



PATIENT PRESENTING CLINICAL SIGNS

Penny Vargas Penny looks good on exam with normal vital parameters and improved peripheral edema. I took a look at her chest with ultrasound and the fluid pocket is very small (1-3 mm wide x 2 cm long) and is right against her heart. I could not remove that fluid due to how small the pocket is. There was too much risk for me puncturing her heart muscle with a needle. Preanesthetic labwork showed normal values aside from mildly low lymphocyte count and mildly increased ALT. These changes can be due to recent steroid therapy. Please restart prednisolone at 5mg (1 pill) by mouth once daily. Please continue to give pentoxifylline at 1/8 pill by mouth twice daily. Continue to give phenobarbital twice daily.

SPECIES

Canine

BREED

Dachshund

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

SEX

Female

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

AGE

9 Years

A mild amount of gravity dependent, fluid attenuating material is visible in the dorsal aspect of the pleural cavity. The lung lobes are retracted from the thoracic wall.

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.

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The cardiovascular structures including the pulmonary vasculature are within normal limits. A small amount of gas is seen in the main pulmonary artery post contrast administration - iatrogenic due to iv contrast administration.

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.

REFERRING VET

Kim Winters

The lung parenchyma presents the expected architecture and attenuation behavior.

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

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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

DATE

11-2-21

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.



PATIENT

The spleen is prominent, the splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

Penny Vargas

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

SPECIES

Canine

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

BREED

Dachshund

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

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

SEX

Female

In multiple intervertebral disc spaces of the cranial lumbar spine, multiple punctuate mineralization are visible.

AGE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild pleural effusion
- Splenomegaly
- Chondroid disc degeneration cranial lumbar spine

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents evidence of mild pleural effusion. An underlying cause for the mild pleural effusion is not appreciated, given the history of peripheral edema the same underlying pathology – such as vasculitis, inflammation – is considered likely.

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The splenomegaly is not specific and can be accentuated by general anesthesia with pooling of blood. Complementing workup by FNA sampling of the spleen can be used to rule out splenitis or diffuse neoplastic infiltration.

There is no evidence of an abdominal or thoracic mass, thrombus formation, etc.

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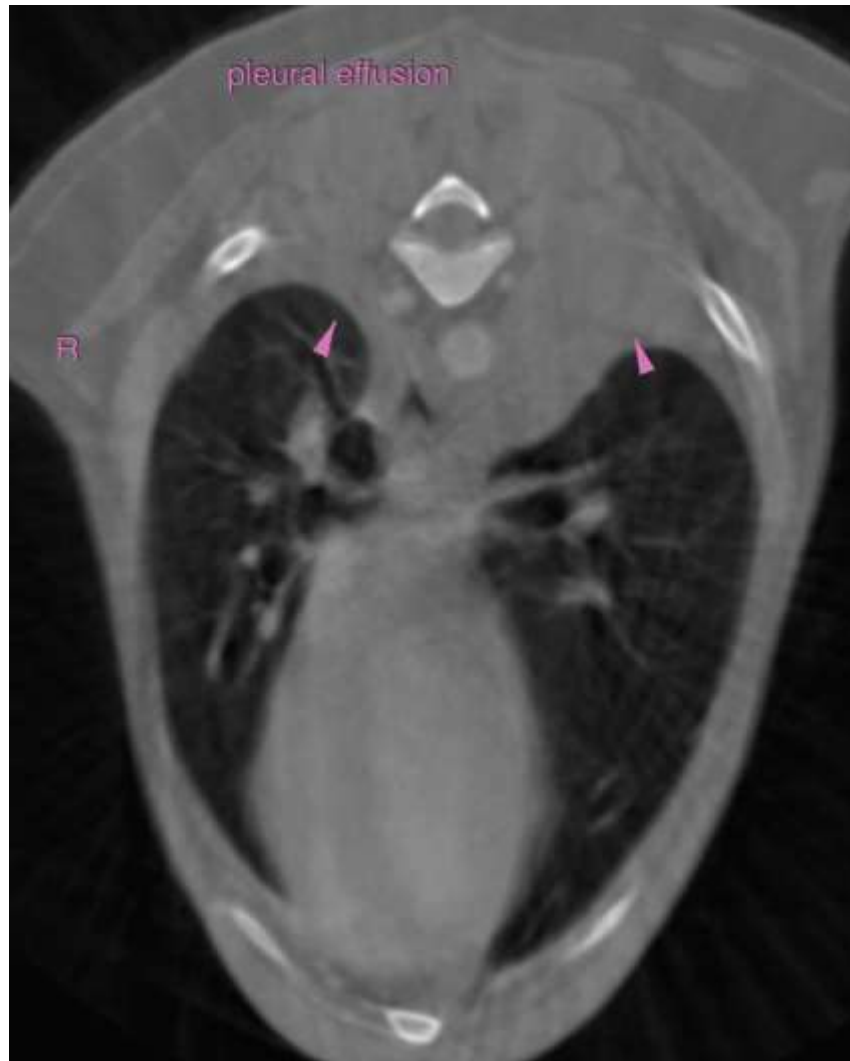
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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