



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Wilson Kocot

SPECIES Canine

BREED Labrador Retriever

SEX M

AGE 13yr

Wilson is presenting for lethargy and drinking a large amount of water this morning. Owner's also noted that he has been keeping his head low and his tail tucked. On 11/16/25 before dinner Wilson vomited, the vomit contained clear liquid, with some kibble (from AM). Wilson has had a hacking/gaging cough, owners are unsure how long it has been present for. Owners noted that Wilson does drag one of his hind legs, but this is not a new change. Wilson was at grooming 11/20/25, owners report that he was normal prior and during grooming. Wilson has suspect hearing loss, and previous examinations have revealed muscle atrophy, caudal thigh muscles, gluteal muscles. Wilson has historically been Anaplasma positive. Bloodwork completed on 3/13/25 was mostly unremarkable however proteinuria (UPC 0.5) was revealed.

ABNORMAL PE/CHEM/CBC/UA RESULTS: PE: General Appearance and Mentation: Dull, weak; Eyes: OU: Lenticular sclerosis; Oral Cavity: Moderate dental tartar with lenticular sclerosis.; Cardiovascular: Dynamic pulses with tachycardia.; Gastrointestinal / Abdominal: Mass in the abdomen tied to the spleen with abdominal effusion.; Nervous System: Dull mentation and weakness. CBC: PTT 70.0; RBC 4.81; Hematocrit 26.9; WBC 24.04; Neutrophils 22.12; Lymphocytes 0.76; Chem: PCT 0.53; ALKP 20;

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain study is available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Mild dependent dorsal atelectasis is noted in the right and left lung consistent with recumbency and recent and anesthesia. Otherwise the pulmonary parenchyma demonstrates age-related changes including mild bronchial wall enhancement and multifocal interstitial and subpleural bands.

Occasional osteomas are seen, no pulmonary masses or consolidations are identified. There is no evidence of pulmonary thromboembolism. No mediastinal masses or lymphadenopathy seen.

The heart size and morphology present within normal limits. There is no evidence of significant pleural changes.

The thoracic wall, trachea and major vessels appear unremarkable.

Pneumoperitoneum and gas within the subcutaneous cranioventral abdominal wall consistent with recent celiotomy are noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Age-related pulmonary changes, no evidence of thoracic mass
- Temporary dorsal pulmonary atelectasis
- Post-operative pneumoperitoneum and abdominal wall emphysema

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no primary thoracic pathology to account for the patient's clinical signs. The atelectasis is a common anesthetic and recumbency related finding. The mild bronchial and

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INVOICE

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pulmonary changes are considered within age-related normal limits. Given the clinical history, the thoracic CT findings do not explain the lethargy or polyuria. Further evaluation should focus on abdominal or systemic causes as well as on neuromuscular disease including laryngeal neuropathy.

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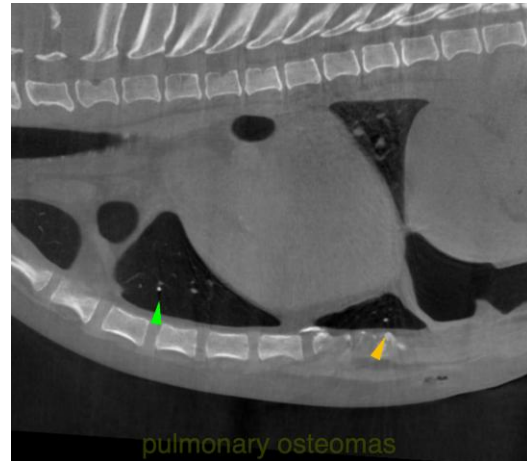
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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