



PATIENT

Bombay McSherry

PRESENTING CLINICAL SIGNS

Patient referred for pleural effusion on radiographs. Ultrasound guided centesis performed prior to the CT. 170 mLs of fluid removed from chest. Coughing for 1 week only reported from owner. No murmur. Radiographs sent to radiologist review.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC 10/11/22 RBC 9.19M/uL Hematocrit 64.3 % Hemoglobin 20.9 g/dL

BREED

Miniature Pinscher

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

Spayed Female

Multiple small subcutaneous nodules are seen along the trunk.

A small amount of fluid attenuating, gravity dependent soft tissue attenuating material is appreciated. The lung lobes are retracted from the thoracic wall and pleural fissure lines are visible. A small amount of gas is seen in the dorsal aspect of the right hemithorax.

AGE

12 Years

The sternal and cranial mediastinal lymph nodes are prominent and are surrounded by a fluid attenuating penumbra.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Neel Veterinary Hospital

The right cranial lung lobe and the left cranial lung lobe are consolidated with a moderately decreased volume and air-bronchograms.

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

Abdomen

REFERRING VET

Dr. Tina Neel

In the peritoneal cavity a mild to moderate amount of fluid attenuating material is appreciated and the peritoneal fat presents significant fat-stranding.

Both kidneys present mild irregular margins. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

INVOICE

54601

Nodular enlargement of the cranial pole of the right adrenal gland is seen, measuring 11 mm in diameter and presenting a heterogeneous contrast enhancement pattern.

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

DATE

10-12-22

The hepatic volume is mild to moderately increased and the liver is protruding caudally beyond the costal arch. The hepatic parenchyma is uniform soft tissue attenuating and presents a mild heterogeneous contrast enhancement pattern with hypoattenuating intraparenchymal roundish regions.



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Originating from the splenic vein, multiple anomalous vessels are coursing dorsally along the left abdominal wall, bending medially and draining to the left renal vein.

The pancreas appears prominent and has a mild undulating surface.

SPECIES

Canine

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

The vertebral endplates L1/L2 and L2/L3 present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

Miniature Pinscher

- Mild pleural effusion
- Mild peritoneal effusion
- Lymphadenopathy sternal & cranial mediastinal lymph nodes
- Prominent pancreas
- Nodular enlargement right adrenal gland
- Multiple acquired portosystemic shunts
- Mild heterogeneous contrast enhancement pattern of the hepatic parenchyma
- Chronic nephropathy
- Compression atelectasis cranial lung lobes bilaterally
- Multiple non-specific subcutaneous nodules along the trunk
- Spondylosis deformans

SEX

Spayed Female

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study presents bicavitary but fails to present a specific underlying cause. The prominent pancreas can indicate pancreatitis that can be a source for bicavitary effusion. Other differentials for the bicavitary effusion include infection, inflammation (e.g. vasculitis), neoplasia (e.g. lymphosarcoma, mesothelioma), pleuritis, cardiac disease, hepatic disease, hypoproteinemia or trauma. Complete fluid analysis is mandatory for further workup and decision making of potential advanced diagnostic tests.

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Suspect reactive hyperplasia of the sternal and cranial mediastinal lymph nodes – ultrasound guided FNA sampling can be tried for further definition.

The nodular enlargement of the right adrenal gland can be caused by (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).

REFERRING VET

Dr. Tina Neel

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup. The acquired might be an incidental finding and might be a sequela to spaying like in cats (rare in dogs) or is a sequela to portal hypertension.

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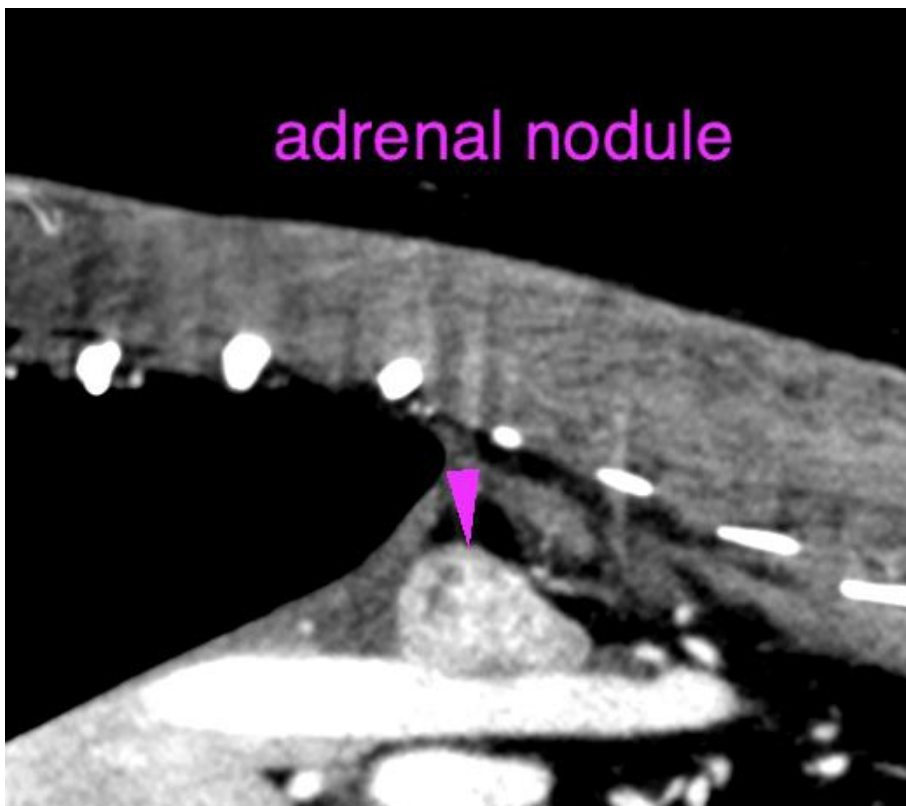
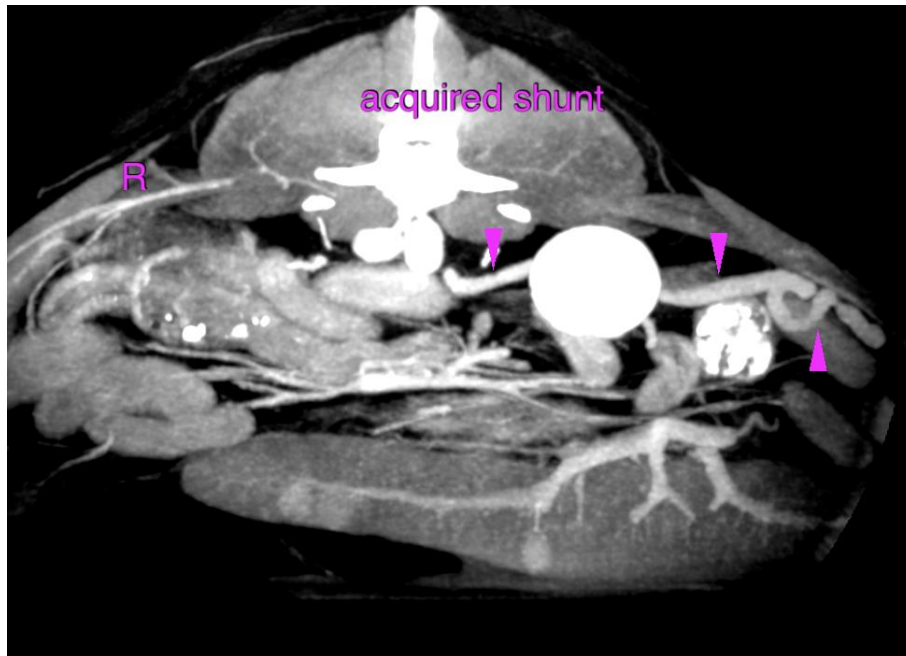
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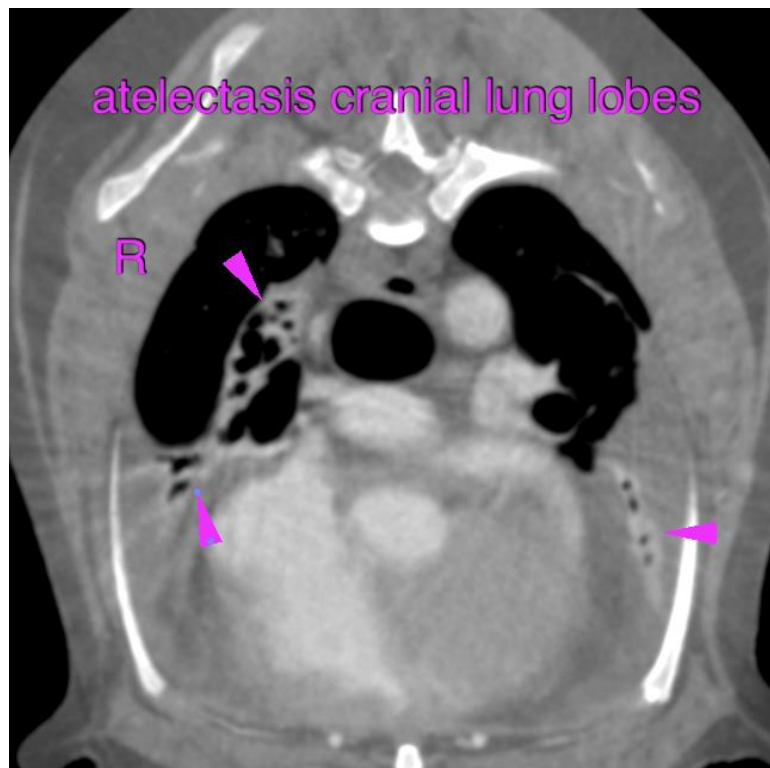
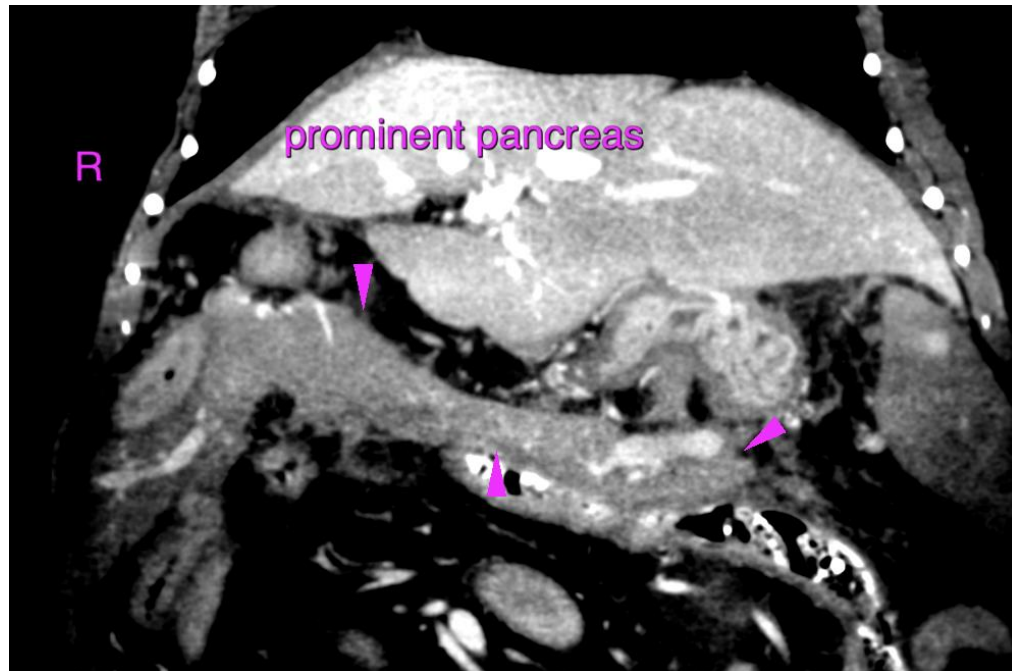
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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