



**PATIENT**

Baxter Landers

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Male Neutered

**AGE**

8 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Mountain West  
Veterinary Hospital

**REFERRING VET**

Dr. Jeff Simmons

**INVOICE**

55299

**DATE**

11-20-22

**PRESENTING CLINICAL SIGNS**

Pt was seen at another hospital for difficulty breathing . Pleural effusion was noted and a thoracocentesis was done every day.

Abnormal PE/Chem/CBC/UA Results: Pleural effusion was noted and a thoracocentesis was needed every day for 4 days. 1000mL were removed from the chest today. Cytology came back neoplasia suspect carcinomatosis.

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies of the thorax available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

There is a mild amount of pleural effusion within both pleural cavities.

There appears to be moderate generalized thickening of the visceral pleura with cortication of the lung lobes. Mild multifocal peribronchial interstitial infiltrates are seen. No discrete pleural or pulmonary masses are seen. There is no evidence of bronchial or other foreign material.

The mediastinal lymph nodes present within normal limits.

Extensive brush bordered periosteal new bone formation is seen on the medial surface of the 2<sup>nd</sup> through 8<sup>th</sup> rib pairs as well as onto the dorsal contour of the cranial sternum. No thoracic wall defects are seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild bilaterally symmetric pleural effusion.
- Bilaterally symmetric generalized pleural thickening.
- Polyostotic bilaterally symmetric periosteal new bone formation of the ribs and sternum.
- Cortication of the lung lobes with mild peribronchial interstitial infiltrates.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A solid mass cannot be identified within the thorax. There is a mild amount of residual pleural effusion in both pleural cavities. Pleural thickening with lung lobe cortication is noted as well as mild multifocal peribronchial interstitial infiltrates. No evidence of foreign material can be identified.

There is a large amount of periosteal new bone on the medial and dorsal surface of the ribs and sternum respectively.

Differential diagnosis includes pyothorax with pleuritis and multifocal periostitis, as can be seen in septic pyothorax at times, versus carcinomatosis with paraneoplastic osseous hypertrophy. To correlate with the results of the analysis of the pleural fluid, further sampling such as thoracoscopic or thoracotomic could be considered should this be inconclusive and should the patient remain refractory to the initiated empirical management.



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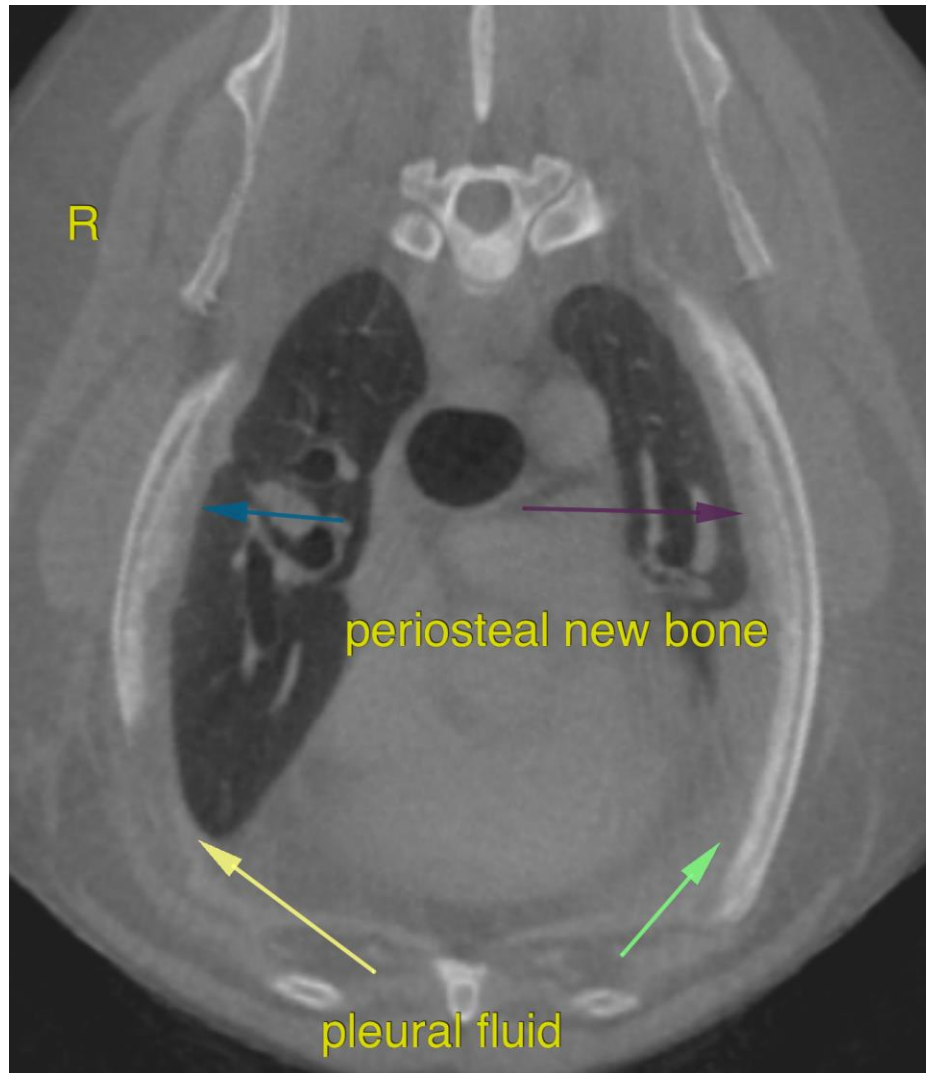
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**, DVM, Dr. med. vet., DipECVDI  
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