

PATIENT PRESENTING CLINICAL SIGNS

Sasha Jones Acute onset of anorexia, abdominal distension, lethargy of few week duration. Large volume of ascites noted- previous cytology showed it was a modified transudate, eosinophilic inflammation.

SPECIES Echocardiogram showed minimally decreased contractility but no pericardial effusion, chamber dilation or obvious cause of biventricular effusion. Removed 3.5 L of abdominal fluid prior to CT (large amount remains). Performed diagnostic thoracocentesis prior to CT as well. Dog adopted from BC, Canada and now lives in Ontario, Canada (no other travel history).

Canine

BREED

Border Collie X

Abnormal PE/Chem/CBC/UA Results: CBC: Mild neutrophilia Chem: Minimal panhypoproteinemia Abdominal effusion: modified transudate, eosinophilic Pleural effusion: pending

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

SEX

Spayed Female

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

AGE

~5 Years

A moderate amount of gravity dependent, fluid attenuating material is visible in the ventral aspect of the pleural cavity bilaterally. The lung lobes are retracted from the thoracic wall and present a moderately reduced volume with multiple regions of compression atelectasis.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDP

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

Animal Health
Partners

Abdomen

There is a moderate amount of free peritoneal fluid and moderate fat-stranding of the peritoneal fat is present.

REFERRING VET

Dr. Ashley Gold

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.

INVOICE

30070

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

The liver presents a generalized heterogeneous contrast enhancement pattern.

The gallbladder wall is mild to moderately thickened, measuring up to 3.6 mm in width.

DATE

11/24/21



PATIENT The mesenteric lymph nodes are generalized prominent. The jejunal lymph nodes present with post contrast fluid attenuating multiloculated intraparenchymal lesions.

Sasha Jones

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

SPECIES

Canine

There is a small intestinal segment present in both contrast phases impaired contrast enhancement (63HU) in comparison to the remaining small intestinal loops (113 HU).

The bony and surrounding soft tissue structures reveal no abnormalities.

BREED

Border Collie X

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate pleural and peritoneal effusion
- Impaired contrast enhancement of a small intestinal segment
- Generalized lymphadenopathy mesenteric lymph nodes with potential cystic lesions of the jejunal lymph nodes
- Heterogeneous contrast enhancement pattern of the liver
- Edema gallbladder wall
- Dystelectasis of the lung

SEX

Spayed Female

AGE

~5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the history of bicavitary effusion. A specific underlying cause is not appreciated in the current radiographic study. Differentials for the bicavitary effusion include infection, inflammation (e.g. vasculitis), neoplasia (e.g. lymphosarcoma, mesothelioma), pancreatitis, pleuritis, cardiac disease, hepatic disease, hypoproteinemia or trauma. Tapping of the effusion and complete fluid analysis is mandatory for further workup as well as complete blood work.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

The impaired contrast enhancement of a small intestinal segment indicates hypoperfusion which is concerning for thrombus formation. Monitor the patient for development of sepsis in case of necrosis of the small intestinal segment. Long standing ischemia of the intestinal segment over few weeks is considered unlikely as I would expect bacterial translocation – at least with acute onset it could be a cause for effusion (also bicavitary). Either follow up CT scan or ultrasound would be ideal to check if there is persistent hypoperfusion and decision making if surgery would be indicated.

HOSPITAL NAME

Animal Health
Partners

As the liver presents with a heterogeneous contrast enhancement pattern, sampling of the liver appears beneficial. Due to the peritoneal effusion check for normal coagulation.

REFERRING VET

Dr. Ashley Gold

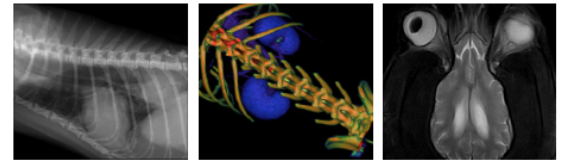
The enlarged mesenteric lymph nodes can present reactive hyperplasia due to its resorptive activity secondary to the peritoneal effusion. The cavitation might present lymphangioma formation and the odds for abscessation are low as accompanying septic peritoneal effusion would be likely. FNA sampling of the lymph nodes would be beneficial to rule out malignancy.

INVOICE

30070

DATE

11/24/21



PATIENT

Sasha Jones

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

~5 Years

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

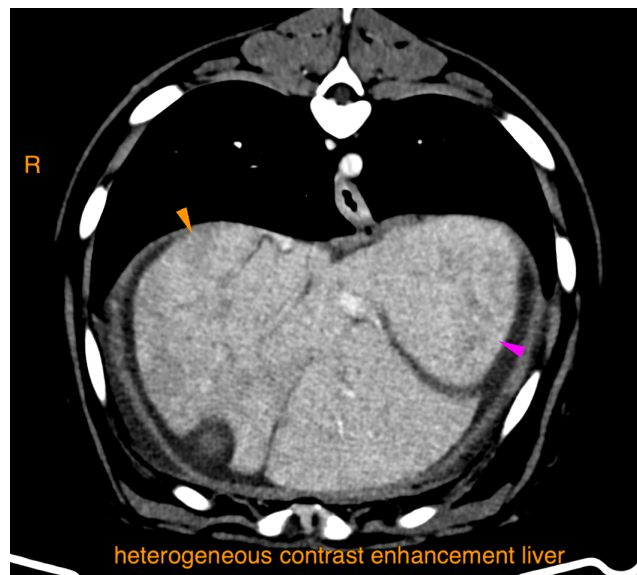
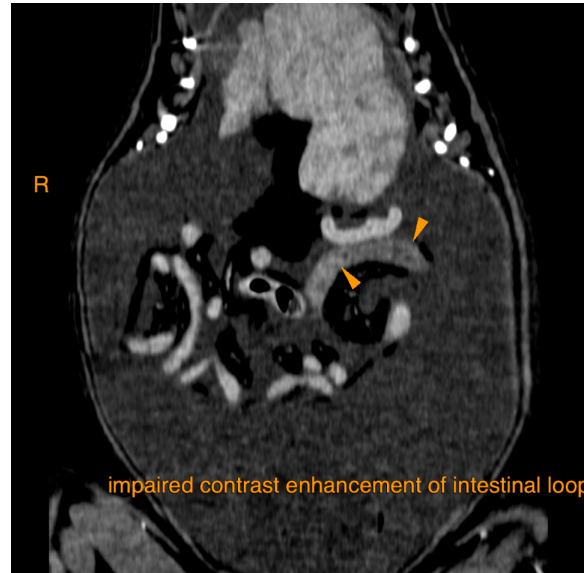
Dr. Ashley Gold

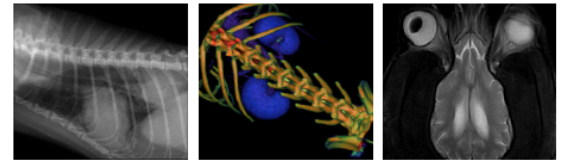
INVOICE

30070

DATE

11/24/21





PATIENT

Sasha Jones

SPECIES

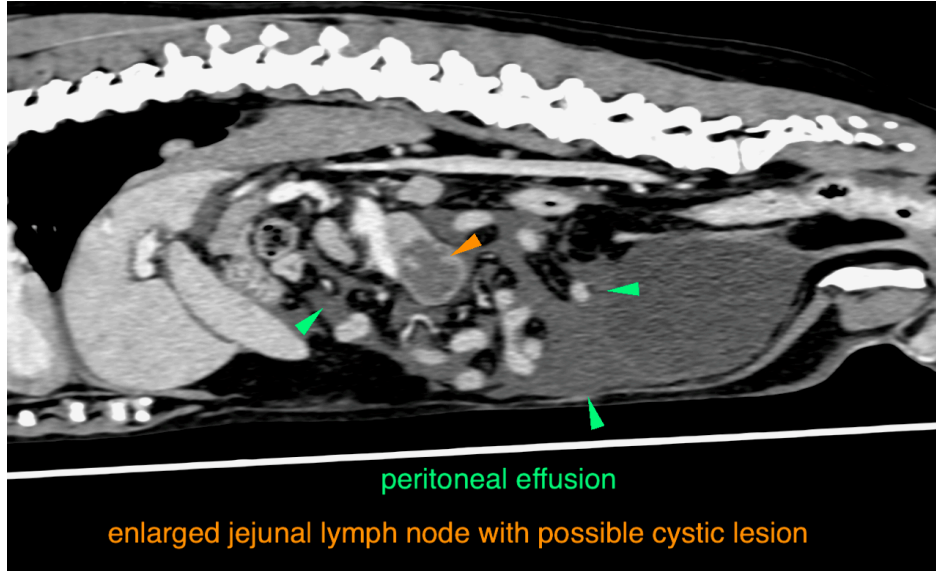
Canine

BREED

Border Collie X

SEX

Spayed Female



AGE

~5 Years

INTERPRETED BY

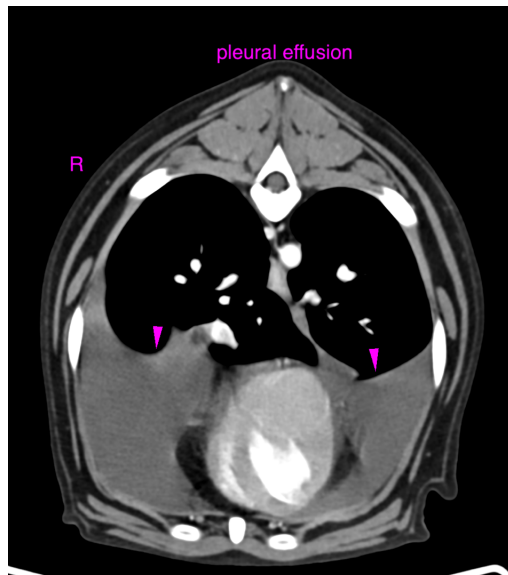
Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Ashley Gold



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

30070

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.

DATE

11/24/21

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com