



PATIENT PRESENTING CLINICAL SIGNS

Macho Brantley
SPECIES Canine
BREED Beagle
SEX Male Neutered
AGE 12 Years

P HAS BEEN HOSPITALIZED FOR 3 DAYS Macho is a 12 Y MC Beagle who presented as a transfer for respiratory distress. P has history of pneumonia and has been treated with doxycycline. BW and xrays performed recently at rDVM. O having hard time giving medications at home. p presented at rDVM for resp distress and transferred here for further care. P STARTED ON UNASYN AND BAYTRIL IV, SLIGHT IMPROVEMENT, RR IS STEADILY IN THE 60s. P UNABLE TO BE WEANED OFF O2,
 Abnormal PE/Chem/CBC/UA Results: CBC NORMAL

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

In the subcutaneous tissue at the cranioventral thoracic wall, multiple lipomas are appreciated.

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.

In the left hemithorax, a small amount of fluid attenuating material is seen and the lung lobes are mildly retracted from the thoracic wall and pleural fissure lines are visible.

Generalized moderate thickening of the bronchial walls is visible. The left lung lobes present generalized marked ill-defined peribronchial cuffing. In the caudodorsal aspect of the left caudal lung lobe, an ill-defined consolidated region is seen, presenting multiple central gas attenuating lesions.

Throughout the right lung lobes, multiple ill-defined, soft tissue attenuating nodules or nodular zones of ground glass opacity are appreciated as well as patchy zones with ground glass attenuation of the lung parenchyma.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized significant bronchial pattern with peribronchial interstitial pattern, L>>R
- Zone of pulmonary consolidation caudodorsal aspect left caudal lung lobe with central zones of cavitation
- Multiple ill-defined interstitial nodules right lung lobes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings can present advanced bronchopneumonia with pyogranulomatous character (e.g. mycotic) with focal zone of necrosis in the caudodorsal aspect of the left caudal lung lobe – would expect accompanying lymphadenopathy of the tributary lymph nodes. Due to the lack of inflammatory changes in lab work the odds for neoplastic infiltration (e.g. bronchogenic carcinoma, lymphosarcoma) are considered higher. A transtracheal wash or bronchoscopy including BAL would be ideal for further workup. FNA sampling of the lung can be performed in

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Emergency
 Hospital Volusia

REFERRING VET

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first instance as more minimally invasive diagnostic tool.

Tapping the mild right sided pleural effusion might be beneficial as well.

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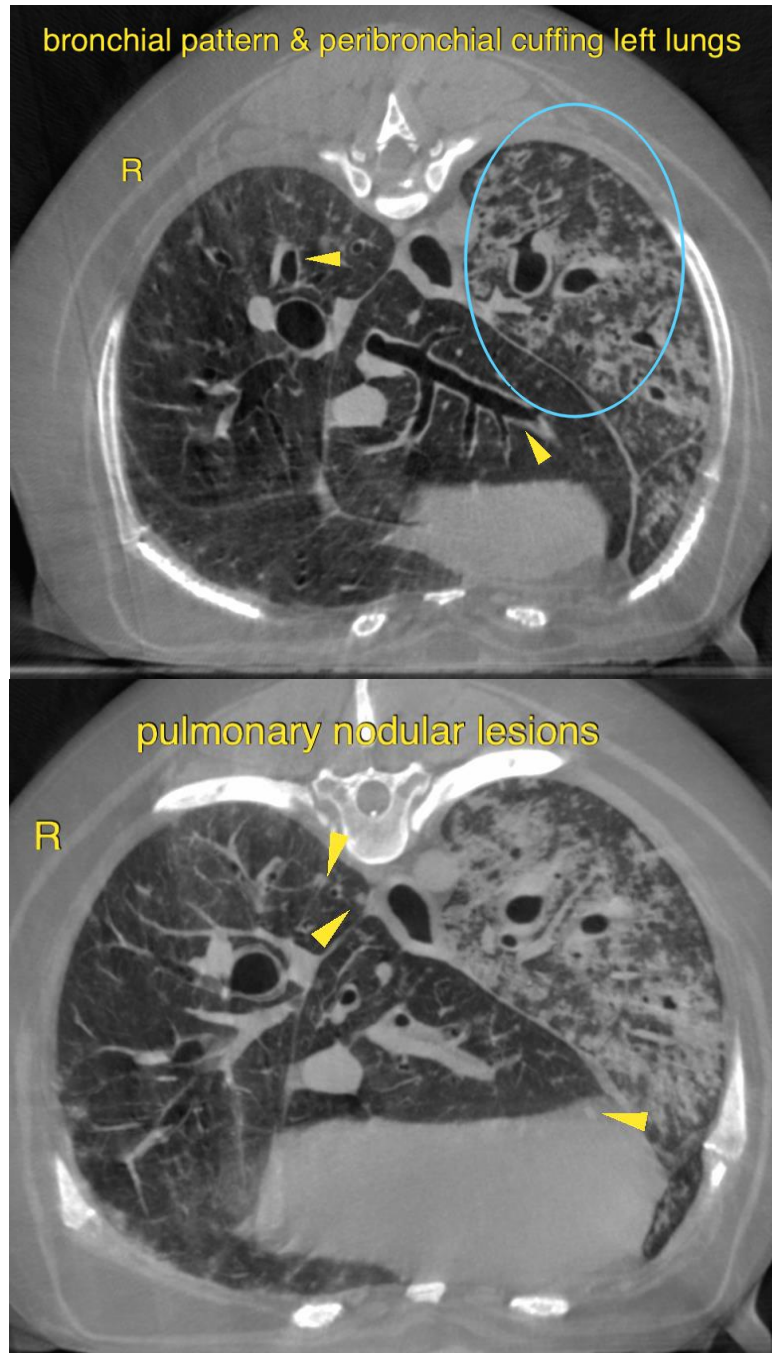
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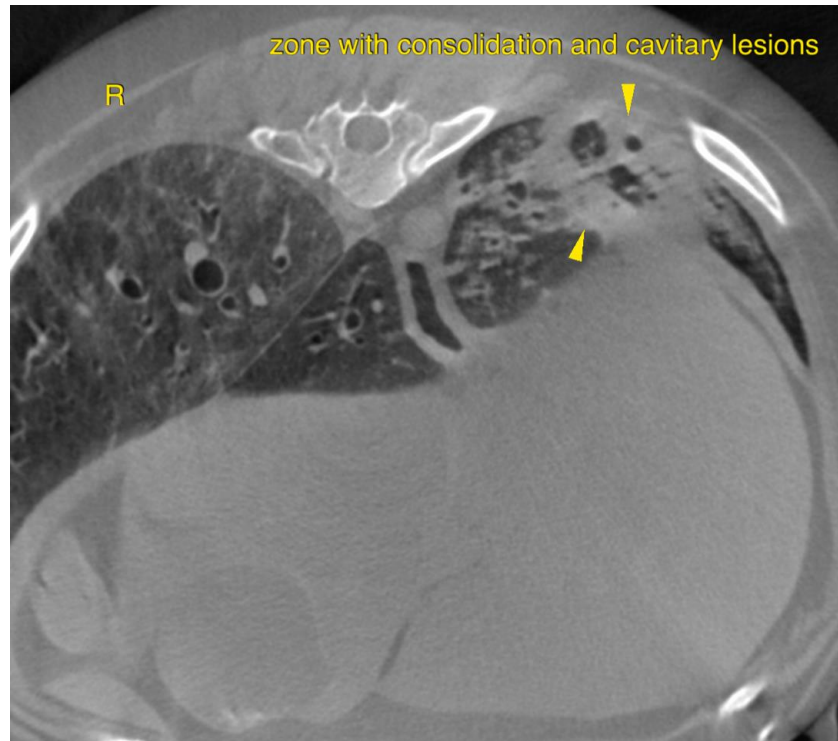
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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