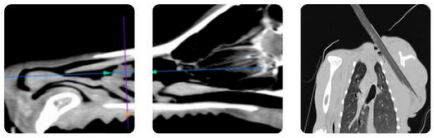

PATIENT

Billy Duncan

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male

AGE

1Y, 9M

WEIGHT

16kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Molly Ellson

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

West Mount Vets

INVOICE

72523

DATE

11-5-25

PRESENTING CLINICAL SIGNS

Swelling 10/10/25 on LHS of chest, fluid filled mass, drained, flushed. 4/11/25 - presented with same swelling on LHS. Concern regarding migrating fb?

COMPUTED TOMOGRAPHY 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

Thorax

The left axillary lymph node is moderately prominent.

The subcutaneous fat along the left lateroventral aspect of the thoracic wall presents moderate edematous swelling.

The subcutaneous tissue along the left caudolateral thoracic wall and left cranial abdominal wall presents a significant ill-defined soft tissue swelling is appreciated, most accentuated level with 11^{th} to 13^{th} left rib. Post contrast administration the subcutaneous swelling of the left caudolateral thoracic wall presents a hypoattenuating multiloculated center. The subcutaneous fat along the left abdominal wall presents significant soft tissue striation.

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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior, but a wedge shaped well-defined zone of pulmonary consolidation in the lateral aspect of the left caudal lung lobe – suspect zone with dystelectasis.

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 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.

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The left renal lymph node, left medial iliac and left inguinal lymph node are prominent.

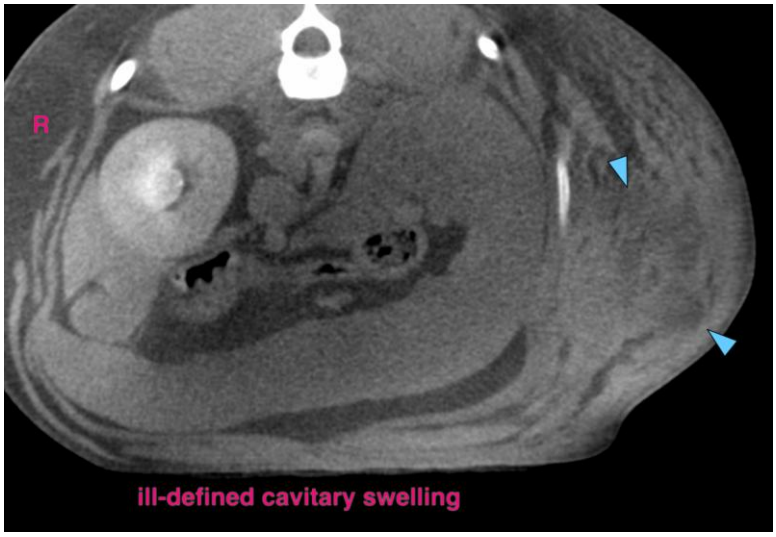
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thick walled cavitary lesion left caudolateral thoracic wall with surrounding advanced cellulitis
- Lymphadenopathy of the lymph nodes draining the left caudolateral thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are supporting the diagnosis of abscess formation with secondary surrounding septic cellulitis along the left thoracic & abdominal wall. Unfortunately, an underlying cause cannot be specified, but as the odds for an underlying migrating foreign body are high, recommend complementing workup by an ultrasound examination to screen for foreign material that is not appreciated by CT (isoattenuating material).

I do not see evidence of intrathoracic or intraabdominal extent.



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
info@sonopath.com