



PATIENT

Apollo Guthrie

PRESENTING CLINICAL SIGNS

PRESENTING HISTORY AND DURATION: About two days ago O noticed his breathing was off, he could breath in fine but exhaling took more effort than usual. Has not been eating, and has been lethargic. Has been coughing for a few days as well. Was taken into rdvm this morning, rads were taken and they were transferred here. O told he had pneumonia also poss fluid in lungs

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Pre/post contrast studies provided for review.

BREED

Husky

COMPUTED TOMOGRAPHIC FINDINGS

Status after chest tube procedure: There is a wire-like linear foreign body noted entering the left thorax between the 7th and 8th ribs and running medial and cranial, parallel to the ascendent aorta terminating left medial to the brachycephalic trunk. Bilateral and moderate pneumothorax is recognized.

SEX

MN

The left subcutaneous region of the thoracic wall shows moderate emphysema which continues cranially passing the subscapular region and ending in the deep cervical fascia at the level of the thoracic inlet. Obvious pneumomediastinum is not recognized. Relevant pleural effusion is not seen.

AGE

8 Years

INTERPRETED BY

Diaphragm is normal.

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilateral pneumothorax
- Chest tube left hemithorax
- Marked subcutaneous and deep cervical fascial emphysema on the left

HOSPITAL NAME

Mountain West
Veterinary Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings are suspicious for a lesion of the lungs. Cavitory lesions are not detected but may not be visible if collapsed. The left subcutaneous emphysema and emphysema of the deep cervical fascia may speak for left sided thorax trauma. Ribs are unremarkable. Exact location of perforation cannot be determined but is likely pulmonary since the free gas is limited to the pleural space and does not reach the mediastinum. Lesions of the trachea/esophagus therefore are unlikely but could be ruled with endoscopy.

REFERRING VET

Andrew Burton

INVOICE

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DATE

9-1-21



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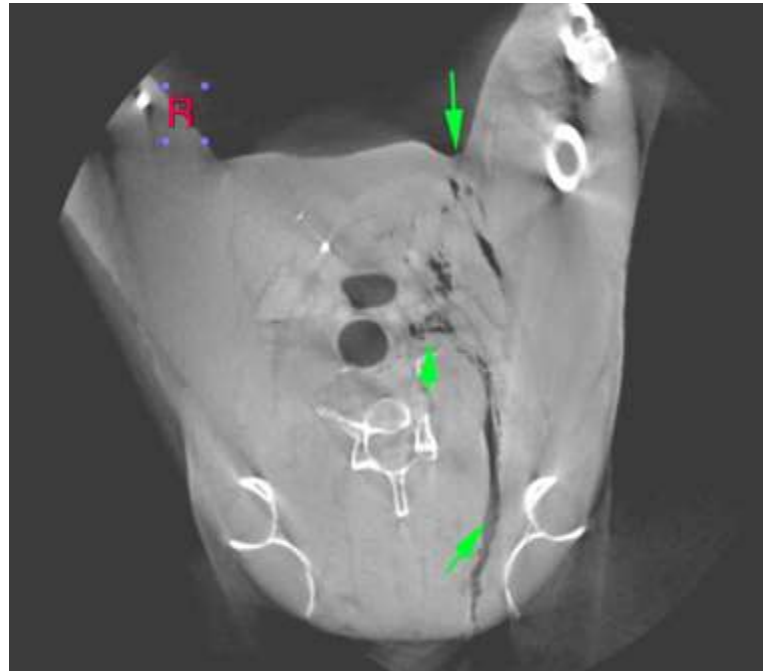
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Sebastian.Jawinski@sonopath.com