



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Grandpaw Szuroej **PRESENTING CLINICAL SIGNS** History: Trouble breathing, discovered pneumothorax. Went into resp distress while in O2 chamber. Pulled 4700 ml of air off left hemithorax and has been stable since.

SPECIES Abnormal PE/Chem/CBC/UA Results: Mildly elevated chol and ALT otherwise NSF

Canine COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

BREED German Shepherd **COMPUTED TOMOGRAPHIC FINDINGS** Multifocal mild to moderate spondylosis formation is seen along the thoracic spine. A lipoma is seen in the subcutaneous tissue at the right thoracic wall, level with the 10th right rib.

SEX Neutered Male A moderate to marked amount of free gas is visible in the pleural cavity, R>>>L. The lung lobes are retracted from the thoracic wall and the volume of the lung lobes is moderately reduced. The right lung lobes are consolidated with air-bronchograms. The ventral aspect of the right cranial lung lobe presents a region with mild scalloping margins and possible defect.

AGE 10 Years The right crus of the diaphragm is in a relative caudal position in comparison to the left side.

INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI 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.

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

HOSPITAL NAME COMPUTED TOMOGRAPHIC DIAGNOSIS

Bridgwater VH & WC

REFERRING VET

Dr. J. Shapera

- Pneumothorax, R>>>L with evidence of increased pressure in the right hemithorax (tension pneumothorax)
- Spondylosis deformans
- Lipoma right caudal thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

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The findings fit the history of spontaneous pneumothorax, with signs for tension pneumothorax – evacuating the right hemithorax is advised. Unfortunately, the CT study presents no specific lung lesion explaining the pneumothorax, a ruptured bulla or bleb is likely – as the right cranial lung lobe presents focal irregularity it might represent the causitive lesion. If the spontaneous pneumothorax does not resolve under conservative therapy and repeated aspirations of the pneumothorax are

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PATIENT

Grandpaw Szuroej

required either an autologous blood patch or surgery may be used as therapy (surgical intervention is indicated in cases of repeated air accumulation within a 5-day period). As the location of leakage from the airways cannot be specified in the current CT study, a sternal approach to the pleural cavity may be beneficial. However, if a lateral approach is preferred, I would recommend a right lateral approach due to the pulmonary changes suggestive for rupture bulla.

SPECIES

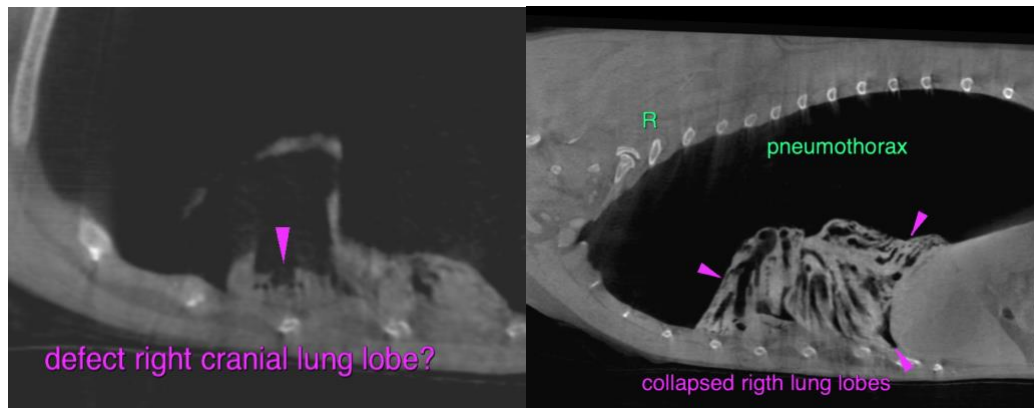
Canine

BREED

German Shepherd

SEX

Neutered Male



AGE

10 Years

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

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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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