



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Yogi Wukitsch Presented 1/30/23 to Banfield Pet Hospital for history of anorexia, vomiting, diarrhea, and distended abdomen. CBC/Chem: GLU 172 (74-143), otherwise WNL; 4DX heartworm snap: negative; Abdominal radiographs: Ascites and pleural effusions. Transferred to TSVC emergency. **SPECIES** Cocci IMMY in house negative. 350ml serosanguineous fluid removed from pleural cavity, 1000ml serosanguineous fluid removed from abdomen. Heska send-out of fluid (Pending).

SPECIES Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

BREED

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

BREED Chihuahua Mix

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Thorax

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

SEX Male Neutered

In the pleural cavity, a moderate amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. Pleural fissure lines are appreciated. The lung lobes are retracted from the thoracic wall and present a generalized decreased volume. Multiple regions with dystelectasis of the lung parenchyma are visible. A small amount of free gas is seen in the caudal aspect of the pleural cavity.

AGE

7 Years

The pericardial sac is moderately distended by fluid attenuating material. Post contrast administration, protruding from the visceral and parietal pericardium, multiple cauliflower like strong contrast enhancing lesions are seen – measuring up to 15 mm in size.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The caudal vena cava is dilated.

HOSPITAL NAME

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Clinic

The left sternal lymph node is prominent.

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

REFERRING VET

Dr. Engelschall

Abdomen

A moderate amount of fluid attenuating material is seen in the pleural cavity.

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.

INVOICE

56494

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The liver is mildly prominent and has a heterogeneous contrast enhancement pattern. The hepatic veins are dilated.

DATE

1-31-23

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

The gastric wall is generalized thickened, the wall layering is maintained. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits



PATIENT

Yogi Wukitsch

throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Pericardial effusion
- Multiple plaque like soft tissue lesions protruding from the lining of the inner lining of the pericardium
- Moderate pleural and peritoneal effusion
- Lymphadenopathy left sternal lymph node – consider FNA sampling
- Congestion of the caudal vena cava and the hepatic veins
- Mild edema gastric wall
- Mild free pleural gas – likely

BREED

Chihuahua Mix

SEX

Male Neutered

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the pericardial effusion and secondary pericardial tamponade and secondary pleural and peritoneal effusion. The pericardial inner lining presents with multiple cauliflower like protrusion, concerning for underlying neoplastic disease such as mesothelioma, round cell tumor, other. If not done so yet the therapy of choice is pericardiocentesis with complete fluid analysis ± FNA sampling of the pericardial proliferative lesions.

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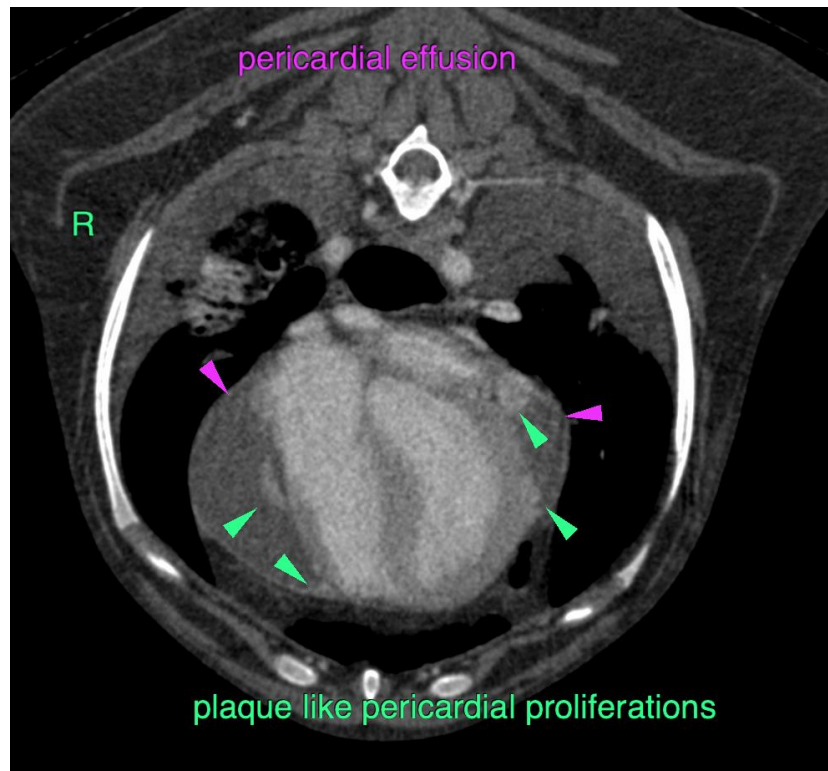
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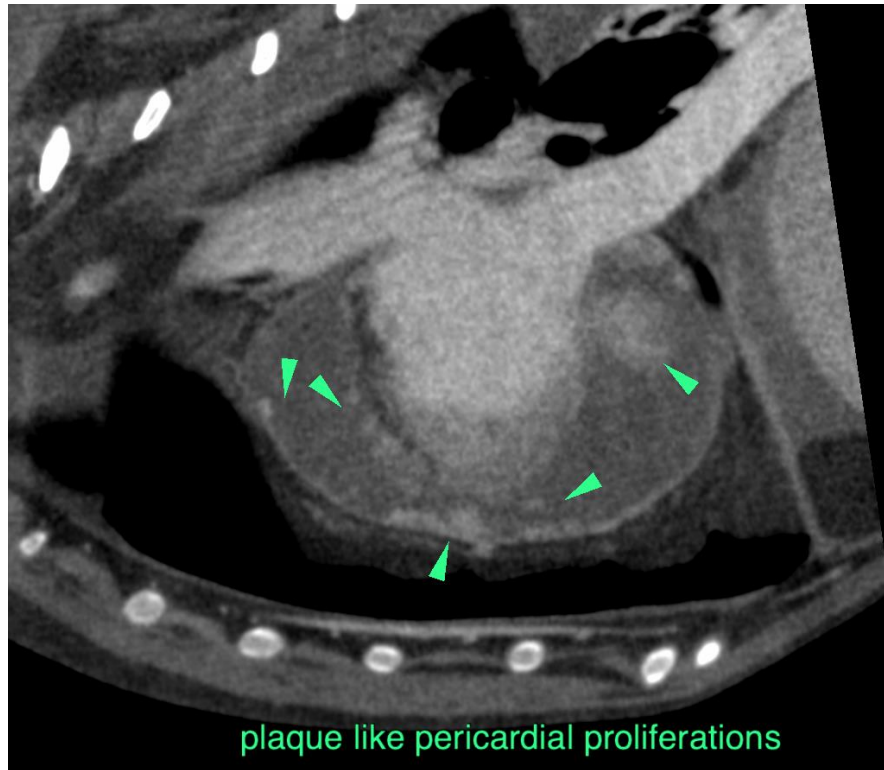
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com