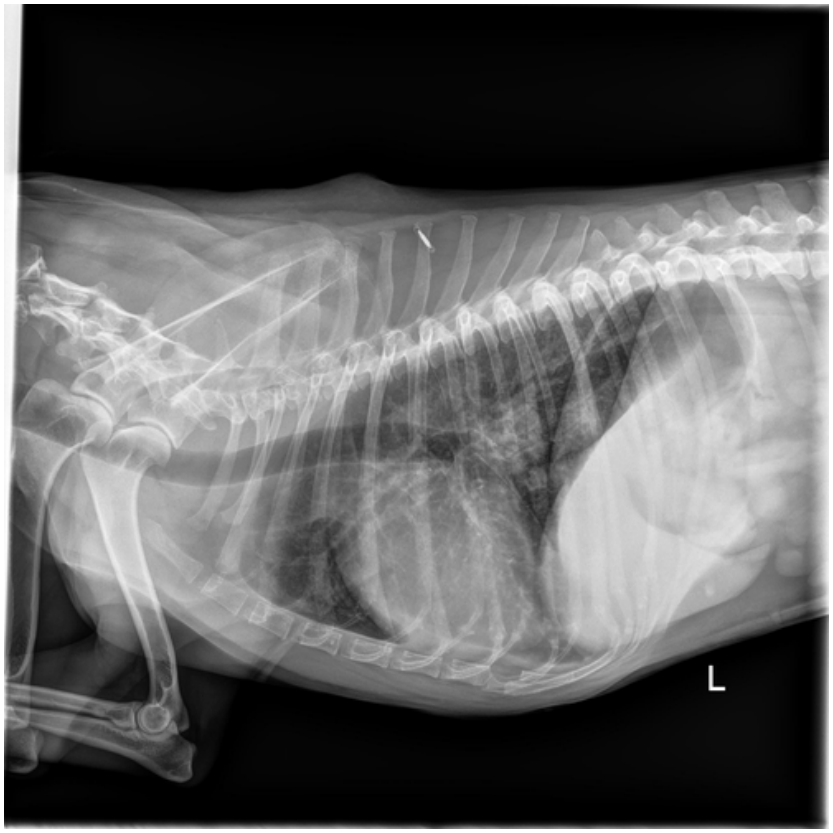
Urogenital
Normal

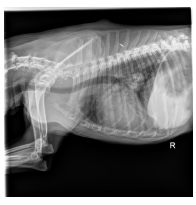
Gastrointestinal
Normal

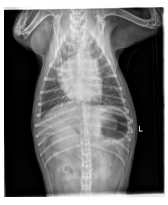
Peritoneal space
Normal

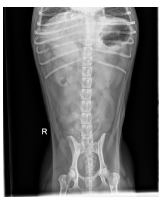
Musculoskeletal
Normal

Patient Images









Specialist Findings

Description:

R and L lateral and VD radiographs of the thorax and abdomen of good diagnostic quality are submitted for review.

- Thorax:

The cardiac silhouette is upper limit in size, with a craniocaudal length of 3.5 intercostal spaces; the cranial and right border is mildly rounded, with a mildly flattened left border (tendency to reverse D shape).

At the level of 6th to 8th intercostal spaces, caudodorsal to the cardiac silhouette and caudal to the tracheal bifurcation, superimposed on the spine on the VD view, there is an ill-defined and irregularly marginated soft tissue opacity, measuring approximately 3 cm in diameter. The intrathoracic trachea and carina are in a normal position; there is no obvious mediastinal shift.

The pulmonary parenchyma shows a diffuse bronchial and peribronchial pattern, most marked affecting the caudodorsal lung field. The lung volume is normal.

Cranial pulmonary vessels are of upper limit size. Caudal pulmonary vessels are partially effaced.

There are bilateral thick pleural fissures indicating bilateral mild to moderate pleural effusion.

- Abdomen:

The peritoneal serosal detail is preserved.

The stomach is moderately distended by gas. Small intestinal loops are soft tissue opaque, with normal diameters around 10 mm. There is no obvious small intestinal segmental dilation, plication or misdisplacement, and there is no visible radio-opaque foreign material. The colon is mildly distended by fecal material.

The right renal silhouette seems caudally displaced; the border of the adjacent hepatic silhouette is not visible (likely border effacement).

The remaining included structures show no major abnormalities, including the splenic, left renal and urinary bladder silhouettes.

- Other regions:

No significant abnormalities are noted.

Conclusion and recommendations :

- Caudo-dorsal mediastinal soft tissue opacity, suspected to represent moderate to marked tracheobronchial lymphadenomegaly, less likely left atrial dilation. Bilateral mild to moderate pleural effusion. Pulmonary bronchial and peribronchial changes. Suspected right cardiomegaly might represent cor pulmonale.
- Mild mass effect on right kidney - right cranio-dorsal peritoneal/retroperitoneal mass is possible (adrenal, lymphatic, hepatic?).

The association of these findings are suggestive of neoplastic disease (such as round cell, could explain all thoracic findings and potentially affecting the GIT as well, explaining GI signs). Chronic infectious bronchopneumopathy is also considered, especially fungal given the suspected satellite lymphadenopathy (correlate to geographical distribution).

Recommended next steps: referral for internal medicine consultation and additional diagnostics:

- Thorax: thoracocentesis with pleural fluid analysis (cytology +/- culture), +/- thoracic CT +/- BAL depending on results, +/- echocardiography.
- Abdomen: ultrasound to investigate melena (GIT bleeding?) and rest of organs (true abdominal mass? signs of organic neoplastic infiltration, lymph nodes).
- If any peripheral lymphadenomegaly is palpable, FNA and submit for cytology. Also consider submitting CBC with smear.