



PATIENT

Dante Delect

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

10 Years

WEIGHT

14.1 pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno
(CVT) - CT Scan
Technician

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. J. Gonzalez, DVM

INVOICE

35462

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Dante was referred for thoracic and abdominal CT study to try find out cause of pericardial effusion and previous ascites. Dante has a history of dog bite on 2021 in the thoracic region of right side. Pericardial fluid analysis is PENDING. Dante has an appointment with surgery on 1/19/2026. Abnormal PE/Chem/CBC/UA Results: CBC --- thrombocytosis (445) CHEM --- ALKP mild increased (166), GLU mild increased (135), TP mild decreased (5.1) and GLOB mild decreased (1.9)

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The 6th to 9th right rib present chronic fractures and secondary malunion of the respective ribs. The thoracic wall level with the costal fractures is mildly depressed medially. Level with the 6th/7th right intercostal space a defect of the thoracic wall is appreciated with mild herniation of the lung.

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.

In the pericardial sac a moderate amount of fluid attenuating material is seen.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

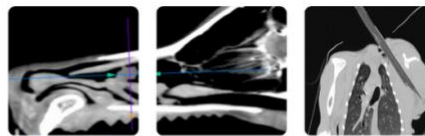
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

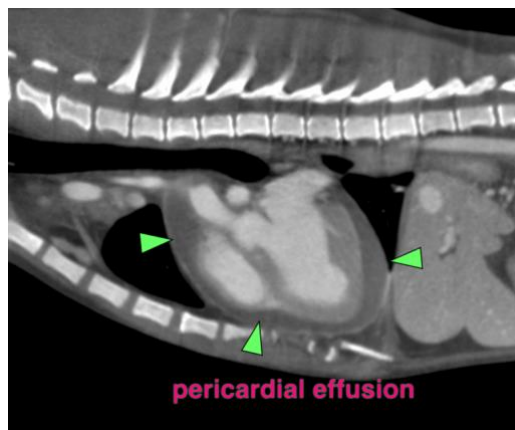
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pericardial effusion
- Chronic costal serial fracture right thoracic wall with focal mild extrapleural herniation of the lung
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the pericardial effusion cannot be specified, and the presumptive diagnosis is idiopathic pericardial effusion. The described preceding ascites can be a sequela to pericardial tamponade.



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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com