



PATIENT

Bethany Marshall

PRESENTING CLINICAL SIGNS

Infiltrative, large, irregular liver, elevated liver values, ALP- 1183, ALT- 725. Bilateral pleural effusion noted on ultrasound

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Infiltrative, large, irregular liver, elevated liver values, ALP- 1183, ALT- 725. Bilateral pleural effusion noted on ultrasound

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone and soft tissue reconstruction is provided for review.

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

Female Spayed

In the post contrast phase, contrast has leaked into the subcutaneous tissue of the right antebrachium – paravenous injection.

In the pleural cavity, a significant amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. 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.

AGE

9

The sternal lymph nodes are prominent.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

Abdomen

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The serosal fat presents mild fat-stranding, and a small amount of fluid attenuating material is seen in the ventral aspect of the peritoneal cavity and between the liver lobes.

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.

REFERRING VET

Dr. Geist

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

INVOICE

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The left liver lobes are prominent and present mild rounded caudoventral margins. The contrast enhancement pattern of the liver is generalized mildly heterogeneous. Multifocal throughout the hepatic parenchyma, roundish, well-defined, parenchymal filling defects, measuring up to 7 mm in diameter are appreciated.

The hepatic lymph nodes are prominent.

DATE

11-22-22

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

In the pyloric antrum of the stomach, a fusiform shaped, mild hyperattenuating structure is visible.



PATIENT Multifocal spondylosis formation is seen along the lumbar spine.

Bethany Marshall

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Marked pleural effusion
- Secondary dystelectasis of the lung parenchyma
- Hepatomegaly with rounded appearing caudoventral margins left liver lobes
- Lymphadenopathy sternal & hepatic lymph nodes
- Mild peritoneal effusion
- Hepatic cysts
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Female Spayed

An underlying cause for the pleural effusion is not appreciated. Given the hepatomegaly underlying hepatic disease – either primary inflammatory or diffuse neoplastic – can be a source for pleural effusion. Other potentials for pleural effusion include neoplastic (e.g. mesothelioma), cardiac disease, pancreatitis, vasculitis, infection, other.

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If not done so yet, a complete fluid analysis of the pleural effusion is mandatory as well as FNA sampling of the liver.

The prominent sternal lymph nodes can be a sequela to the pleural effusion (resorptive activity), hepatic disease (e.g. reactive hyperplasia or neoplastic infiltration) or present primary neoplastic transformation (considered less likely) of the lymph nodes.

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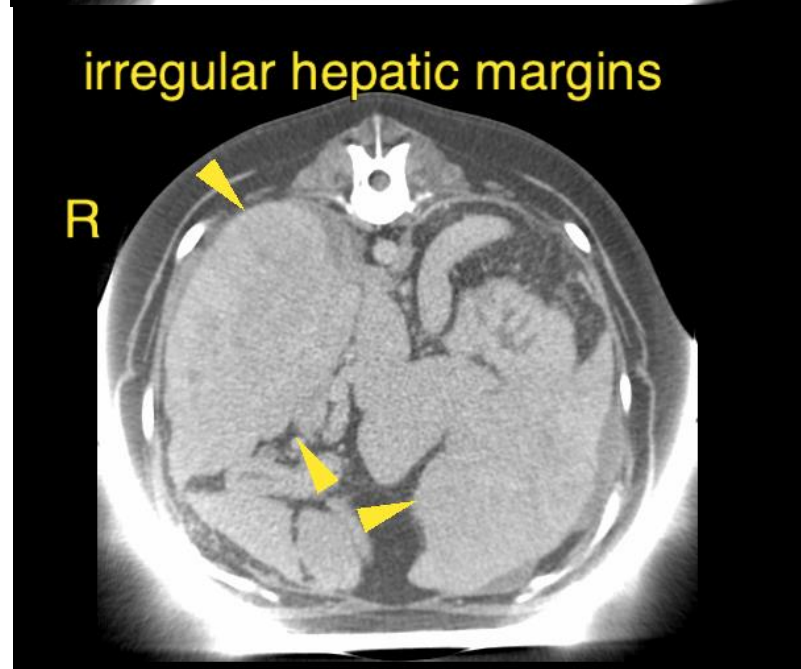
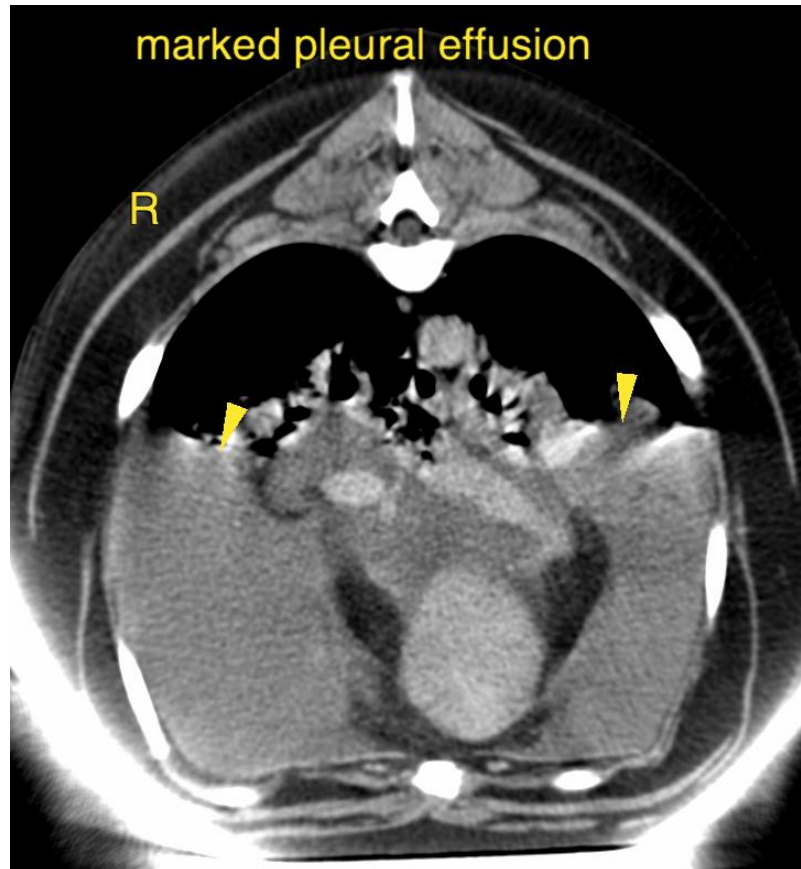
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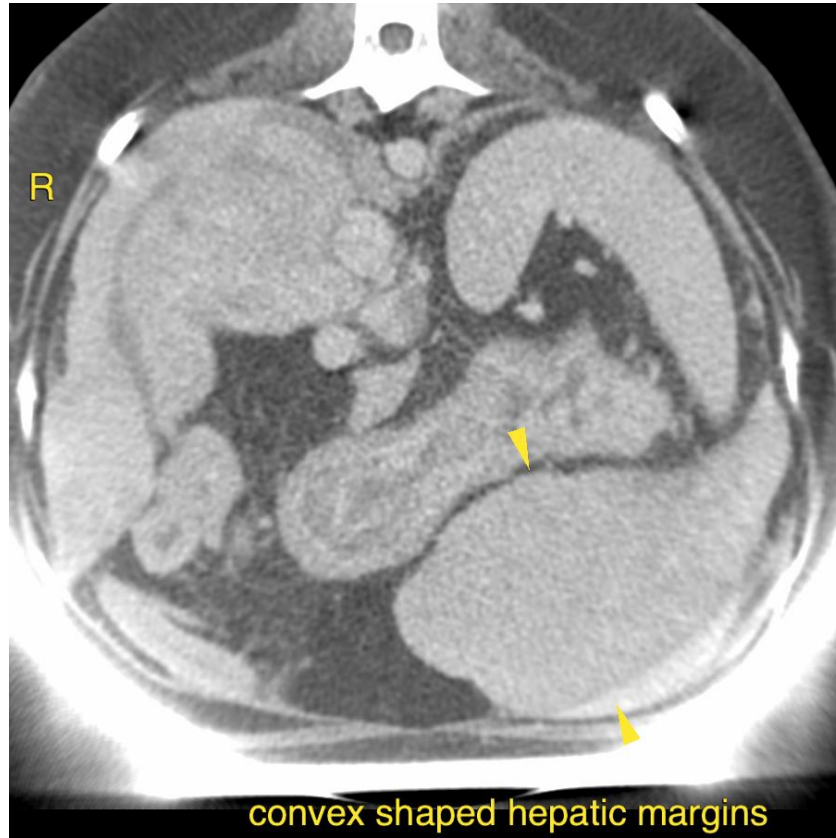
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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