



PATIENT

Spots Grinnell-Webster

PRESENTING CLINICAL SIGNS

Pyothorax. Presented on 12/14 to Wilvet. Coughing of 2 weeks duration. Had been vomiting everything up. Anorexia 3 days prior to presentation. Indoor only.

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX

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

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

A thoracic catheter is entering the pleural cavity by the 9th intercostal space bilaterally.

SEX

NM

A small amount of fluid attenuating material is seen in the pleural space bilaterally, R>L. Post contrast administration, the pleural lining bilaterally is thickened, R>>L, with small pockets of trapped fluid.

The lung lobes present multiple regions of dystelectasis. In the caudodorsal aspect of the right caudal lung lobe, a consolidated region is appreciated and the respective bronchus is obliterated by soft tissue material.

AGE

6 Months

Evaluation of the intrathoracic lymphatic structures is limited due to motion artefacts.

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of pyothorax
- Consolidated caudodorsal aspect right caudal lung lobe with segmental bronchial obliteration
- Marked pleuritis

HOSPITAL NAME

Wilvet Salem

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of pyothorax with marked proliferative pleuritis and zones with pulmonary atelectasis – the proliferative pleuritis can indicate underlying Nocardiosis /Actinomycosis. The consolidated region with segmental bronchial obliteration in the caudodorsal aspect of the right caudal lung lobe is suggestive for pneumonia with exudate in the respective bronchus – theoretically an aspirated foreign body or small pulmonary abscess are a potentials. No additional abnormality is appreciated, explaining the pyothorax and might be a sequela to bacterial translocation of pneumonia, perforating thoracic trauma or migrating foreign body (no foreign material is appreciated by CT).

REFERRING VET

Peterson

INVOICE

55708

If clinical signs are refractory to conservative management and surgical management is considered, I would recommend a right lateral approach for best access to the pulmonary lesion in the caudodorsal aspect of the right caudal lung lobe.

DATE

12-20-22



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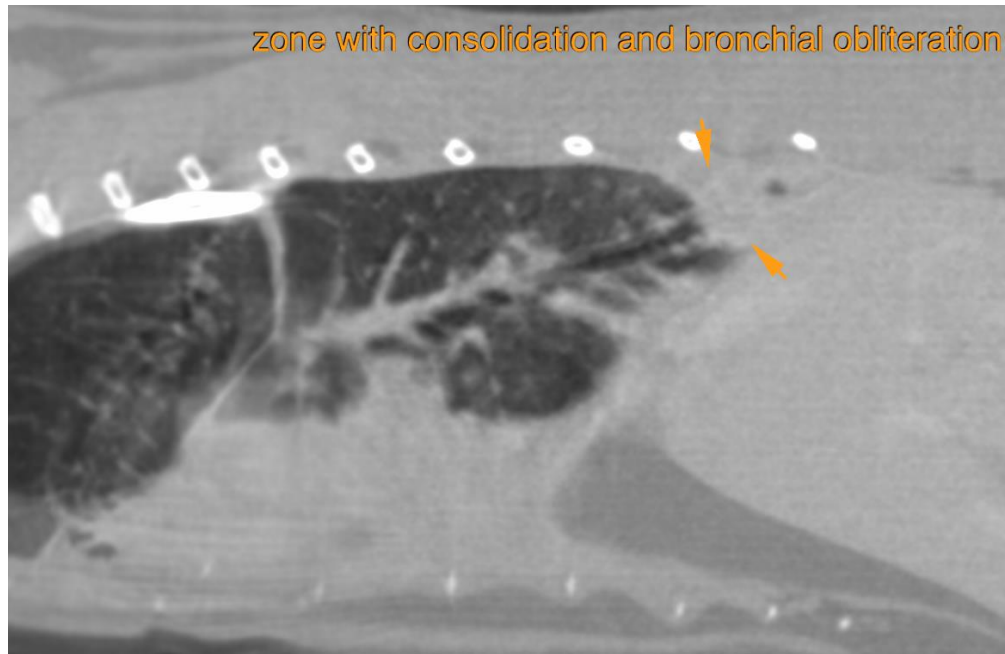
Peterson

INVOICE

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DATE

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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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