

**PATIENT**

Archie Grant

PRESENTING CLINICAL SIGNS

Patient presented for respiratory distress

COMPUTED TOMOGRAPHY OF THE THORAX**SPECIES**

Feline

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

COMPUTED TOMOGRAPHIC FINDINGSA thoracic catheter is entering the right pleural cavity by the right 7th intercostal space.**BREED**

DSH

In the pleural cavity, a moderate amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. Pleural fissure lines are appreciated. The lung lobes are retracted from the thoracic wall and present a generalized decreased volume. Multiple regions with dystelectasis of the ventral aspects of the lung parenchyma are visible. The accessory lung lobe is completely consolidated, and the volume is decreased.

SEX

Male Neutered

Post contrast administration, the pleural lining – accentuated in the ventral aspect of the pleural cavity – is moderately thickened.

The sternal, cranial mediastinal and tracheobronchial lymph nodes cannot be clearly delineated.

AGE

2 Years

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 BYSebastian Schaub, DVM
Dr. med. vet. DipECVDI**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Pleural effusion
- Pleuritis
- Multiple zones with dystelectasis of the lung parenchyma

HOSPITAL NAME

Wilvet Salem

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the CT study are suggestive for pyothorax with pleuritis. Secondary reactive hyperplasia of the sternal lymph nodes. The pulmonary changes are likely a sequela to atelectasis of the lung parenchyma, however accompanying pneumonia is a potential as well. An underlying cause for the supposed pyothorax is not appreciated, it might be a sequela to bacterial translocation of pneumonia, perforating thoracic trauma or migrating foreign body (no foreign material is appreciated). Further workup warrants complete fluid analysis.

REFERRING VET

Kristin Peterson

INVOICE

55825

DATE

12-25-22



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INTERPRETED BY

Sebastian Schaub, DVM
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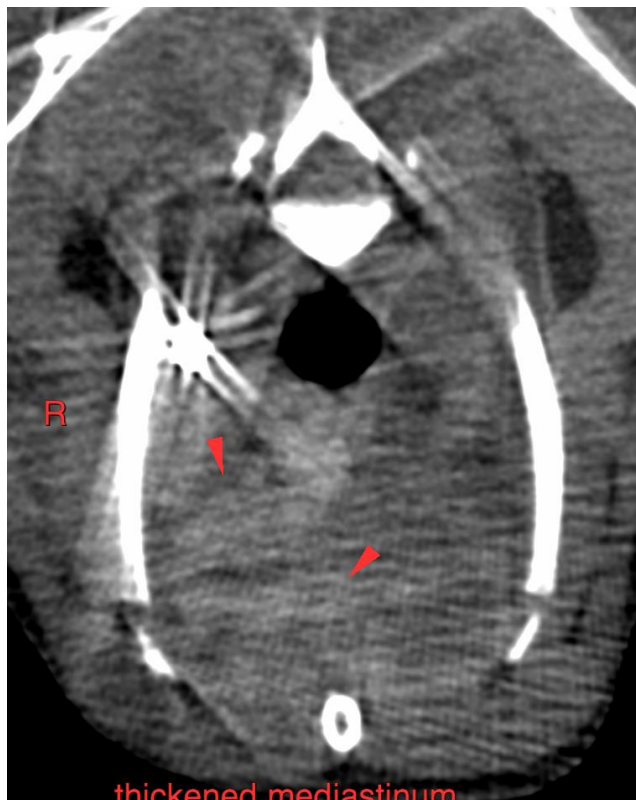
Kristin Peterson

INVOICE

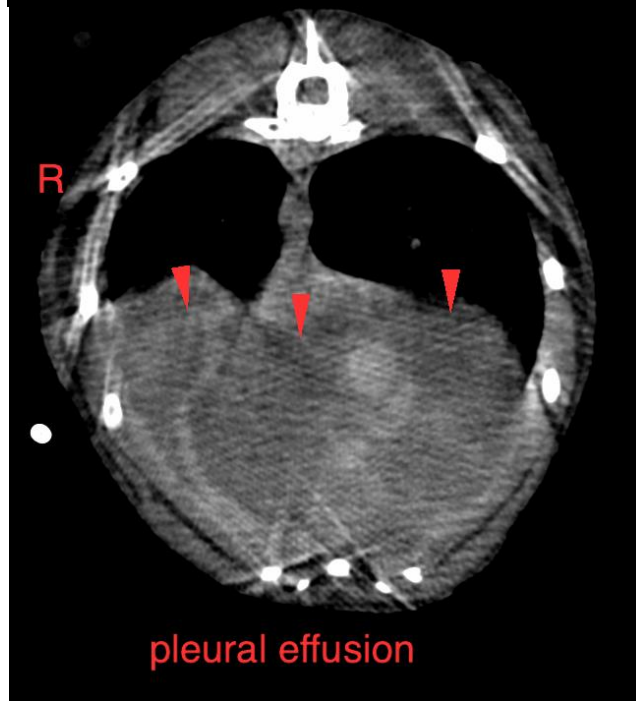
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thickened mediastinum



pleural effusion



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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.

BREED

DSH

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
sebast.schaub@gmail.com

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