

**PATIENT**

Milly Drew

PRESENTING CLINICAL SIGNS

11/15 pleural effusion much resolved but radiographs revealed a Soft tissue opacity in the ventral thorax raising the suspicion of pannus/granuloma formation, such as seen with migrating foreign material.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Pre/post contrast studies provided for review.

BREED

GSHP

COMPUTED TOMOGRAPHIC FINDINGS

The left caudal lung lobe shows an ill-defined area of increased density with broad pleural contact, irregular pleural outline and peripheral thickened pleural lines. Several pleural lines are recognized throughout. The lungs are regularly ventilated with close contact to the inner thoracic wall apart from that. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions. Trachea and main stem bronchi are inconspicuous. The sternal lymph nodes are mildly enlarged but inconspicuous in shape and periphery. The mediastinum is regular in width and density. Tracheal- and bronchial lymph nodes are considered to be normal. Thoracic esophagus presents as expected. Diaphragm is normal.

SEX

FS

AGE

6 Years

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild atelectasis caudal left lung lobe with broad pleural contact
- Subtle pleural thickening/pleural effusion

HOSPITAL NAME

Advanced Animal
Imaging

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings show no overt signs of an inflammatory pulmonary process. Foreign material is not detected but cannot be fully excluded. The mild atelectasis of the left caudal lung lobe and the concomitant irregular pleural outline/thickened pleura may represent signs of a residual pleuritis/pneumonia with consecutive adhesions. If the pleural effusion progressively reoccurs this area should be reevaluated (CT/ultrasound/thoracoscopy). The ventral sections of the chest appear normal to me.

REFERRING VET

Blair Hollowell, DVM

INVOICE

49191

DATE

12-22-21



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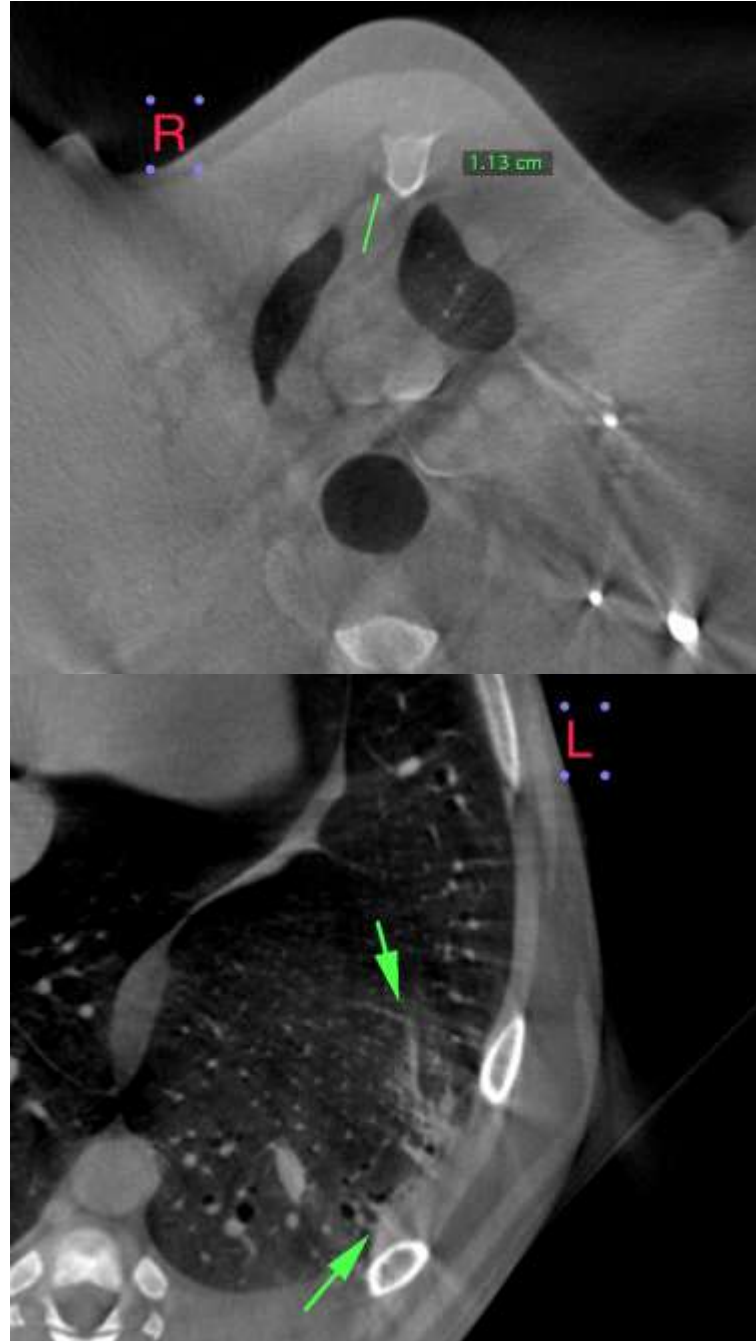
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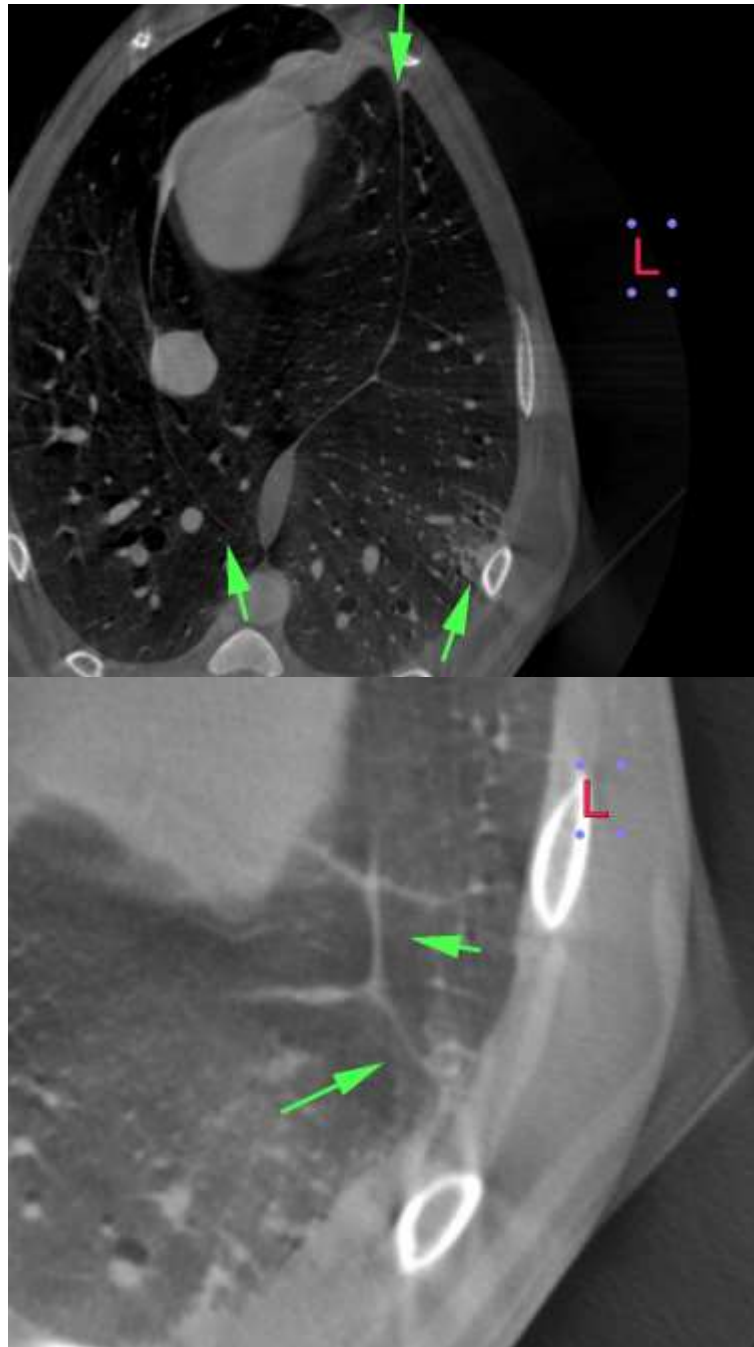
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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