



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Puppy Zuniga
SPECIES Canine
AGE 11 Years
INTERPRETED BY Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Puppy is an 11 year old neutered male Chihuahua who is presenting for coughing and dry heaving at home, which is most severe when he wakes up in the morning. He has not been eating or drinking for 2 days. He is on cephalexin, as prescribed by rDVM for dermatitis. He does have a history of a heart murmur, but has been on no medications. Pericardial effusion (coagulopathy vs neoplasia vs trauma)
 Abnormal PE/Chem/CBC/UA Results: PT/PTT normal Na 143 LOW AMYL 355 LOW All other chems normal

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX NM
 The right transverse process of T10 presents a geographic osteolytic lesion, perforating the lateral cortex.

AGE 11 Years
 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 pericardial sac is moderately distended by fluid attenuating material. The right atrium presents a moderately decreased volume. Post contrast administration a small amount of gas is seen in the main pulmonary artery – iatrogenic due to contrast administration. The volume of the right ventricle is decreased. The pulmonary vessels are small.

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.

HOSPITAL NAME

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 The lung parenchyma presents the expected architecture and attenuation behavior, but a zone with atelectasis of the right cranial lung lobe.

REFERRING VET

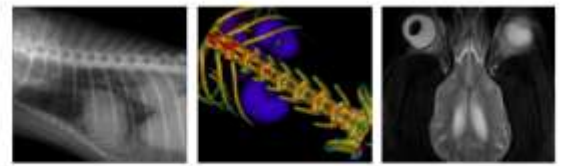
REFERRING VET Dr. Lewer
 Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- INVOICE** 49290
- Pericardial tamponade due to pericardial effusion
 - Monostotic semi-aggressive osteolytic lesion right transverse process T10
 - Atelectasis right cranial lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE 12-29-21
 The findings are consistent with the history of pericardial effusion. An underlying cause is not appreciated in the current CT study, no heart base mass or intra-atrial mass is appreciated. However, evaluating the heart by non-gated CT is limited, due to constant inherent motion and complementing workup by a cardiac echo is advised. Rule out idiopathic pericardial effusion/hemorrhage, possible perforation of the atrium (no signs of contrast leakage), neoplasia,



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other. If laceration of the left atrium can be ruled out entirely, tapping the pericardial effusion is mandatory for further definition.

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The geographic osteolytic lesion of the right transverse process of T10 is most consistent with benign lesion such as fatty bone marrow replacement or osseous cyst like lesion. However, due to the lateral destruction of the cortex, osteomyelitis (e.g. fungal) or neoplasia (e.g. lymphosarcoma, metastasis). Rule out primary neoplastic disease – also as source of the pericardial effusion.

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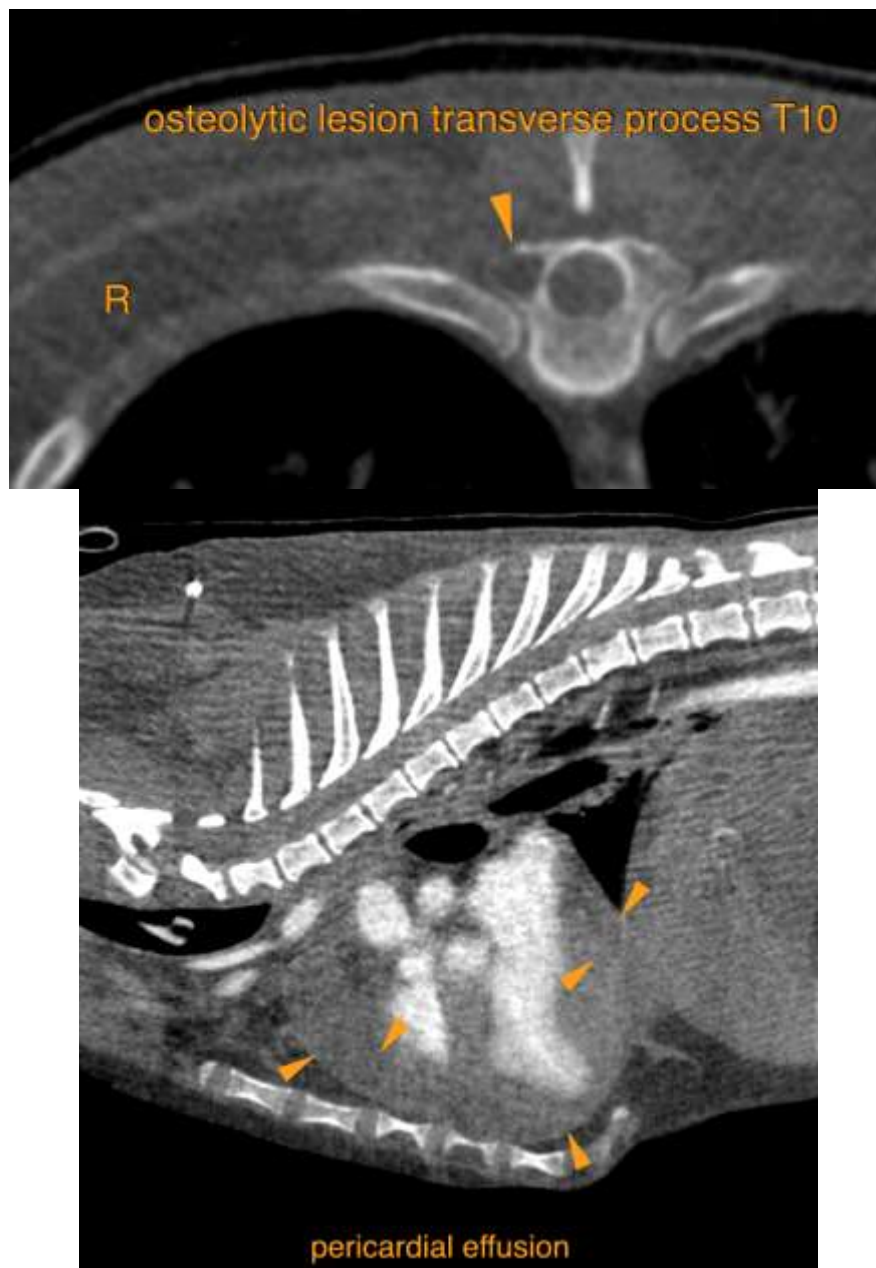
Dr. Lewer

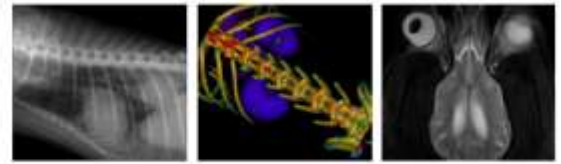
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

Chihuahua

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