

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Stella Bular  
Pt presented 12/31 for trouble breathing, suspect pneumonia on x-ray report. Pt is not improving with antibiotics.

**SPECIES COMPUTED TOMOGRAPHY OF THE THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**  
Lab  
Moderate mineralization of the tendon of the right supraspinatus muscle is appreciated.

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.

**SEX**  
Female Spayed  
The cardiovascular structures including the pulmonary vasculature are within normal limits.

The ventral aspects of the cranial lung lobes bilaterally and the right middle lung lobe present irregular marginated zones of pulmonary consolidation with air-bronchograms and zones with ground glass attenuation pattern. The volume of the left cranial lung lobe is moderately decreased and the heart presents a midline shift to the left.

**AGE**

8 Years  
In the right hemithorax, a very small amount of gravity dependent, fluid attenuating material is seen.

**INTERPRETED BY**

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

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

In the pictured parts of the cranial abdomen, caudal to the hepatic hilus, segmental dilation of the portal vein with a central filling defect – occupying approximately 80% of the cross-sectional area of the cross-sectional area of the portal vein at the same level.

**HOSPITAL NAME**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Scottsdale Veterinary  
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- Ventrally distributed zones with alveolar lung pattern – partially with decreased pulmonary volume
- Very mild pleural effusion
- Segmental portal vein thrombosis
- Calcifying tendinopathy right supraspinatus muscle

**REFERRING VET**

Dr. Horsley

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

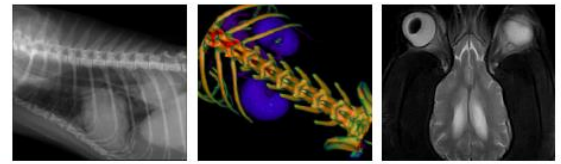
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The distribution of the lung pattern is supporting the diagnosis of underlying pneumonia and there is evidence of dystelectasis/atelectasis versus hepatization of the left cranial lung lobe due to chronic pneumonia. Potentials can include pulmonary thromboembolism – I cannot appreciate intravascular filling defects within the pulmonary arteries – or neoplastic infiltration. The latter is considered far less likely due to the decreased volume of the lung and the unusual distribution. The diagnosis of potential pulmonary thromboembolism might be supported by the appreciated portal vein thrombosis, indicating hypercoagulable state (e.g. pancreatitis, hyperadrenocorticism, immune mediated thrombocytopenia, lymphosarcoma, other).

**DATE**

1-2-23

Ultrasound guided FNA sampling of the consolidated regions of the lung and tapping the pleural effusion, if possible, can be used as minimally invasive diagnostic test. Lower airway sampling by



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BAL might be beneficial if FNA does not reveal distinct diagnosis. A cardiac echo can be used to screen for signs of pulmonary hypertension as sign for pulmonary thromboembolism.

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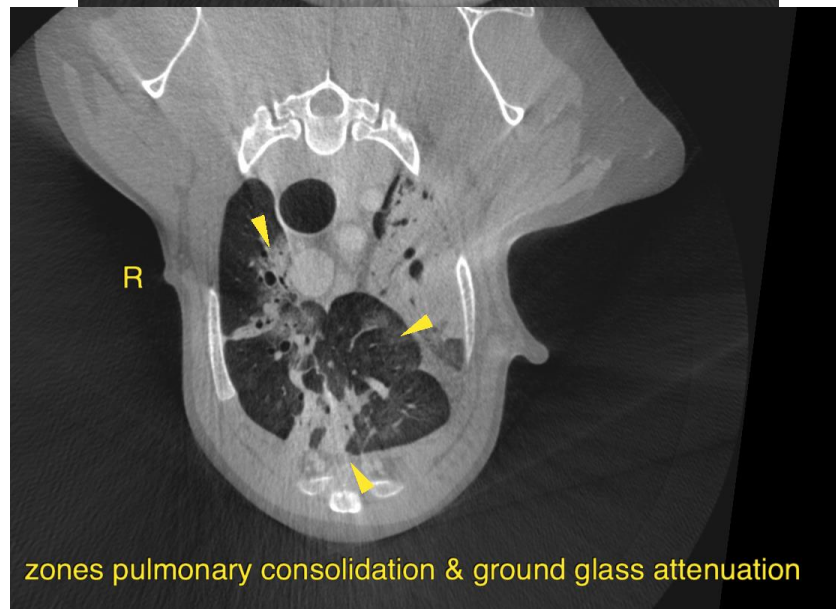
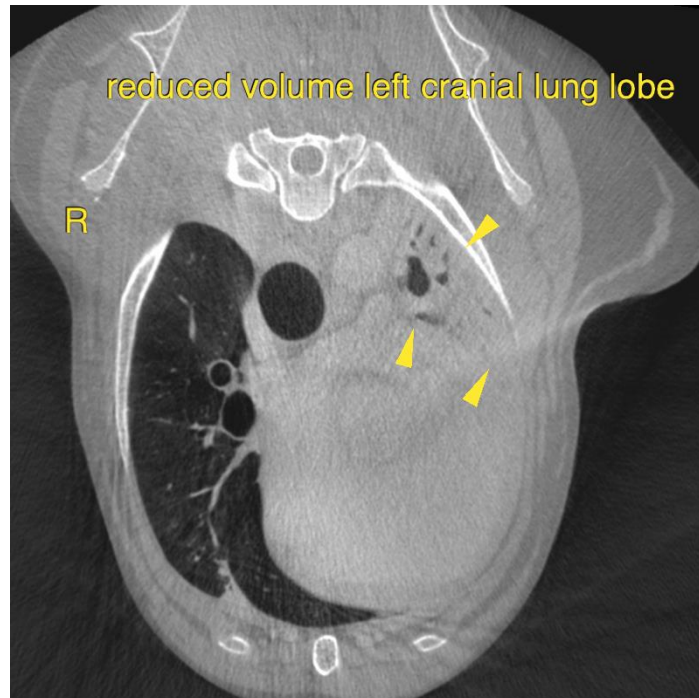
Dr. Horsley

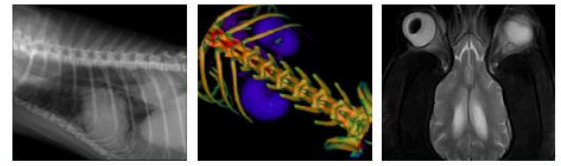
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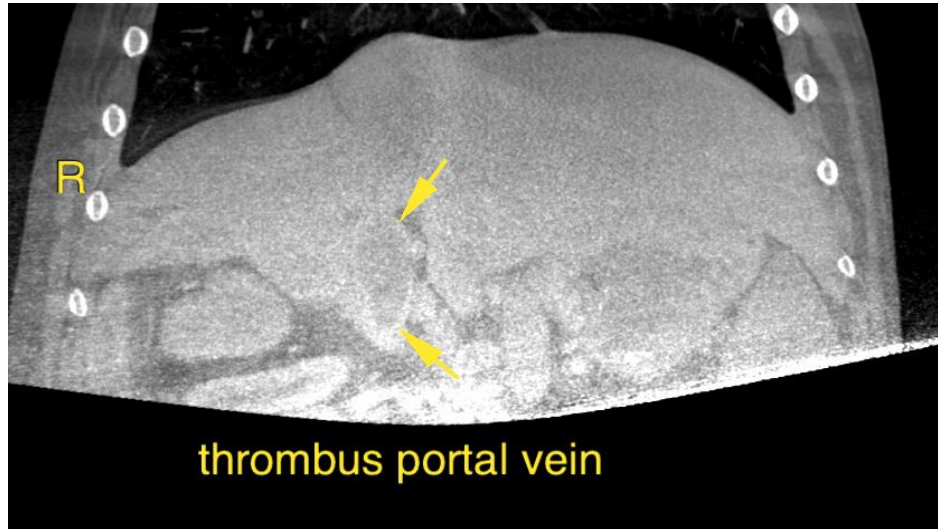
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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