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What's Your Radiographic Diagnosis?

R. L. Peiffer, Jr., D.V.M.*

History: A one and a half year old mixed breed female was referred to the clinic with a chronic cough. The referring veterinarian had removed a weed seed from the tonsilar crypt following which the animal showed transient improvement. Antibiotics and digitalis were administered with no evident response. The animal had never been vaccinated.

On admittance the dog was alert and in good flesh. She was more than forty-five days pregnant and showed pale mucous...
membranes. No murmurs were auscultable and the heart sounds and pulse were normal. A harsh inspiratory dyspnea was auscultable and most obvious on the dorsal half of both sides of the thorax. A mild bilateral serous conjunctivitis was present, as was a crusted nasal exudate.

Thoracic radiographs were taken (Figs. 1 and 2) and blood analysis performed (Table 1). Electrocardiogram findings showed a slight left axis deviation. The animal was started on aminophylline and antibiotics and an exploratory thoracotomy was decided upon.

On the day of the scheduled surgery the bitch showed signs of second stage labor. After six hours without whelping a caesarean section was performed. Four live pups were delivered. While closing the incision the bitch went into respiratory and subsequent cardiac failure that did not respond to emergency therapy.

Radiologic Diagnosis: Thoracic mass at the base of the heart. Clinical differential
Hb 12.1 gm%
PCV 38%
RBC 4.02 x 10^6 cells/mm^3
WBC 13,400 cells/mm^3
  eosinophils 3%
  Seg. Neutro. 78%
  Band. Neutro. 3%
  lymphocytes 12%
  monocytes 4%
  platelets adequate
  RBC morphology anisocytosis polychromasia
  total protein 6.8 gm%
  fibrinogen 500
  BUN 10 mg%
  SGPT 16 units

diagnosis included heart base tumor, other types of neoplasia, or a granulomatous reaction.

Comment: On post-mortem examination a large mass (4 cm. by 2 cm.) was found at the bifurcation of the trachea. The mass was firmly attached to the pulmonary artery and was causing compression of the trachea. Small yellowish-white nodules were diffusely scattered throughout the lung parenchyma. The lymph nodes in the area were also involved.

Histopathology revealed thinly encapsulated granulomas characterized by centers of caseous necrosis surrounded by mononuclear inflammatory cells, primarily histocytes, and containing small, round to elliptical mycotic bodies.

Final Diagnosis: Chronic granulomatous pneumonia and lymphadenitis caused by an undetermined mycotic agent.

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MMA

Scouring diseases in young pigs and the Mastitis-Metritis-Agalactia (MMA) syndrome in sows are the primary disease problems swine producers face, according to Dr. B. E. Hooper, professor of veterinary pathology and parasitology at the University of Georgia.

A few types of coliform bacteria cause most of the bacterial scour's of young pigs, Dr. Hooper said. These organisms produce an enterotoxin that acts directly in the lining of the small intestine to create a flow of body fluid into the intestine where it is lost as diarrhea. He explained that sows are being vaccinated in the mammary gland in an attempt to prevent the disease. This appears to offer more protection to the nursing pig than previous methods of vaccination.

The number of complex and conflicting theories concerning the MMA syndrome of sows is being reduced. Dr. Hooper pointed out that agalactia appears to be the primary problem and current research suggests the cause is a hormonal imbalance. Mastitis occurs as part of the syndrome, but appears to be of secondary importance, he said. Infection of the uterus does occur, but in only a very few of the affected animals. (Pfizer News)