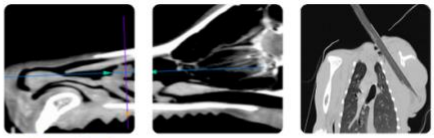

PATIENT

Pearl Cotner

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

8 Years

WEIGHT

19.4 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Laila Soliman

HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

Dr. Lizney Rudds

INVOICE

14528

DATE

03/22/26

PRESENTING CLINICAL SIGNS

- - Productive cough for 3-4 weeks (occasional cough for few months, became persistent and productive in recent weeks with white phlegm)
- - Increased respiratory rate at rest noticed this morning
- - Went to Lawtonka Veterinary Hospital where chest radiographs reveal fluid in the chest (pleural effusion)
- - Referred from Lawtonka Veterinary Hospital after thoracocentesis (60ml fluid removed from right chest)
- - Primary vet radiographs showed pleural effusion
- - Blood work at primary vet unremarkable
- - Started on furosemide, amoxicillin/clavulanic acid, and maropitant at primary vet on Wednesday
- - Decreased appetite yesterday and today (refused chicken and rice)
- While at Neel we preformed a thoracocentesis and removed ~120cc of fluid from L side of thorax prior to CT scan

Abnormal PE/Chem/CBC/UA Results: Muffled heart sounds on L side of thorax, but clear on R side of thorax - WBC increase on CBC (31.77), Neutrophils inc (27.85), Monocyte inc (2.24), MPV inc (14.3) - Coags: Citrated Prothrombin Time WNL, Citrated Partial Thromboplastin Time >300s - Chem: Decreased K (2.8), decreased Cl (105)=

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

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

Streak artefacts are originating from the left front limb, superimposed on the cranial aspects of the thorax.

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 and present a decreased volume with dystelectasis of the ventral aspects of the lung.

Post contrast administration along the mediastinum, cranial and caudal to the heart, zones with with mild contrast enhancing cauliflower like mediastinal proliferation are appreciated.

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 dorsal aspects of the lung parenchyma present the expected architecture and attenuation behavior.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect multifocal pleural soft tissue masses along the mediastinum
- Pleural effusion
- Secondary dystelectasis of the ventral aspects of the lung

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the streak artefacts are limiting the diagnostic yield, but there appear to be multiple contrast enhancing pleural masses along the mediastinum cranial and caudal to the heart – most likely potentials can include pyothorax and proliferative pleuritis or primary pleural soft tissue neoplasia (e.g. carcinoma, mesothelioma). Thoracocentesis has already been performed, and complete fluid analysis is mandatory as advanced diagnostic tool. Ultrasound can also help to confirm the presence of the supposed pleural proliferation.

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