



PATIENT

Snowball Jakes
Rescue

PRESENTING CLINICAL SIGNS

11/17/22 4yo MN Pekingese presented for possible URI at ER, has been dealing with a bout of kennel cough, started him on doxy 2d ago, decreased appetite, vomiting, wheezing, lethargic. xrays on 11/17: There is soft tissue within the pleural space, the left side is more affected. There is a soft tissue mass effect within the left cranial lung lobe; the mass is at the level of the cardiac silhouette.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review.

BREED

Pekingese

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Moderate left sided pneumothorax is seen. Mild left sided pleural effusion is noted as well.

SEX

MN

The left caudal lung lobe is collapsed and retracted from the thoracic wall. The left cranial lung lobe presents moderate generalized increase in volume with large contrast negative areas of cavitation. Only minimal residual air is seen. Most of the recognizable bronchi are filled with fluid attenuating material. Malpositioning of the bronchial bifurcation is noted as well as a blindly ending lobar bronchus of the left cranial lung lobe. The right lung is aerated and presents a multifocal peribronchial interstitial infiltrate.

AGE

5

The sternal lymph nodes are mildly enlarged. The cranial mediastinal and tracheobronchial lymph nodes present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

HOSPITAL NAME

Animal Surgical
Center

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

INVOICE

55335

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

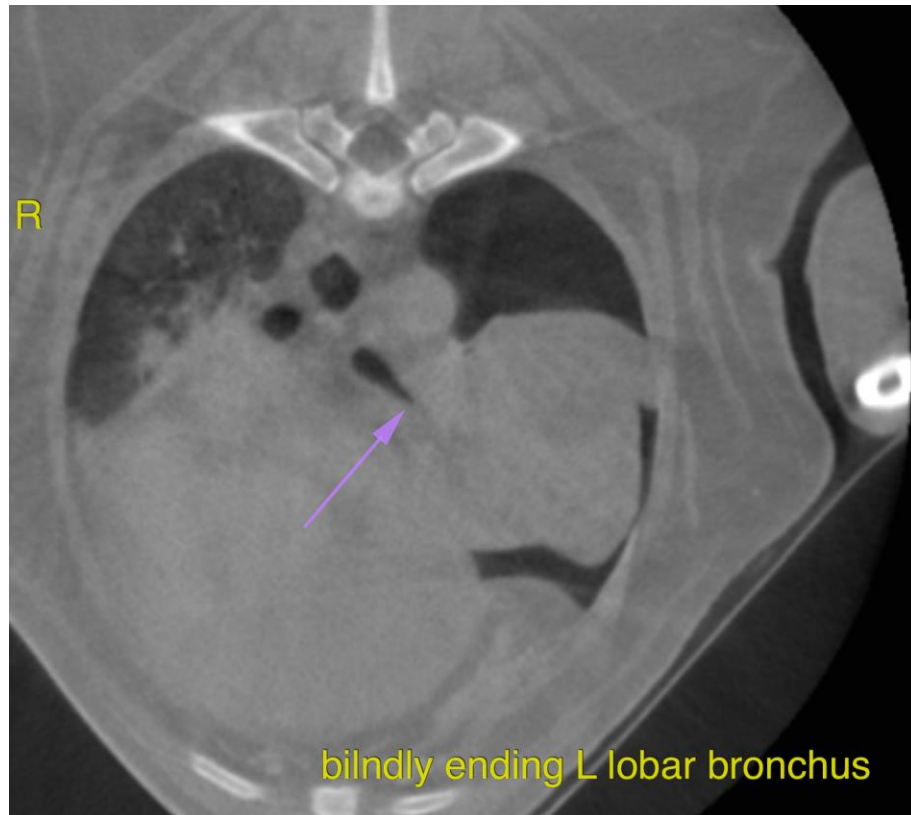
- Moderate left sided pneumothorax.
- Mild left sided pleural effusion.
- Lobar collapse of the left caudal lung lobe.
- Cavitation and mass effect of the left cranial lung lobe with suspect lobar torsion.
- Multifocal peribronchial infiltrate of the aerated right lung.
- Mild sternal lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis for the changes of the left cranial lung lobe includes lobar abscessation and less likely lobar neoplasia with tumoral necrosis. Left cranial lung lobe torsion is considered likely based on the CT findings.

The pneumothorax may be due to primary bronchopulmonary pathology such as bronchopneumonia or interstitial lung disease or a consequence of the presumed lobar torsion. The left lung is the source of the pneumothorax. The leakage may be localized to the bronchial bifurcation or bronchial tree or to the left caudal lung lobe. Surgical exploration should be considered if not performed already.

The sternal lymphadenomegaly is mild and compatible with reactive hyperplasia. Early metastatic disease is thought unlikely.





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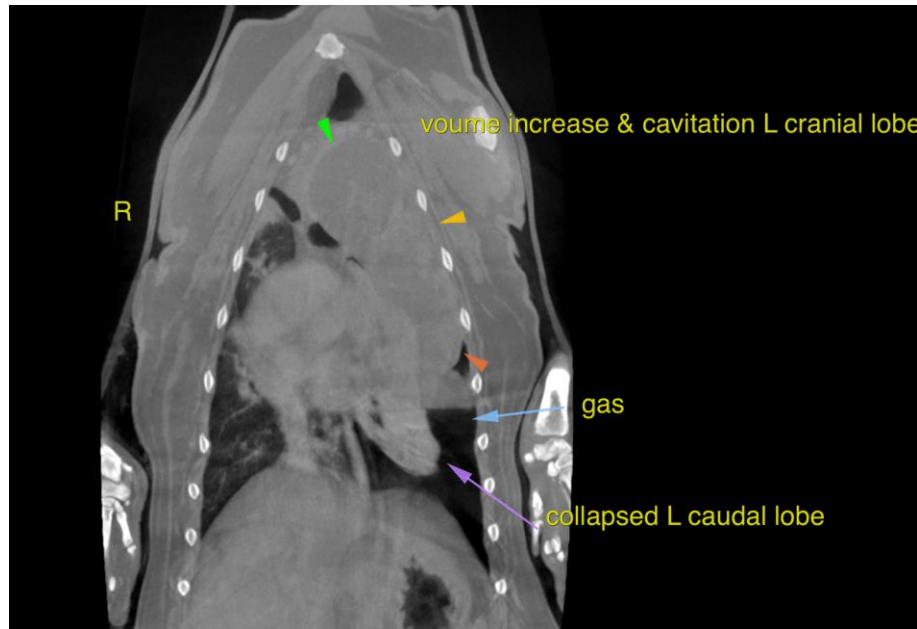
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com