



PATIENT

Dottie Burnell

SPECIES

Canine

BREED

Labrador

SEX

Female

AGE

1Y, 9M

WEIGHT

28.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Dylan Payne

INVOICE

73654

DATE

2-9-26

PRESENTING CLINICAL SIGNS

- Current problem - 2 months ago noticed looked unwell, became lame (hunched back walking on egg shells), yelped as hit the floor, got worse and worse, rapidly breathing and shaking, very lethargic, went to vets and had a few weeks with prednisone and gabapentin as could be meningitis, improved but not 100% recovered, late december same again and pain on random manipulation of legs (various and variable), same treatment again and didn't improve this time, went back 8 days ago and performed T-FAST and found pleural effusion, thickening of pleura, CT agreed, poss septic focus left caudal lobe, not clear fb, chronic pleuritis, septic effusion pyothorax and positive for e.coli and more recently anaerobic cover. Has been on amox/clav for the last week and seems back to her normal self, breathing returned to normal. BAR in self,
- Dx: recent pyothorax (resolving vs possibility of recurrence in near future).
- Disc findings to date, adv no clear underlying cause of pyothorax identified (though suspicion of left caudal lobe) and so moderate chance of resolution with medical management. Disc morbidity and invasiveness of median sternotomy and alternative would be as clinically back to normal to complete four week course ab (add metronidazole) and repeat CT to assess thorax and consider surgery if ongoing notable abnormalities.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals scant residual pleural fluid. Generalized pleural thickening is seen consistent with recent or chronic pleuritis.

Focal plate like atelectasis is seen in the lateral aspect of the right cranial lung lobe. A 7mm sized interstitial nodule with mineral focus is present in the parenchyma in the right caudal lobe. The left lung lobes appear unremarkable. No evidence of ongoing infection or mass is seen.

Mild to moderate sternal and mediastinal lymphadenomegaly, likely reactive, is seen.

No foreign material is identified.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Residual changes following pyothorax: minimal pleural fluid and generalized pleural thickening.
- Right caudal lobe nodule with mineralization
- Mild sternal and mediastinal lymphadenomegaly.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible residual changes following pyothorax. Minimal residual fluid and generalized pleural thickening are seen. Focal plate like atelectasis is present in the right cranial lung lobe which may represent scar/cicatriziation atelectasis. The mineralized small nodule in the interstitium of the right caudal lung lobe may represent healed inflammatory focus, fibrotic nodule, and less likely granuloma or abscess. Evidence of active peripheral inflammation is not present at this time.

The mild sternal and mediastinal lymphadenopathy is likely to be reactive.



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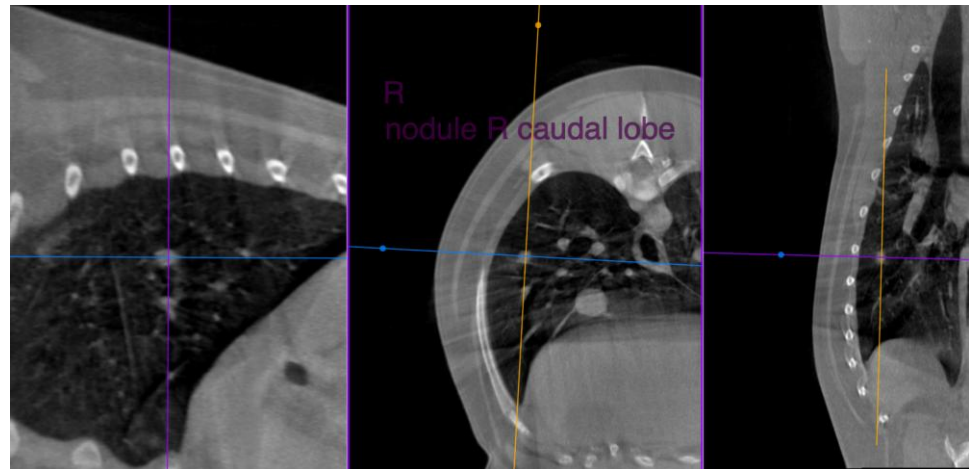
WEIGHT

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Evidence of active infection or foreign body is not identified.

Given the history, these findings are consistent with resolving pyothorax. The residual changes may persist post-infection.

Continuation of medical therapy and follow up CT after completion of therapy can be considered to evaluate resolution or persistence of residual fluid and pleural thickening. Surgical consideration is recommended if residual or progressive thoracic abnormalities persist despite medical management.



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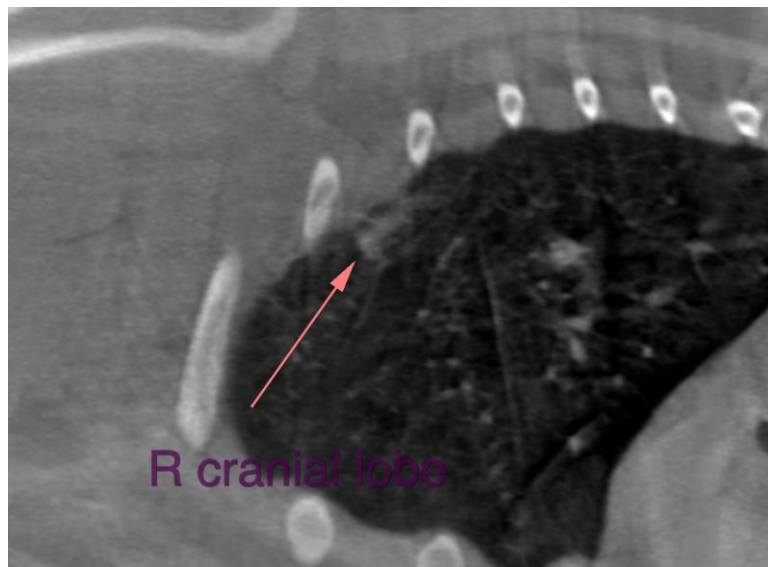
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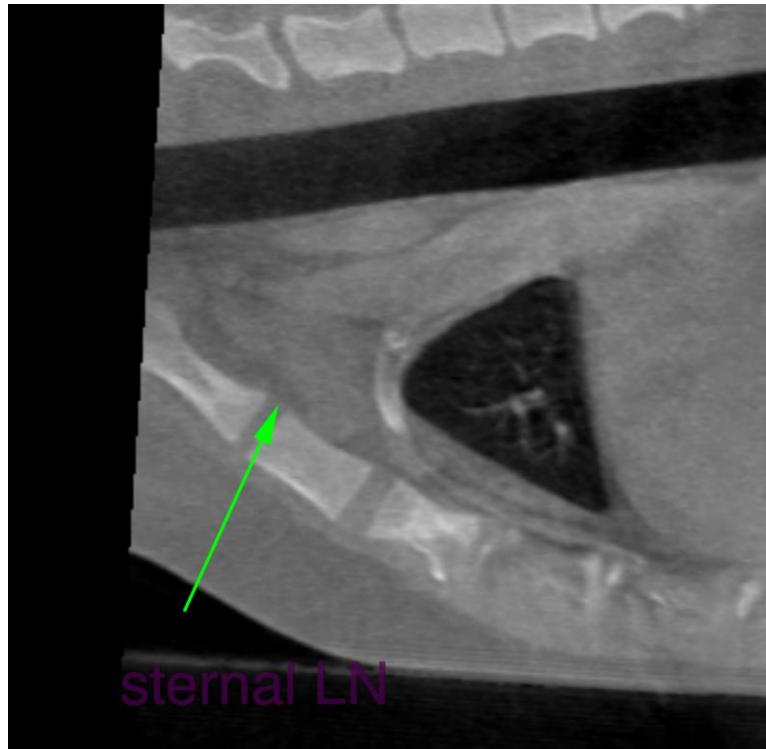
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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