



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bentley Mondragon
SPECIES Canine
BREED Labradoodle

History: Bentley first presented on 9/9/21 for heavy breathing, dry cough vomiting/diarrhea and lethargy. Thoracic radiographs were declined and he was treated with metronidazole for the diarrhea. The cough, lethargy and anorexia persisted. Thoracic radiographs taken later showed pleural effusion. He presented MedVet on 10/2/21 for worsening cough, labored breathing and lethargy. Pleurocentesis was performed yielding 300 ml of serosanguinous fluid. Differentials were lung lobe torsion or pneumonia. Clavamox and enrofloxacin were dispensed. CT was recommended. Previous history: Bentley was HBC December 2020 and had a splenectomy as well as a diaphragmatic hernia repair (Mountain West). Reported normal after recovery. Current medication: none Current blood work is not repeated. Bloodwork is dated 9/9/21. CBC - PCV = 41.2, WBC = 8800, neutrophils = 4190, lymphocytes = 2410, monocytes = 2120. Platelets = 442,000. Chemistry - normal. Urinalysis - not provided.

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: PE: ****Respiratory:**** Abnormal; muffled lung sounds - left cranial thorax. Bronchoscopy Findings: The lower respiratory tract is imaged using a 2.7 mm flexible video ureteroscope. Tracheal mucosa is smooth and light pink. Tracheal discharge is not present. The dorsal tracheal membrane is tight and tracheal cartilages are round. There is no evidence of tracheal collapse. The carina and bronchial bifurcations are sharp. Mainstem bronchi are open and clean. There is no evidence of bronchial collapse or discharge. The bronchus to the left cranial lung lobe is pinched closed in a rosette pattern consistent with lung lobe torsion.

AGE

5 Years

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

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

COMPUTED TOMOGRAPHIC FINDINGS

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

HOSPITAL NAME

VetMed Consultants

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.

REFERRING VET

Sara Shaw

The cranial part of the left cranial lung lobe is consolidated with small air-bronchograms and a vesicular pattern. The volume of the cranial part of the left cranial lung lobe is moderately increased and the margins are rounded. Post contrast administration the pleural lining presents mildly contrast enhancing, the parenchyma is hypoattenuating with some small interspersed contrast enhancing vessels presenting small intraluminal filling defects. After its origin from the left principal bronchus, the first degree bronchus of the cranial part of the left cranial lung lobe tapers abruptly and cannot be followed into the cranial part of the left cranial lung lobe.

INVOICE

13593

A moderate amount of non-contrast enhancing soft tissue material is present in the pleural cavity bilaterally and the lung lobes are retracted from the thoracic wall. The remaining lung lobes are aerated with the expected architecture and small regions of dystelectasis.

DATE

10/6/21



PATIENT

Bentley Mondragon

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Lung lobe torsion cranial part of left cranial lung lobe
- Mild to moderate pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Labradoodle

The CT study supports the diagnosis of lung lobe torsion cranial part of the left cranial lung lobe with secondary pleural effusion. If not done so yet surgical intervention is recommended.

SEX

Neutered Male

The pleural effusion is likely a sequela to lung lobe torsion, however pleural effusion can also be a predisposing factor for lung lobe torsion and other causes for pleural effusion should be ruled out as well (e.g. pancreatitis, hepatic disease, infection, cardiac disease, hypalbuminemia, vasculitis).

AGE

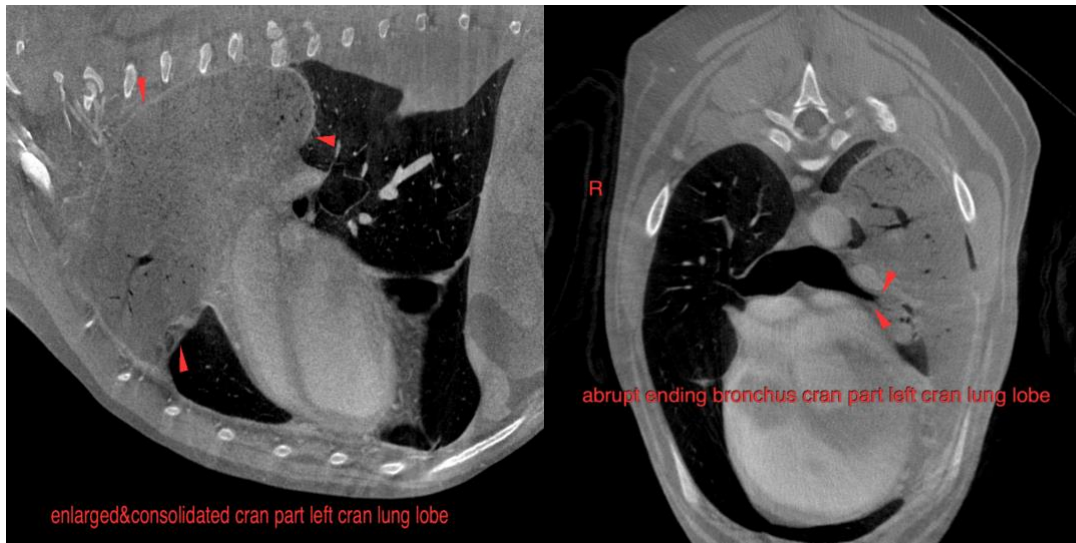
5 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants



REFERRING VET

Sara Shaw

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.

INVOICE

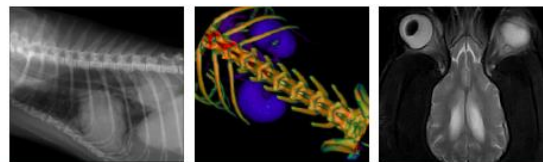
13593

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

DATE

10/6/21



PATIENT

Bentley Mondragon

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

5 Years

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Sara Shaw

INVOICE

13593

DATE

10/6/21