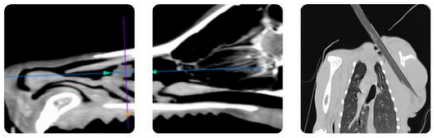

PATIENT

Norman Ray

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

8Y

WEIGHT

31.3kg

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

Dr. K. Choptain

INVOICE

73177

DATE

1-5-26

PRESENTING CLINICAL SIGNS

Started retching on the 1st, developed resp distress on the 2nd of January; chest tube placed on the L side on the 2nd , pleurodesis performed on the 3rd. CT to determine if surgery is an option.
Abnormal PE/Chem/CBC/UA Results: NAF

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Persistent pneumothorax is noted and most pronounced on the left side with marked collapse of the caudal subsegment of the left cranial lung lobe and collapse of the left caudal lung lobe. Partial aeration of the cranial subsegment of the left cranial lung lobe is seen.

Both pleural cavities contain a small amount of fluid as well.

Within the aerated and partially re-expanded lung parenchyma, there are multiple small interstitial pulmonary nodules. Along the pulmonary pleural surface, there are multiple focal collections of hypoattenuating material compatible with fibrin clots, rupture pulmonary bullae, and/or focal hematomas likely related to ongoing air leakage and recent interventions.

Severe aggressive osteolysis of the right first rib with extension into the right aspect of the 1st thoracic vertebra is seen. The lesion extends also into the vertebral canal indicating locally invasive behavior and spinal cord compression. The associated bone destruction is permeative and aggressive in appearance highly suspicious for a primary thoracic wall neoplasm.

The heart and mediastinal lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilateral pneumothorax with partial predominantly left sided pulmonary collapse likely secondary to pulmonary parenchymal disease and/or pleural surface disruption.
- Aggressive osteolytic mass of the first right rib with extension into the 1st thoracic vertebra and spinal canal.
- Multiple small interstitial pulmonary nodules compatible with metastatic disease.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The aggressive osteolytic mass of the right first rib is likely to represent the primary tumor of this patient, and a malignant bone or thoracic wall neoplasia such as osteosarcoma, chondrosarcoma, or other sarcoma is considered likely. The findings are not compatible with a benign mass.

The multiple small interstitial nodules are likely to represent metastases of the thoracic wall neoplasia and may have caused the parenchymal or pleural surface disruptions underlying the pneumothorax.

Tissue sampling of the rib lesion can be considered for definitive diagnosis. Consideration of oncology consultation can be considered to discuss prognosis and palliative options; however, the prognosis based on the CT findings, appears poor.

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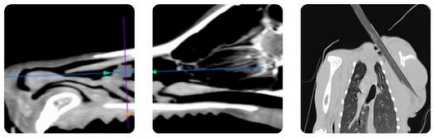

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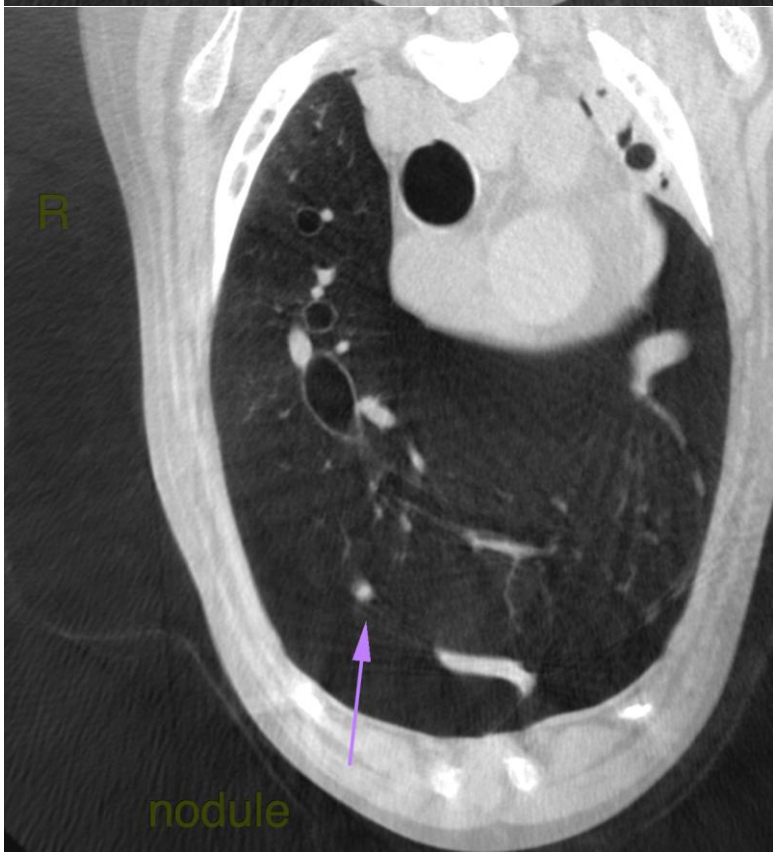

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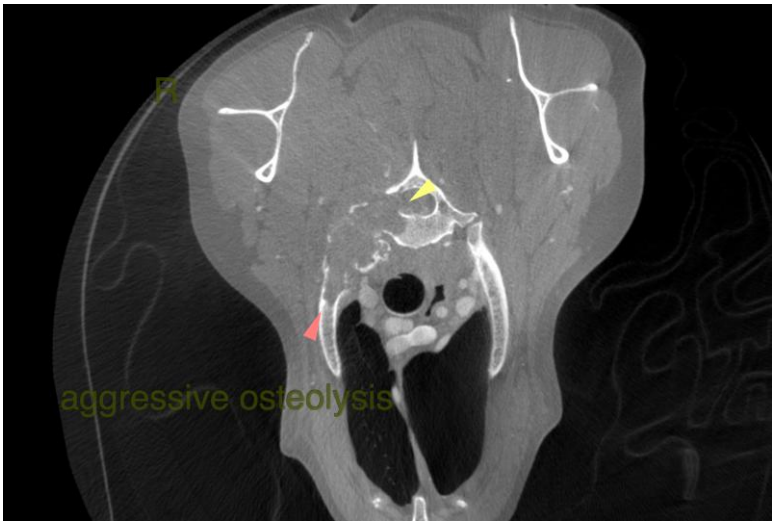

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com