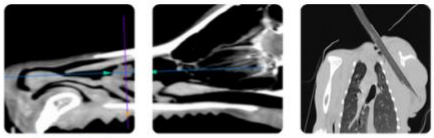


PATIENT

Foley Humphries

SPECIES

Canine

BREED

Springer Spaniel

SEX

Male

AGE

8 Years

WEIGHT

17.4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust-Ellesmere Port

REFERRING VET

Dr. Zuzanna Sikora

INVOICE

35853

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Investigation of Pyrexia of unknown origin, unresponsive to treatment
- Referring for CT of abdo/thorax
- Had two courses of NSAIDs and Ab now
- Bloods had been nad in Dec 25
- Initially improved again
- Last 1wk off colour again, appetite reduced, toilets normal but small, rr at home 40-
- 46bpm, increased resp effort mild, temp at home been 39.5oC, no v+, lethargic
- and not keen for walks again
- temp 40.1oC
- Abnormal PE/Chem/CBC/UA Results: RBC4.00x10^12/L Haematocrit 0.249L/L Haemoglobin91g/L Reticulocytes4.4K/µL Reticulocyte Haemoglobin29.7pg Neutrophils* 0.15x10^9/L Platelets71x10^9/L Lymphocytes* 8.19x10^9/L Monocytes* 5.72x10^9/L Eosinophils0.04x10^9/L MPV13.6fL Plateletcrit0.10% Glucose1.39mmol/L Phosphorus2.48mmol/L Albumin19g/L

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

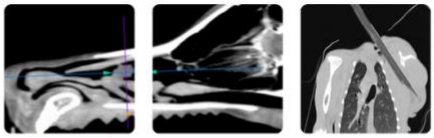
In the pleural cavity, a significant amount of gravity dependent, fluid attenuating material is appreciated. The lung lobes are retracted from the thoracic wall by the fluid attenuating material. The ventral dependent aspects of the lung present zones with dystelectasis/patchy consolodiation. Post contrast administration, the ventral aspects of the pleura are significantly thickened and are cauliflower like bulging into the pleural effusion.

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.

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.

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



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Abdomen

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.

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.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

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

The testicles are appreciated in the subcutaneous tissue of the inguinal region bilaterally.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pleural effusion
- Suspect proliferative pleuritis
- Patchy zones with an unstructured interstitial pattern
- Inguinal cryptorchism bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural effusion in combination with the supposed proliferative pleuritis is highly suggestive for pyothorax. A differential would be pleural neoplasia – such as mesothelioma or carcinomatosis but I consider the odds low. If not done so yet, tapping the pleural effusion is mandatory including sampling for microbial culture.

Differentials for the patchy zones of pulmonary consolidation are dystelectasis or zones with pneumonia accompanying the suspected pyothorax.

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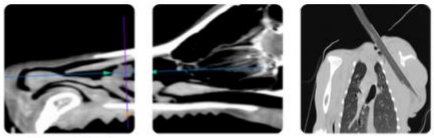

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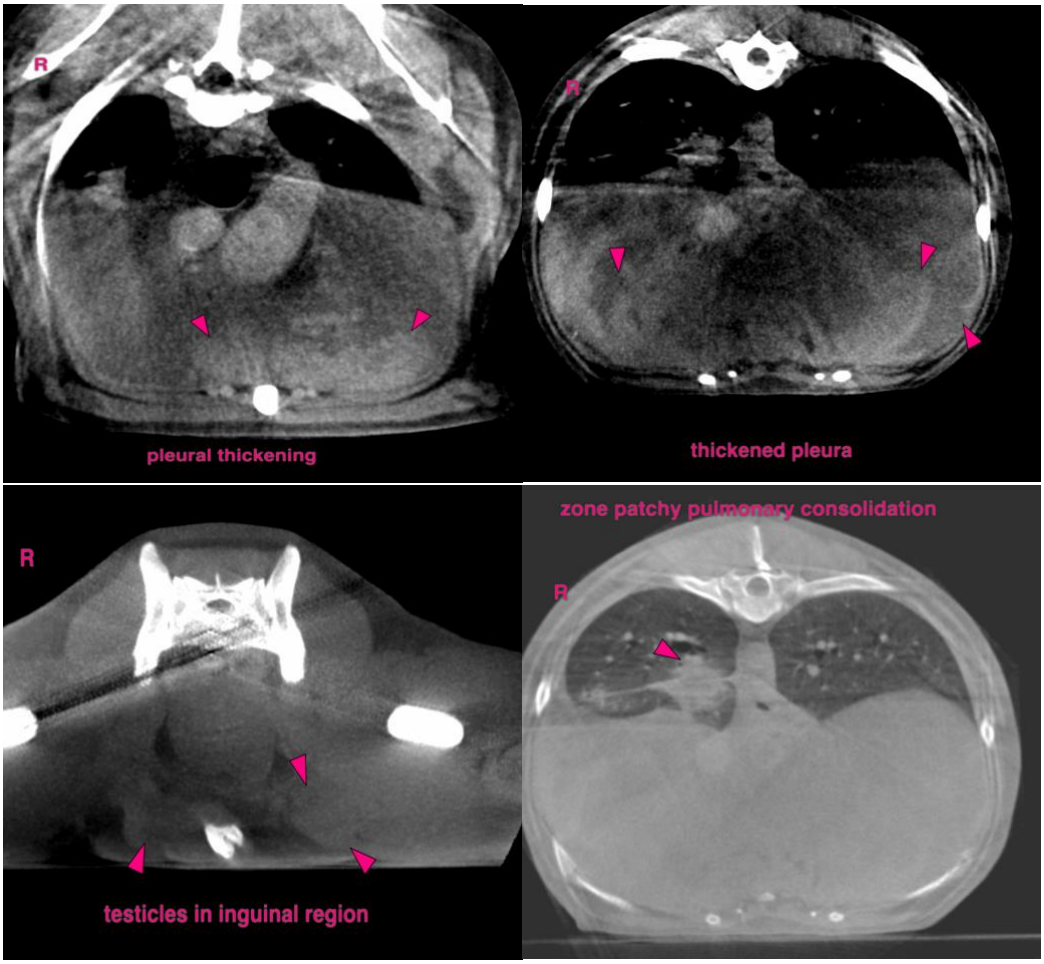

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com