

**PATIENT**

Ryku Palkowski

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

MN

**AGE**

8 Years

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Southern Oregon  
Veterinary Specialty  
Center**REFERRING VET**

Dr. Fugazzi

**INVOICE**

52276

**DATE**

6-2-22

**PRESENTING CLINICAL SIGNS**

Ryku was referred from his family veterinarian for pneumothorax as diagnosed via radiographs on 5/31/2022. His family reports he was clinically fine and has no history of trauma leading up to his sudden onset increased respiratory rate, effort, and extra "clingy" behavior. No current medications, previously treated by SOVSC for orthopedic (stifle/knee) surgery. NCM

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Breath-hold was likely not possible in this patient so there are multiple motion related streak artifacts which interfere with the detail of the pulmonary parenchyma. However, a large amount of free gas is seen within the ventral non-gravity dependent position of both pleural cavities. The lung lobe margins are retracted from the thoracic wall and rounded. There is no evidence of concurrent presence of pleural fluid. No thoracic wall injury is seen. Occasional peripheral alveolar infiltrate with volume loss is seen in the caudodorsal lung compatible with atelectasis. There is no evidence of foreign material or other structural pulmonary changes including abscess or pneumonia.

The mediastinal lymph nodes present within normal limits.

There is no evidence of cardiovascular pathology.

Course and width of the trachea are within normal limits.

No concurrent pneumomediastinum is seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Severe bilaterally symmetric pneumothorax with generalized pulmonary collapse and multifocal pulmonary atelectasis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a large amount of free pleural gas within both pleural cavities. No structural pulmonary changes other than changes compatible with atelectasis are seen. There is no evidence of foreign material or pleural effusion. The CT findings support the presence of spontaneous pneumothorax due to parenchymal rupture or rupture of bullae or blebs. No single site of leakage can be identified. Consider conservative management using thoracic drains with Heimlich check valve and narrow clinical monitoring if that has not been attempted already.



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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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