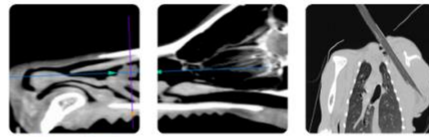

PATIENT

Rab Atkinson

SPECIES

Canine

BREED

English Springer Spaniel

SEX

Male

AGE

8

WEIGHT

17

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Patricia Sanchez Sanchez

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Dr. Patricia Sanchez Sanchez

INVOICE

35463

DATE

1/18/26

PRESENTING CLINICAL SIGNS

History: Presented as breathing getting worse. On exam, orthopnoptic stance, neck stretched out, increased resp effort, RR >60. Unable to hear the heart. Temp 39.3C. TFAST: pleural effusion which looks quite murky and floculent. Pleural effusion bilaterally. Drained 360ml from RHS chest and 500ml from LHS. Cytology: large numbers of neutrophils, occasional intracellular cocci and rods but low numbers. Occ rod extracellularly. Confirm pyothorax. Some lymphocytes in fluid drained. To discuss with owner; would advise consider CT in case of migrating FB/chest drains etc
Abnormal PE/Chem/CBC/UA Results: Neutropenic

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

The post contrast series presents only limited contrast uptake of the soft tissue structures.

Along the ventral aspect of the thoracic wall, a significant edematous subcutaneous swelling is appreciated – the subcutaneous fat presents generalized soft tissue striation.

In the pleural cavity, a moderate amount of gravity dependent, fluid attenuating material is seen.

Cranial to the heart an irregular contrast enhancing roundish mass-like lesion is seen, measuring approximately 4 cm in diameter.

The sternal lymph nodes are moderately prominent and rounded.

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

Multifocal throughout the lung parenchyma, ill-defined zones with nodular

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of pyothorax
- Lymphadenopathy sternal lymph nodes
- Mass like cranioventral mediastinal lesion
- Patchy zones with an unstructured interstitial pattern multifocal throughout the lung parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of pyothorax with secondary reactive lymphoid hyperplasia of the sternal lymph nodes and likely hypertrophic pleuritis – forming the mass like cranioventral mediastinal lesion. The ill-defined pulmonary nodular lesions are most suggestive for accompanying pneumonia/septic thrombotic emboli. An underlying cause for the pyothorax cannot be specified – there is no evidence of an aspirated foreign body/pulmonary abscess. Anyway, surgical management appears as the preferred treatment option here.

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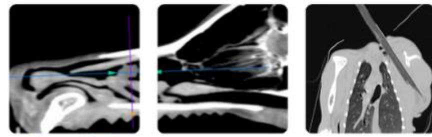

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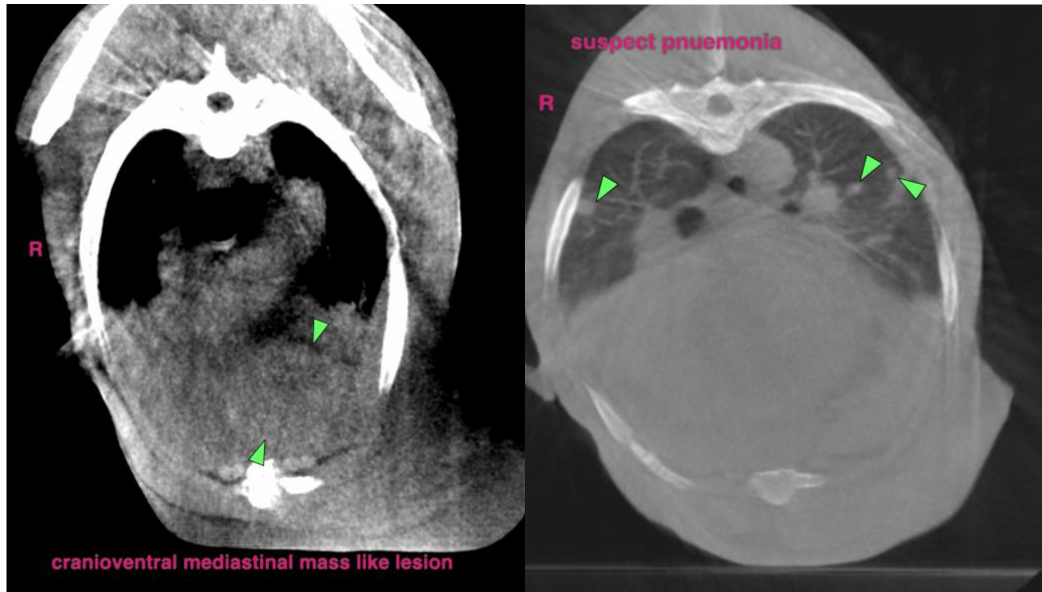
Due to the limited contrast enhancement, a differential for the mass-like cranioventral mediastinal lesion is a second entity such as thymoma, thymic sarcoma/carcinoma/lymphosarcoma, ectopic thyroid carcinoma. Ultrasound may help for further specification. If a second entity is present, the pulmonary nodules can present metastasis, but I consider the odds lower here.



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