



## PATIENT

Shark Redshaw

## SPECIES

Canine

## BREED

Great Dane

## SEX

Male

## AGE

4 Months

## WEIGHT

28 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dr. Viktoria Gounari

## HOSPITAL NAME

Animal Trust- Bolton

## REFERRING VET

Dr. Viktoria Gounari

## INVOICE

12035

## DATE

11/03/25

## PRESENTING CLINICAL SIGNS

Vomiting pieces of wood. The passing diarrhea with pieces of wood. Started with cough sat pm and 1 litre of pleural effusion (sterile) drained overnight Sunday

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

Overall the image contrast is limited in the pre- and post-contrast series.

### Thorax

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

In the pleural cavity a moderate amount of gravity dependent, fluid attenuating material along with free pleural gas is appreciated. The lung lobes are retracted from the thoracic wall by the fluid attenuating material and the gas.

The lung parenchyma presents multiple regions with dystelectasis and air-bronchograms.

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

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

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.

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

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

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pleural effusion
- Pneumothorax
- Multiple zones with consolidation of the lung parenchyma and decreased volume
- Normal abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the pleural effusion cannot be specified and the diagnostic yield is limited by the decreased image contrast. The consolidated areas of the lung present a generalized decreased volume and I consider these to be most consistent with dystelectasis although the small zones of



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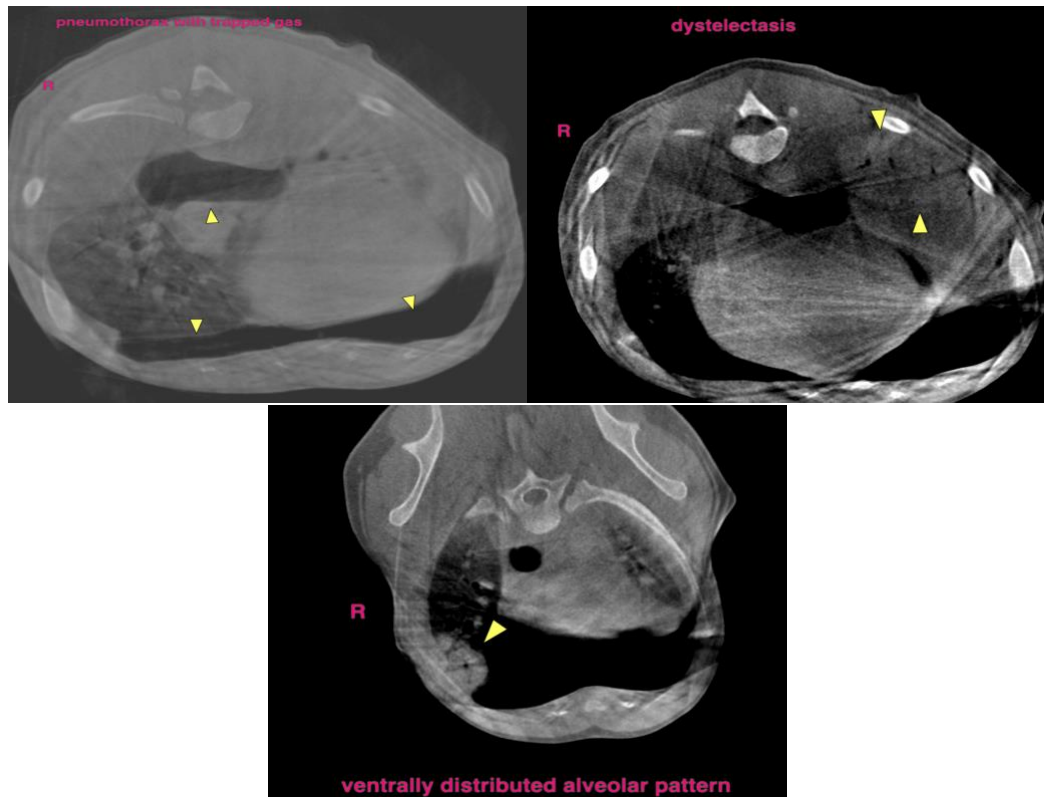
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ventral consolidation of the lung parenchyma may present zones with pneumonia. Fluid analysis of the pleural effusion was given to be sterile – regarding the history – decreasing the odds for perforating foreign material. The pneumothorax can be a sequela to preceding thoracocentesis. Potentials for pleural effusion include systemic disease (e.g. pancreatitis, hepatic disease, nephropathy), hypalbuminemia, vasculitis, inflammatory (e.g. pyothorax), chylothorax, (neoplasia).

Advanced diagnostic and therapeutic decisions should be guided by the results of pleural effusion fluid analysis.



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, DVM, Dr. med. vet. DipECVCI  
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