



PATIENT

Ralphie Pederson

PRESENTING CLINICAL SIGNS

01-10-2022 9:38:39am PRESENTING HISTORY AND DURATION: Around 3AM this morning, O noted droopy eyes, moaning when breathing. P has been coughing for around a year. critical approved Questions: What is your pet's birth date or approx. age: 7y Is your pet on any medications (Vitamins, supplements): antibiotic for an ear infection. When did your pet last get medications (If applicable): last night Has your pet been vaccinated in the last 1-3 years: No Who is your primary veterinarian/clinic? NA Has your pet traveled outside Utah within the last year: No Does your pet have any other current medical problems: No Is your pet indoor, outdoor, or both: Indoor What is your pet fed: rachel ray dry food Any known allergies: No
 Abnormal PE/Chem/CBC/UA Results: 01-10-2022 3:00:02pm Patient was immediately triaged to the back with a critical approved. Placed on flowby oxygen. Radiographs showed a pneumothorax on both sides Thoracocentesis on both sides of the chest were done. SWO regarding the exam and the need to put in chest tubes and place him on oxygen and not sure how well pt will recover from this. Spoke about maybe needing to intubate and what that entailed. Talked about a CT to do further diagnostics to see if there is an underlying issue that caused this to happen. Owner approved to move forward and do what is needed. Butorphanol 0.21mg/kg IV Placed Chest tube on the left side of the chest suction every hour Nasal oxygen line placed and started on 3L/min oxygen IV cath fluids 2.5 x maintenance fluid rate Fentanyl 3mcg/mL/hr - CBC/Chem/Lytes - ALT 185 K 3.4

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

7 Years

COMPUTED TOMOGRAPHY OF THE THORAX

A high resolution pre- and post-contrast CT study of the thorax is provided for review.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

A chest tube is entering the left pleural cavity by the 7th intercostal space. In the subcutaneous tissue along the thoracic wall bilaterally, multiple gas inclusions are visible, L>R.

HOSPITAL NAME

Mountain West
 Veterinary Hospital

In the left pleural cavity, a small amount of gas is separating the dorsal aspects of the left lung lobes from the thoracic wall.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

REFERRING VET

Eric Clough

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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In the ventral tip of the caudal part of the left cranial lung lobe, a small, consolidated region is visible as well as in the ventral aspect of the right middle lung lobe. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.



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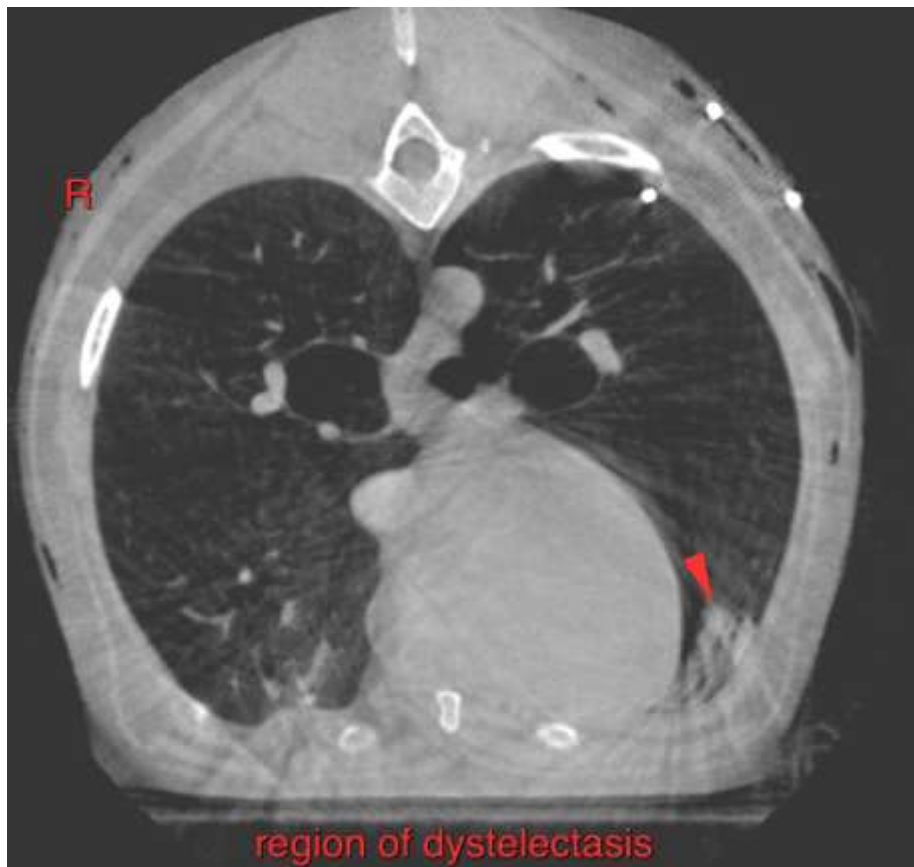
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of spontaneous pneumothorax
- Mild left sided pneumothorax
- Region of mild dystelectasis right middle and left cranial lung lobe (caudal part)
- Mild to moderate subcutaneous emphysema thoracic wall bilaterally, L>R, likely secondary to chest tube placement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small regions of dystelectasis of the left cranial and right middle lung lobe are most consistent with dystelectasis due to mass effect by the heart. Anyway, a small rupture bulla cannot be ruled out entirely. No additional abnormalities are appreciated throughout the lung parenchyma, explaining the spontaneous pneumothorax.

Depending on the clinical course, either immediate surgical exploration of the pleural cavity is indicated or if there is continuous or repeated air accumulation within a 5-day period within the pleural space. An autologous blood patch can be tried as a minimally invasive treatment option as well.





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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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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