



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bailey Demuth **PRESENTING CLINICAL SIGNS** History: Presented to surgeon due to Wound on L lateral Thorax. Has been biopsied, explored, cultured by RDVM, but wont resolve. We're looking for foreign body or other nidus of infection in chest or chest wall

SPECIES

SPECIES Canine **PRESENTING CLINICAL SIGNS** Abnormal PE/Chem/CBC/UA Results: Fractious Biopsy results: severe pyogranulomatous ulcerative dermatitis and panniculitis, probably excised.

BREED

COMPUTED TOMOGRAPHIC STUDY OF THE CHEST

BREED Dalmatian **COMPUTED TOMOGRAPHIC STUDY OF THE CHEST** The extra-thoracic soft tissues of the left thoracic wall present mild swelling and fuzzy increase of the subcutaneous density with an irregular cutaneous surface. The increased opacities are ill-defined with involvement of the subcutaneous musculature and fascia. There are small pockets of fluid recognized, which are connected by a traceable hypodense line of fluid. Radiopaque foreign material is not noted.

SEX

SEX Neutered Male **COMPUTED TOMOGRAPHIC STUDY OF THE CHEST** The estimated dorsal-ventral diameter of the lesion measures 14.80 cm. The deeper fascial border and the chest wall are respected and inconspicuous.

AGE

AGE 6-7 Years **COMPUTED TOMOGRAPHIC STUDY OF THE CHEST** The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

INTERPRETED BY

INTERPRETED BY Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging **COMPUTED TOMOGRAPHIC STUDY OF THE CHEST** Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Inflammatory process left thoracic wall

HOSPITAL NAME

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME Mobile Pet Imaging **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS** The presented small fluid pockets may represent areas of infection nidus/small abscess formation and could contain foreign material which are not safely detected with CT. Connection of all is assumed since there is a fluid line which can be traced from dorsal to ventral. The deeper facial borders are respected, therefore an involvement of the chest wall/ribs or even the thoracic cavity can be excluded.

REFERRING VET

REFERRING VET Dr. Meaux **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS** Ultrasound of the left thoracic wall is recommend since it is reliable in detecting foreign material and small fluid pockets, and is essential for placing a drainage. Neoplasia is not suspected.

INVOICE

13097

DATE

9/15/21



PATIENT

Bailey Demuth

SPECIES

Canine

BREED

Dalmatian

SEX

Neutered Male

AGE

6-7 Years

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

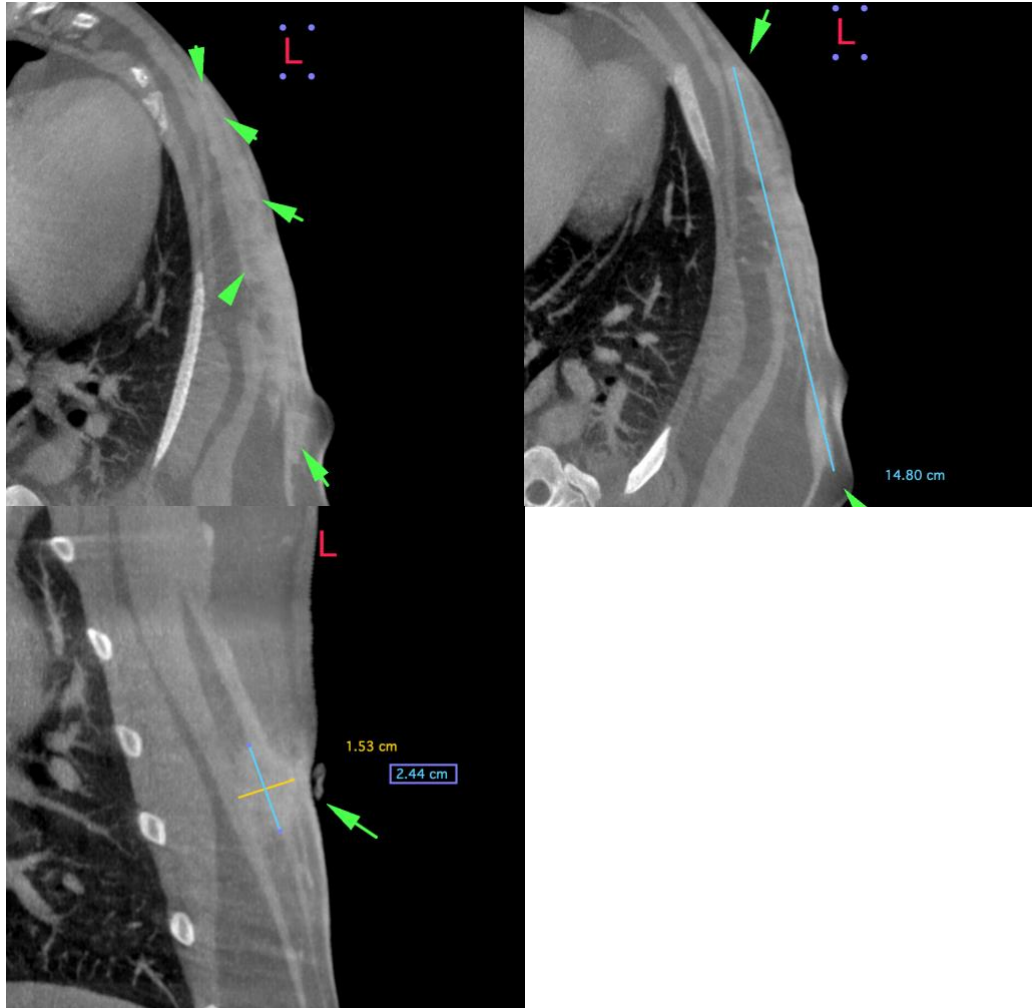
Dr. Meaux

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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
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