



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sonny Polly Patient went on a hike yesterday and had a normal bowel movement when they just arrived, then had two bouts of diarrhea. By the time they got to the off-leash portion of the hike, patient no longer wanted to walk and didn't run around as usual. Owner states they always have problems keeping weight on him. Pt eats two cups of food in the morning and 3 cups at night with high calorie additives. Pt did not eat dinner last night. O- tried to feed boiled chicken and white rice this morning, patient ate moderate amount. Owner states pt is normally high energy but won't even lift his head when someone comes in the room. Pt also chewed the fuzz off tennis ball yesterday but was spitting it out. Pt broke 5th digit RH paw as a puppy, and now has intermittent lameness on RH. O's rDVM concerned about toe cancer. Radiographs: Radiographic Findings:

SPECIES Canine Thorax: a mild pneumothorax is present. Prominent pleural fissure lines are seen, indicating scant pleural effusion or pleural thickening. Regional alveolar consolidation is seen within the dorsal aspect of the accessory lung lobe and a mild bronchial pattern is seen throughout the other regions of the lung. The trachea and esophagus are unremarkable. The cardiovascular structures are normal. Abdomen: the G.I. tract is relatively empty and unremarkable. The prostate is mildly enlarged but has a smooth outer contour. The other abdominal parenchymal structures are unremarkable and the serosal detail is adequate for the thin body condition. No spinal abnormalities evident. The pelvis and hips are unremarkable. Right hind foot: the nail of 5th digit is blunted. No underlying osseous or soft tissue abnormalities evident. Febrile at 103F at presentation last night. Thoracocentesis performed after acquiring initial survey thoracic study and the thoracic portion was repeated following that.

BREED Pointer
SEX MN
AGE 4 Years

Abnormal PE/Chem/CBC/UA Results: 1. Leukocytosis (24.45k, ref 6-17k), Lymphocytosis (15.31k, ref 0.83-4.91k) - pathology review of CBC pending 2. Hw, lyme, anaplasma, ehrlichia - all negative 3. slight ALP elevation, marginally hypokalemic, dec BUN, slight hyperglobulinemia

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

South Bay Animal Hospital

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

REFERRING VET

Ravinder Atwal, DVM, CCRP

In the pleural cavity, a moderate amount of free gas is noted, R>L.. The lung lobes are retracted from the thoracic wall. In the ventral aspect of the pleural cavity, a mild amount of gravity dependent, fluid attenuating material is visible. The volume of predominantly the right lung lobes is moderately decreased and the parenchyma is consolidated with air-bronchograms. The dorsal aspect of the accessory lung lobe is consolidated, and the volume is maintained, in the dorsal caudodorsal aspect, a gas attenuating roundish lesion is visible in the dorsal aspect of the accessory lung lobe.

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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.

DATE

2-10-22

The cardiovascular structures including the pulmonary vasculature are within normal limits.



PATIENT

Sonny Polly

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

Abdomen

SPECIES

Canine

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.

BREED

Pointer

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.

SEX

MN

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

AGE

4 Years

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

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Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate pneumohydrothorax
- Alveolar pattern dorsal aspect accessory lung lobe with maintained volume and potential intraparenchymal cavitory lesion
- Relaxation atelectasis right lung lobes
- Normal abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the appreciated radiographic changes with mild to moderate pneumothorax – accentuated in the right pleural cavity – and mild pleural effusion. The consolidation of the dorsal aspect of the accessory lung lobe in combination with the intraparenchymal cavitation is concerning for pulmonary abscess formation (e.g. aspirated foreign body) or ruptured bulla with possible hemorrhage. Recommend tapping the pleural effusion for further evaluation. If pleural tap is supporting the diagnosis of potential pyogenic origin and any preceding traumatic insult can be ruled out, thoracotomy appears indicated to evaluate the pleural cavity and lung lobes ± lobectomy of the accessory lung lobe.

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Other potentials include blunt thoracic trauma), perforated pulmonary cyst, parasitic infection (e.g. Oslerus, Dirofilaria).

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REFERRING VET

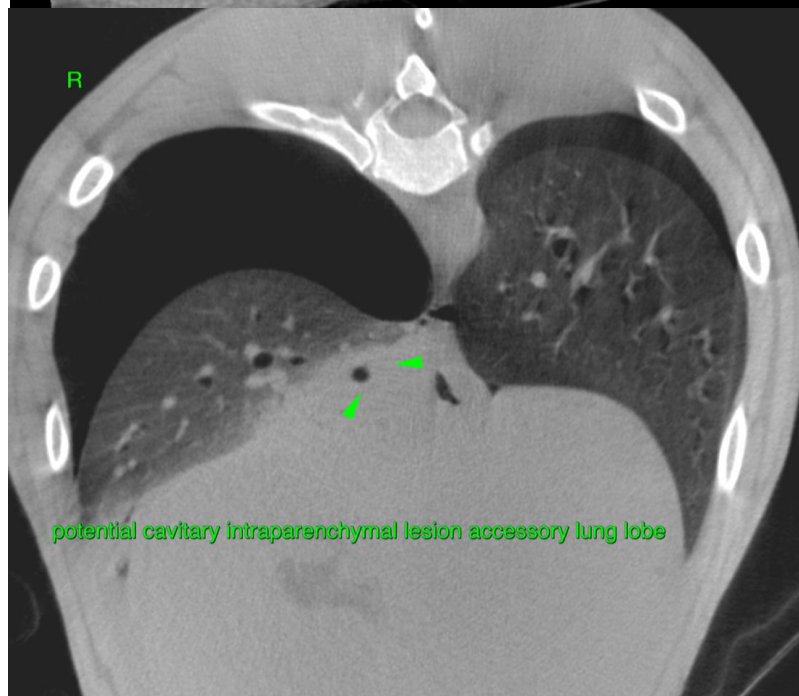
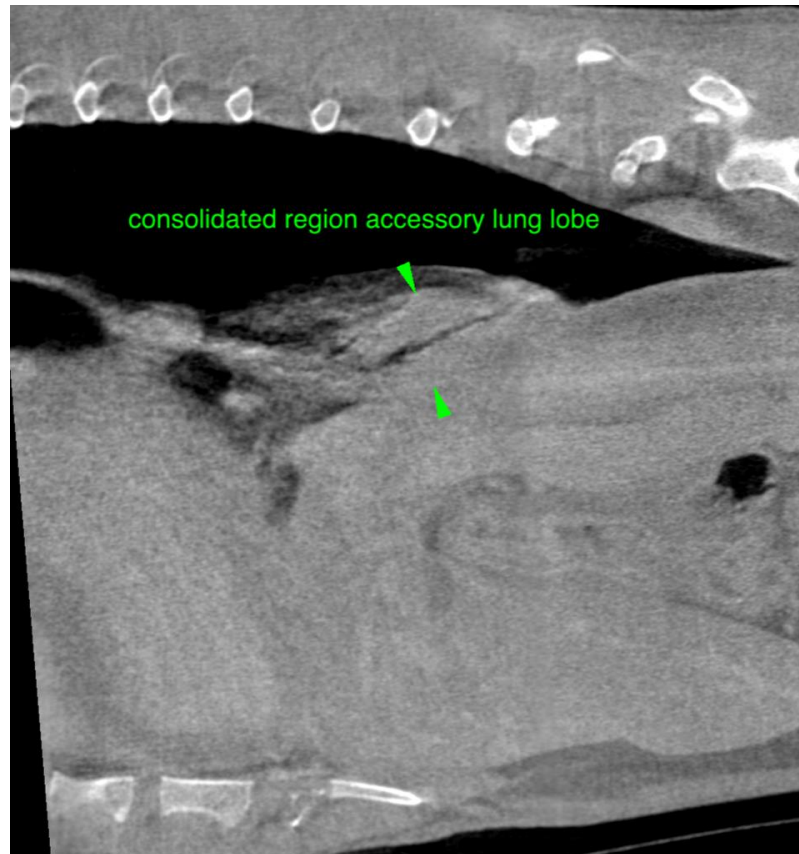
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PATIENT

Sonny Polly

SPECIES

Canine

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.

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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.

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AGE

4 Years

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