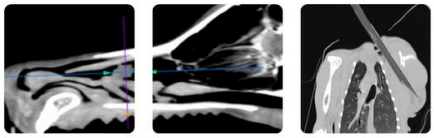

PATIENT

Minnie Heward

SPECIES

Canine

BREED

Greyhound

SEX

FN

AGE

10

WEIGHT

24

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

73402

DATE

1-19-26

PRESENTING CLINICAL SIGNS

History:

- glossectomy Feb25
- coughing 2month

Abnormal PE/Chem/CBC/UA Results: glossectomy - soft tissue sarcoma cbc/chem/t4 normal

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

In the pleural cavity, a significant amount of gravity dependent, fluid attenuating material is visible. The lung lobes are retracted from the thoracic wall by the fluid attenuating material and present a moderate decreased volume with zones of dystelectasis.

The pericardial sac is markedly distended by fluid attenuating material – occupying the entire thoracic width. The right atrium is collapsed, and the volume of the right ventricle is subjectively decreased. At the medial aspect of the aortic arch, a well-defined, roundish, central fluid attenuating and peripheral contrast enhancing structure is visible; measuring 1.7 cm in diameter.

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.

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.

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 post contrast phase presents no contrast enhancement of the abdominal organs – due to very early post contrast series.

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.

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

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

Eight lumbar vertebra are present – L8 is articulating with the right sacroiliac joint and presents a transverse process at the left aspect.

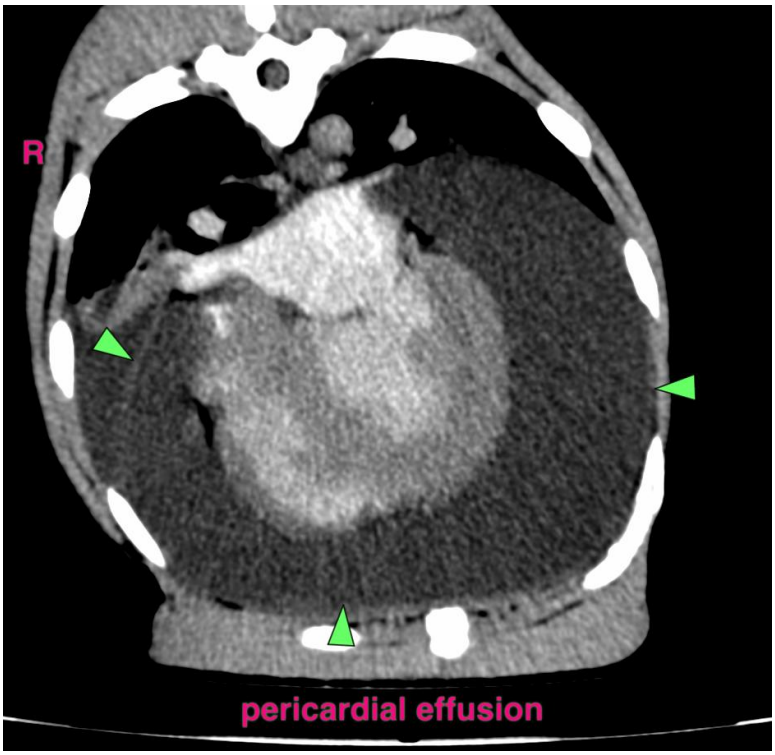
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Outpouching of the pericardial sac medial to the aortic arch versus small heart base tumor
- Pericardial effusion with signs of mild pericardial tamponade
- Asymmetric lumbosacral transitional vertebra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the pericardial effusion. The roundish structure at the medial aspect of the aortic arch can present an outpouching of the pericardial sac. Due to the odd contrast enhancement pattern a heart base mass is considered less likely (e.g. paraganglioma, metastasis). The pleural effusion may be a sequela to the pericardial effusion as no additional abnormalities are appreciated that do explain the pleural effusion. If not done so yet, tapping the pleural and pericardial effusion including complete fluid analysis is warranted as next diagnostic steps.

The findings do explain the history of cough.



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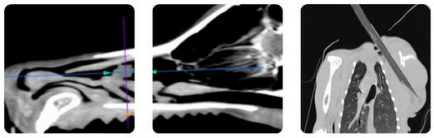

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SonoPath.com info@sonopath.com 1.800.838.4268

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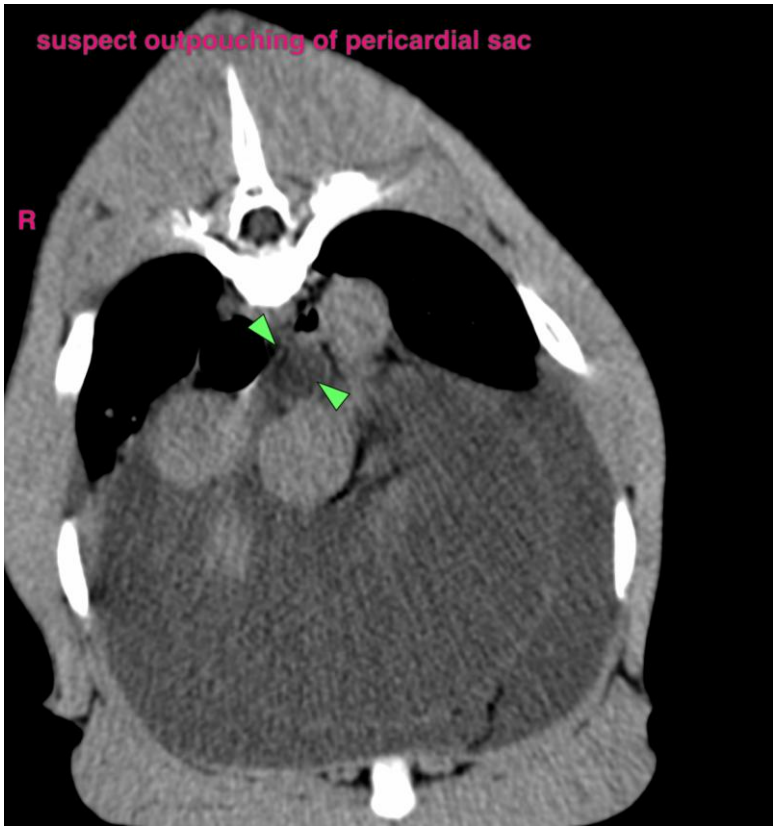

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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