



PATIENT

Cormac McDaniel

PRESENTING CLINICAL SIGNS

Pt had a neuter @rDVM on Tuesday, was recovering wnl the night of, Wed. was e/d/u/d wnl but lacking energy and hiding. Thur. pt had no appetite in the evening, slept/hid all day and seemed spaced out Him beig spacy made O very concerned.. Friday morning pt was taken back to rDVM x recheck, was febrile. rec'd SQF and abx. This morning pt breathing was labored and rapid. Abnormal PE/Chem/CBC/UA Results: Took into rDVM, chest rads taken. A sample was taken (removed 20mL) inhouse cytology showed lots of bacteria. A cytology and culture were submitted from pDVM. Then referred to Corvallis for TUS and chest tubes. Corvallis referred them here for CT and chest tubes. RDVM BW: CBC: Neut 10.11 Neut 0.32 Lymp 8.88 Mono 0.73 Eos 0.10 Chem: Gluc 233 FeLV/FIV negative Cytology and culture pending

SPECIES

Canine

BREED

Maine Coon

COMPUTED TOMOGRAPHY OF THE THORAX

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

SEX

MN

COMPUTED TOMOGRAPHIC FINDINGS

A chest tube is entering the right & left pleural cavity by the 9th intercostal space bilaterally.

AGE

6 Months

A moderate amount of gravity dependent, fluid attenuating material with interspersed gas bubbles is visible in the right pleural cavity. The right lung lobes are retracted from the thoracic wall and the volume of the dependent ventral aspects of the lung lobes is moderately decreased presenting regions of consolidation with air-bronchograms. The right middle lung lobe is completely consolidated with a moderately reduced volume. In the left pleural cavity, a mild amount of fluid attenuating material is visible, as well as a region of the left caudal lung lobe.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Post contrast administration, moderate thickening of the pleural lining – most accentuated in the ventral aspects of the thorax – is noted.

HOSPITAL NAME

Wilvet Salem

The sternal lymph nodes are prominent and rounded.

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

REFERRING VET

Dr. Brittany Gardner,
DVM

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate pleural effusion, R>>>L
- Pleuritis
- Lymphadenopathy sternal lymph nodes
- Compression atelectasis ventral aspects of the lung – complete atelectasis right middle lung lobe

INVOICE

49758

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

1-23-22

The findings are fitting the history of pyothorax with secondary pleuritis & reactive hyperplasia of the sternal lymph nodes. The consolidated regions of the lung are most consistent with secondary compression atelectasis.



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An underlying cause cannot be specified in the current CT study. Consider a small perforating trauma to the pleural cavity or translocation of bacteria from preceding pneumonia as a potential underlying cause. A migrating foreign body is a consideration but considered far less likely.

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Thoracic catheters were already placed to flush the pleural cavity. If clinical signs are refractory to conservative therapy, surgical intervention to explore the pleural cavity and check for any foreign material.

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The pneumothorax is considered iatrogenic, due to placement of the chest tubes.

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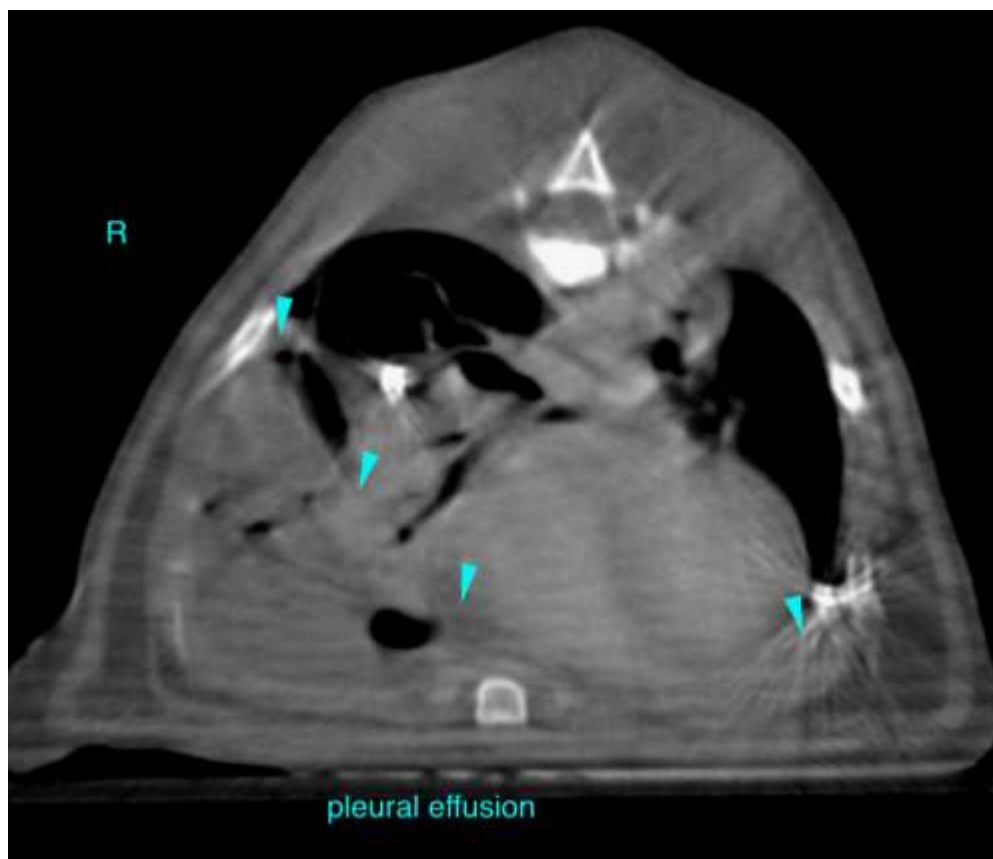
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SPECIES

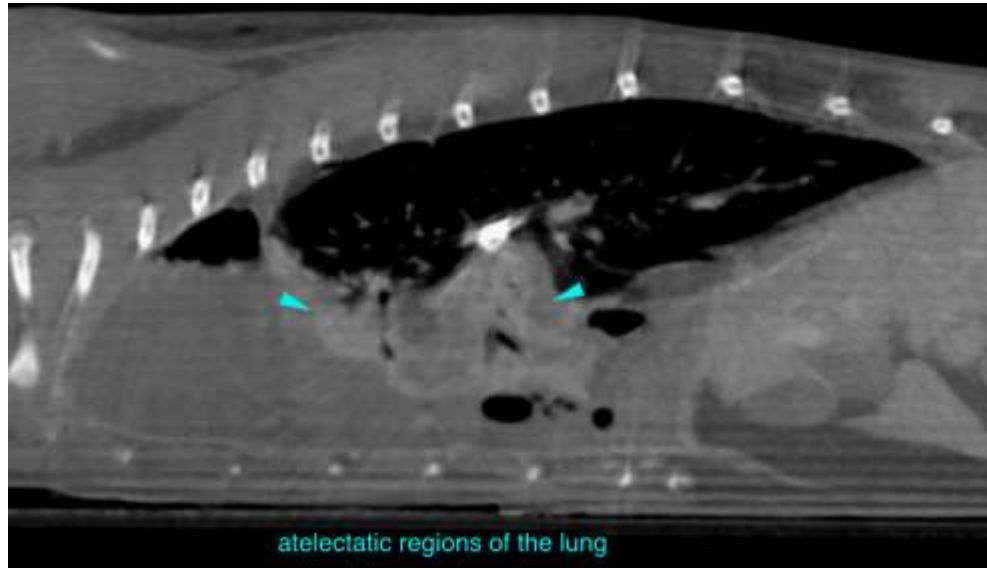
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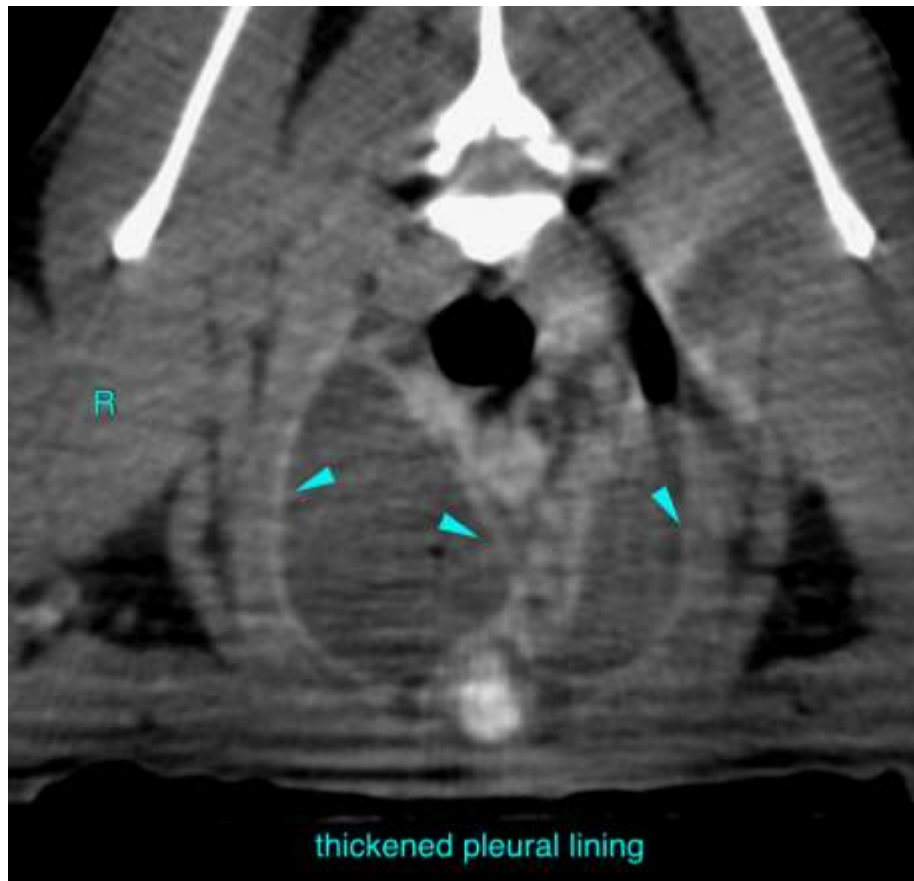
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

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