SonoPath Teleradiology

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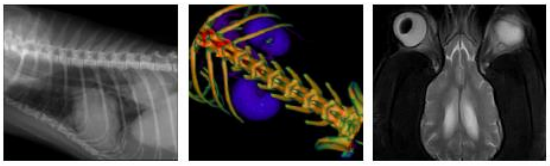

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Riley Teich

SPECIES

Canine

BREED

Labrador Mix

SEX

Male Castrated

AGE

13.5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Carver

INVOICE

56830

DATE

2-19-23

PRESENTING CLINICAL SIGNS

Riley is 13 Y MC mix who presented for anorexia, gagging, coughing. Breathing abnormally for the last 3-4 months. D+ on occasion. No current medications. No major past medical issues. Performed multiple thoracocentesis showed hemorrhagic effusion. Concerned for cancer

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

The dorsal and dorsolateral aspects of the thorax are cropped by the field of view.

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 lung parenchyma are visible.

Throughout the lung parenchyma, multiple well-defined, soft tissue attenuating nodules are appreciated, measuring up to 6 mm in diameter.

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.

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

In the subcutaneous tissue at the left ventrolateral thoracic wall, an ovoid shaped lipoma is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate pleural effusion
- Structured nodular interstitial lung pattern
- Lipoma left ventrolateral thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural effusion is fitting the history and the structured nodular interstitial lung pattern indicates pulmonary metastasis, supporting the diagnosis of underlying neoplastic disease. Unfortunately, no primary mass can be delineated. A pellet from the pleural effusion might be sent to histopathology for further definition. Thoracoscopy can be considered to check for primary neoplasia originating from the pleural lining. Ultrasound can be used to check for any lesions along the mediastinum that are missed in the current CT study, using the pleural effusion as an acoustic window.

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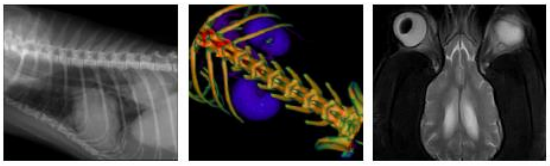

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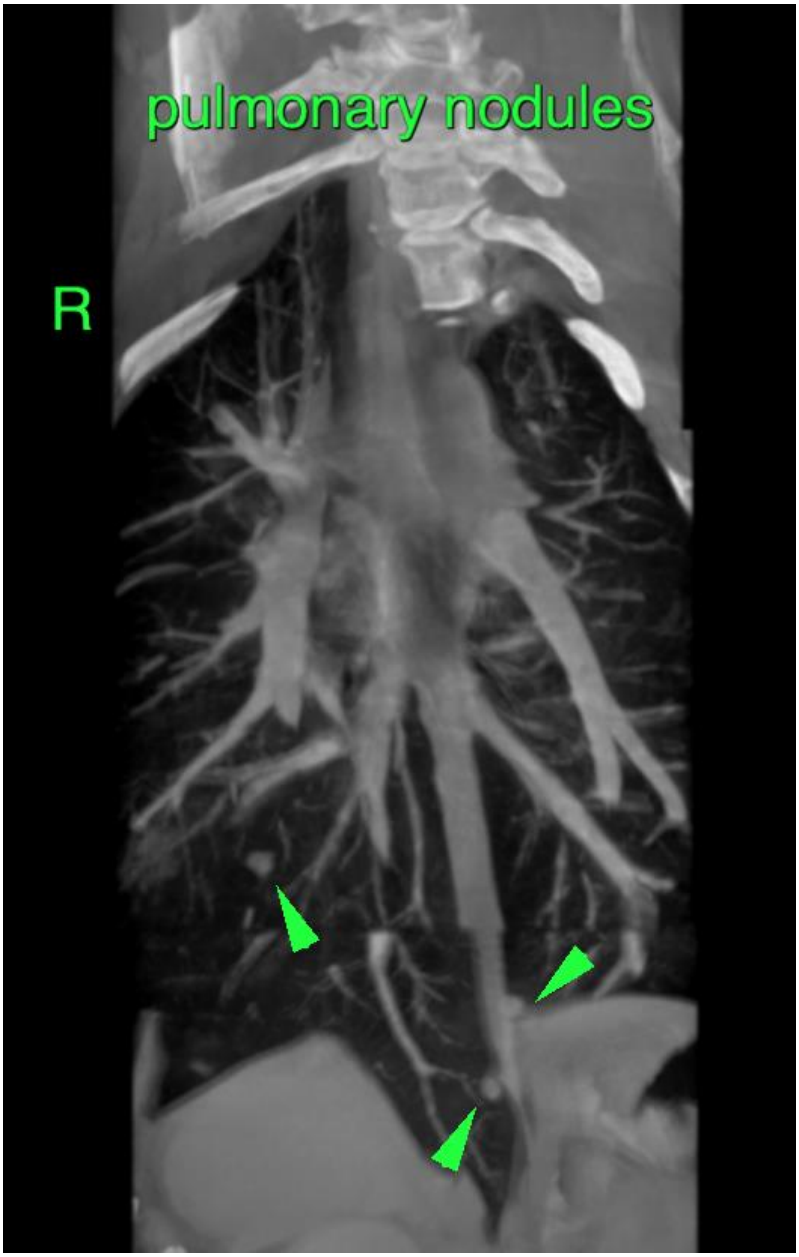

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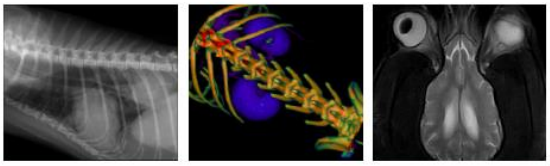

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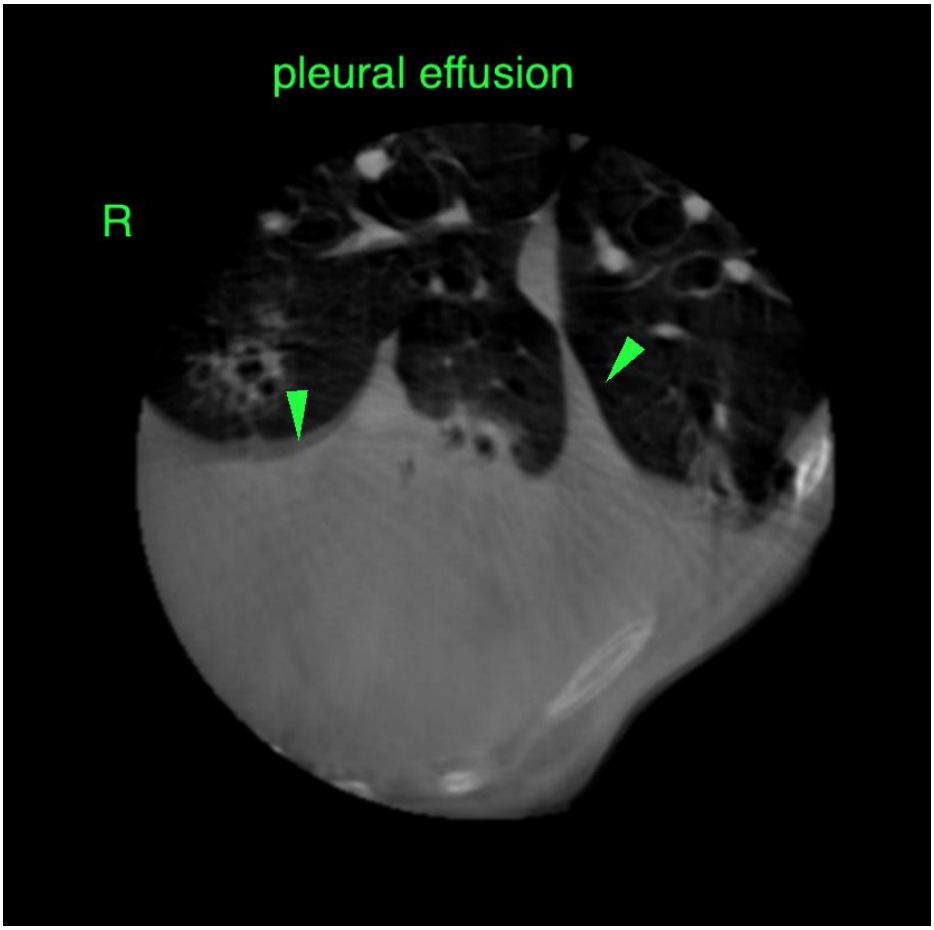

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com