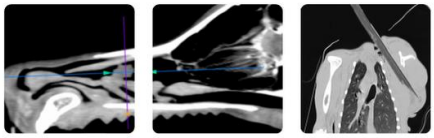


PATIENT

Lily Sapacz/Wojnowski

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

6Y, 7M

WEIGHT

14kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

Dr. M. Sra

INVOICE

73585

DATE

2-3-26

PRESENTING CLINICAL SIGNS

History:

- Lethargy. Blood in stool

Abnormal PE/Chem/CBC/UA Results: Rads show pleural effusions, concern about Hiatal hernia (was diagnosed with Hiatal hernia by CT in the past). Ddx: Pleural effusion, rule out thoracic mass/herniaCBC/CHEM- NSF.

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.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

T5 to T8 present variable degree of congenital malformation.

In the pleural cavity, a moderate amount of gravity dependent, fluid attenuating material is seen. The lung lobes are retracted from the thoracic wall and present a decreased volume with multiple zones of dystelectasis. The aerated parts of the lung present the expected architecture.

At the cranial aspect of the heart, an ovoid shaped, prominent cranial mediastinal lymph node is seen.

The pericardial sac is moderately distended by fluid attenuating material. At the base of the heart, between the aortic arch and the left atrium, a strong contrast enhancing mass ovoidal shaped mass is seen, measuring 1.8 x 1.3 x 1.3 cm.

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.

Abdomen

In the peritoneal cavity a small to moderate volume of fluid attenuating material is appreciated. The mesenteric lymph nodes are generalized mildly prominent.

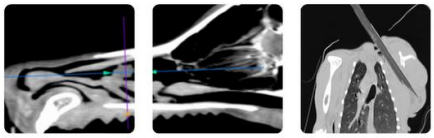
Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration in the lateral aspect of the right kidney, a well-defined, roundish parenchymal filling defect is seen.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma. In the caudal extremity of the spleen, a post contrast hyperattenuating nodular lesion is appreciated.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous soft tissue attenuating and post contrast administration the hepatic parenchyma has a generalized mild irregular contrast enhancement pattern. The hepatic veins are prominent.

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



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

Multiple intervertebral discs along the lumbar spine present variable degree of central mineralization.

The periarticular bones of both coxofemoral joints present moderate osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Heart base mass
- Pericardial effusion
- Pleural and peritoneal effusion
- Lymphadenopathy cranial mediastinal lymph node and multiple mesenteric lymph nodes
- Mild hepatomegaly – likely due to congestion
- Post contrast hyperattenuating intraparenchymal nodule caudal extremity of het spleen
- Solitary simple right renal cortical cyst
- Osteoarthrosis coxofemoral joints
- Congenital malformation T5 to T8
- Multifocal chondroid disc degeneration
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the pericardial effusion with secondary pericardial tamponade and secondary pleural & peritoneal effusion. The pericardial effusion can be a sequela to the heart base tumor – paraganglioma is most common. Pericardiocentesis is advised along with fluid analysis of the pericardial, pleural and peritoneal effusion. Drainage of the pericardial effusion will likely relieve clinical.

The prominent lymph nodes are most consistent with reactive lymphoid hyperplasia secondary to the effusion.

The hyperattenuating splenic nodule is not specific and nodular hyperplasia is likely – differentials include extramedullary hematopoiesis or neoplastic infiltration (less likely).

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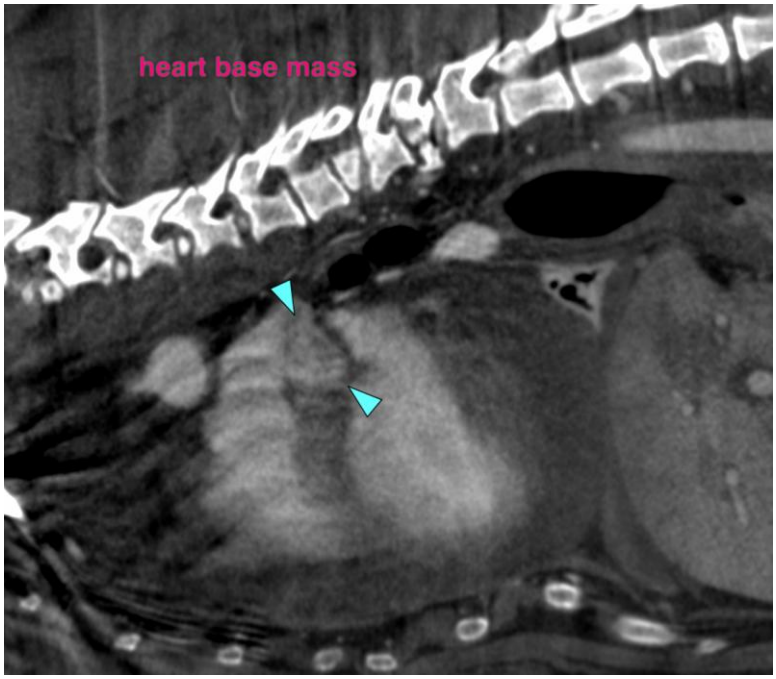

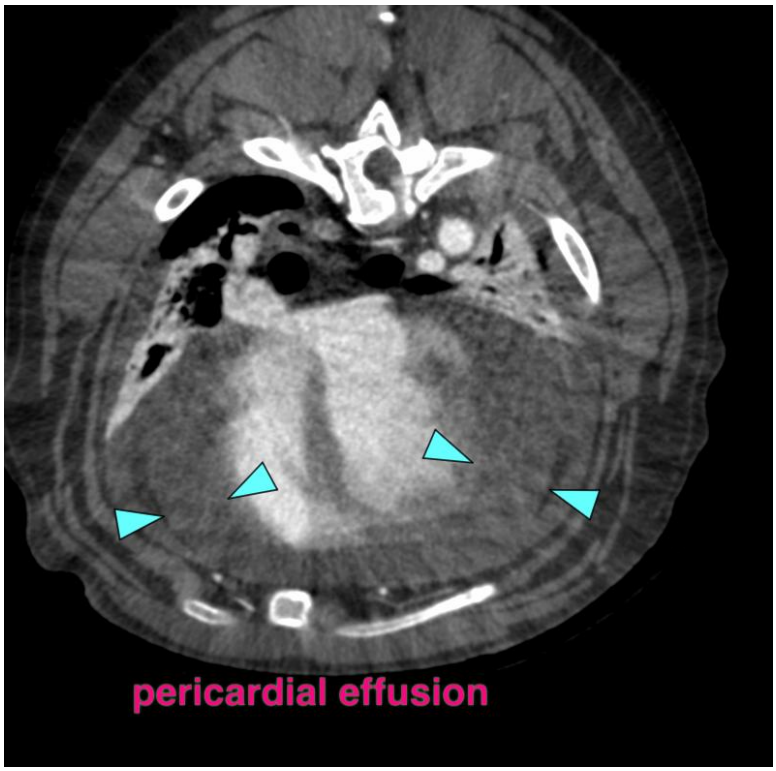

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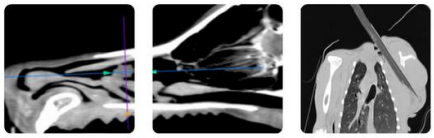

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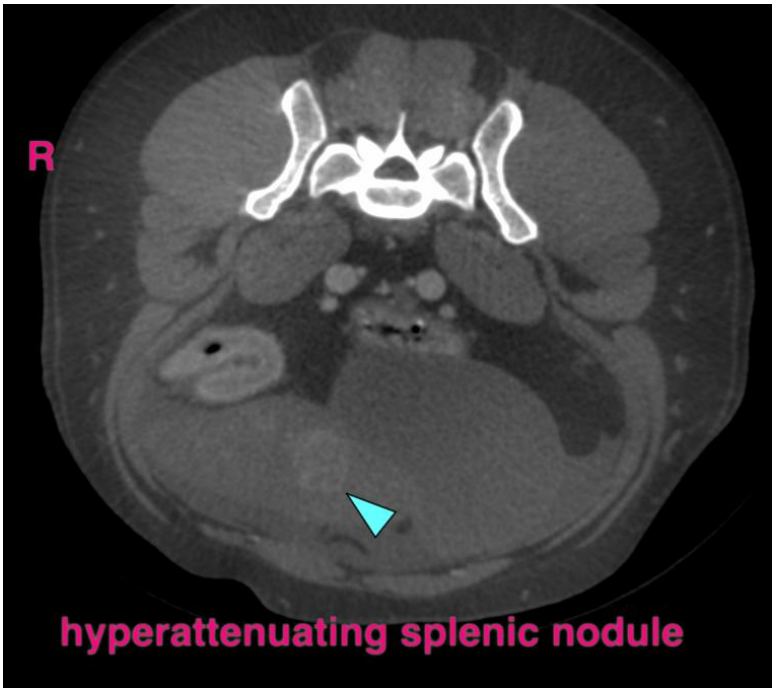

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com