



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Petey Perkins
3/10/23 - Reason for today's visit: Petey presented for bloated abdomen, and heart racing. How long has problem been going on: He was groomed yesterday, they don't stick him in a crate. O said when she picked him up he wasn't acting himself, eyes glossy. O thought he was exhausted. O went to bed, brushed teeth. He's normally asleep on the bed, cowering in the corner. O changed his diet 2 weeks ago. RDVM said he had a poultry allergy. O put him on royal canine low fat pork. 1/3 of a can twice a day. This week tried pork roast and some carrots today. He had 2 dentist sticks, normally eats them up, had them in the corner of his mouth. He's eating his food very fast per O. He won't slow down even when O tries to move around food. He went out and played this afternoon. He's been gripey today per O, was right in O's lap. O said he didn't seem comfortable tonight. O said his heart was pounding. O put her hand on his abdomen to see if it was hard. He hadn't been on heartworm prevention until last months. He tested negative for heartworms in december. He has cronic ear infections. He was flipping his head last night, O cleaned them out with cotton balls. He was flipping his head tonight too. NVH Doctor: SGH / NS NVH Tech: CRITICAL [x]YES []NO CPR [x] yes [] no RDVM: Kim Weiss Healing Hands Veterinary Wellness Center RDVM phone: (405) 525-2255 Diagnosis/Diff: 5.5yo NM Poodle presented in respiratory distress after coming home from groomer and being uncomfortable at home last night. Presented tachycardic, abdominal distension, and tachypneic. Worked up for possible GDV/Splenectomy/Explore, pre-op radiographs show pneumothorax and radiographs sent for review. repeat radiographs performed and L-sided collapsed lung. placed L chest tube, then placed R chest tube after repeat radiographs. Discussed Traumatic Pulmonary Bulle/Thromboembolism, pulmonary torsion, unknown CHF, neoplasia, diaphragmatic hernia. Possible Breed Specific splenomegaly vs Hemangiosarcoma vs benign hyperplasia. placed in oxygen with continuous ECG, BP, FLK, ampicillin, cerenia, and Ctube checks q2hr Abnormal PE/Chem/CBC/UA Results: NVH Doctor: SGH / NS NVH Tech: CRITICAL [x]YES []NO CPR [x] yes [] no RDVM: Kim Weiss Healing Hands Veterinary Wellness Center RDVM phone: (405) 525-2255 Diagnosis/Diff: 5.5yo NM Poodle presented in respiratory distress after coming home from groomer and being uncomfortable at home last night. Presented tachycardic, abdominal distension, and tachypneic. Worked up for possible GDV/Splenectomy/Explore, pre-op radiographs show pneumothorax and radiographs sent for review. repeat radiographs performed and L-sided collapsed lung. placed L chest tube, then placed R chest tube after repeat radiographs. Discussed Traumatic Pulmonary Bulle/Thromboembolism, pulmonary torsion, unknown CHF, neoplasia, diaphragmatic hernia. Possible Breed Specific splenomegaly vs Hemangiosarcoma vs benign hyperplasia. placed in oxygen with continuous ECG, BP, FLK, ampicillin, cerenia, and Ctube checks q2hr Bilateral Planned Abdominal Explore w/ Gastropexy and Splenectomy // WIL worked up, SGH was going to take to sx w/ NS. Approved for NS to do the sx w/ TN. Reviewed pet, rads, and BW and SGH sent radiographs out for Specialist Review. Given 1L fluids on intake for pos. GDV pre-op, methadone, abdominal distension, splenic enlargement (could be breed specific vs HS vs benign hyperplasia), intake 11:30p was LAC 3.7 HCT , repeated rads and L lung collapsed possible torsion, placed L chest tube, then placed right Chest tube after pneumo. discussed 10-15K estimate for CT scan, echo and abd US, possible lung lobectomy vs. Pulmonary Bulle from unknown trauma vs. CHF vs. unknown. Bilateral Chest tubes, ampicillin, oxygen, plan for CT. had difficulty with her credit card/bank, paid \$2397 and TN approved sx overnight for 4000-5500. O discussed having around 15000 in all of her savings but she is on a fixed income. discused grave prognosis now or in the next 5 to 7 days. SGH made new estimate for tubes, hosp and CT and possible for the next 5-7 days

SPECIES
Canine

BREED
Poodle

SEX
MN

AGE
5 Years, 5 Months

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Neel Veterinary Hospital

REFERRING VET
Deepan Kishore, DVM,MS, DABVP

INVOICE
57205

DATE
3-13-23

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review. Bilateral thoracic drains are seen in the



PATIENT dorsal aspect of the pleural cavities.

Petey Perkins

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SPECIES

A moderate amount of free pleural gas is seen within both pleural cavities.

Canine

The lung lobe margins are retracted from the thoracic wall and rounded. Moderate generalized thickening of the viscera pleura is seen.

BREED

Poodle

There are small subpleural gas filled cavitory lesions in the right cranial and right caudal lung lobe. Multifocal ground glass opacification of the pulmonary interstitium is seen in the right and left lung. The dorsal (dependent) lung presents atelectatic changes.

SEX

A mild amount of mediastinal gas is present.

MN

Abdomen

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

AGE

5 Years, 5 Months

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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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

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

HOSPITAL NAME

Neel Veterinary
Hospital

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

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

REFERRING VET

Deepan Kishore,
DVM,MS, DABVP

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilaterally symmetric pneumothorax with partial pulmonary collapse and multifocal interstitial infiltrate.
- Occasional blebs in the right lung.
- Normal CT presentation of the abdomen.

INVOICE

57205

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

3-13-23

The CT study reveals moderate bilateral pneumothorax. Occasional blebs are seen in the right lung accentuating the right cranial and right caudal lung lobe. The areas of opacification may represent areas of parenchymal or bulla rupture. Spontaneous pneumothorax secondary to parenchymal or bulla rupture is considered by far most likely. No evidence of structural



PATIENT

pulmonary pathology such as pneumonia, pulmonary abscess, foreign material, or other is seen. There is no evidence of lung lobe torsion.

Petey Perkins

The CT presentation of the abdomen is within normal limits.

SPECIES

Canine

BREED

Poodle

SEX

MN

AGE

5 Years, 5 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Neel Veterinary
Hospital

REFERRING VET

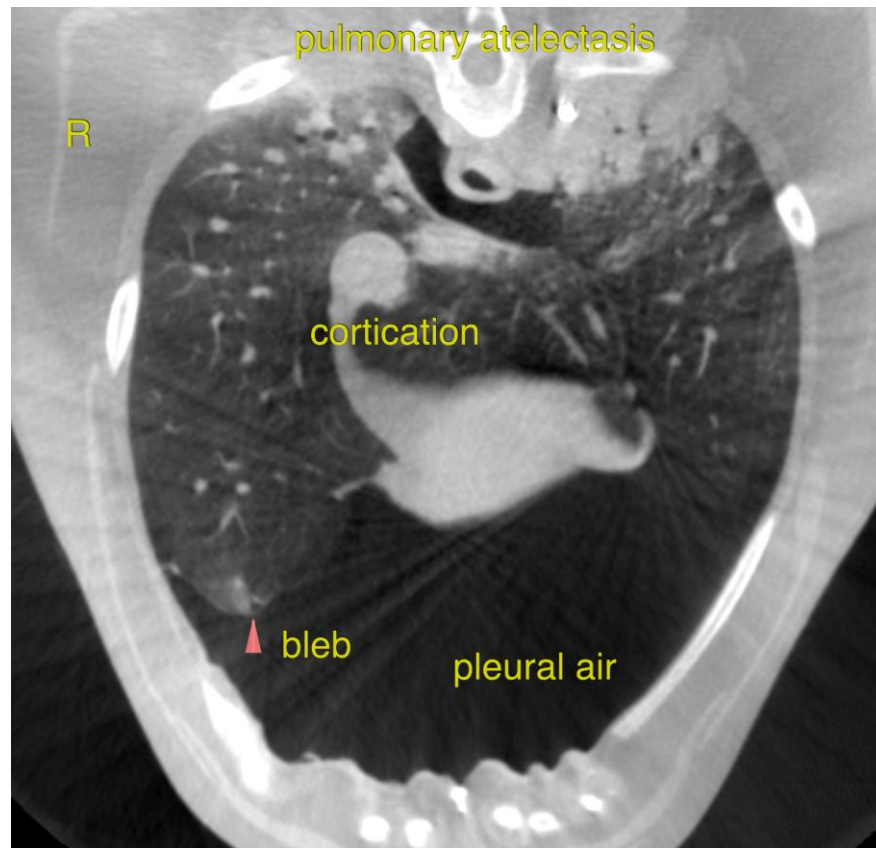
Deepan Kishore,
DVM,MS, DABVP

INVOICE

57205

DATE

3-13-23



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