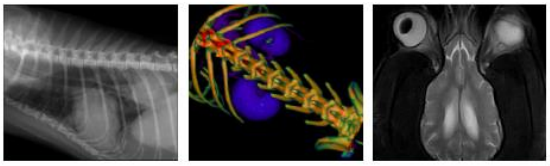


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jonsey Dobkins

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kalenius

INVOICE

14460

DATE

3/30/22

PRESENTING CLINICAL SIGNS

History: HISTORY: Seen at Salem ER last night for pleural effusion. Suspect neoplasia vs pleuropneumonia CURRENT MEDICATIONS/SUPPLEMENTS: received Unasyn and IV fluids overnight at Salem ER Chest tube placed just prior to CT, removed as much pleural effusion as we could. Abnormal PE/Chem/CBC/UA Results: rDVM labs WBC 44 k/ul, Monos 3.12 k/ul, EOS 17.12 k/ul. r/o machine error? Chem NSF __

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

A thoracostomy tube is entering the ventral aspect of the right pleural cavity by the 6h intercostal space.

In both pleural cavities, L>>R, a moderate amount of free gas is visible, and the lung lobes are retracted from the thoracic wall and the volume is moderately decreased, L>>R. The ventral aspects of the lung parenchyma present regions of pulmonary consolidation with air-bronchograms and decreased volume.

The pleural lining in the ventral aspect of the thorax is prominent.

The right axillary lymph node is prominent.

A mild amount of gravity dependent, fluid attenuating material is visible in the pleural cavity.

The sternal, cranial mediastinal are moderately enlarged, uniform soft tissue attenuating and mild heterogeneous contrast enhancing. The short-to-long-axis ratio is increased and equals 0.5.

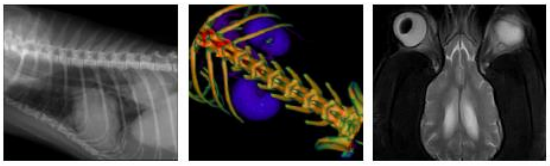
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild pleural effusion
- Moderate pneumothorax, L>R
- Thickened pleura ventral aspects of the thorax
- Lymphadenopathy sternal & cranial mediastinal and right axillary lymph nodes
- Atelectasis ventral dependent aspects of the lung

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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

PATIENT

Jonsey Dobkins

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kalenius

INVOICE

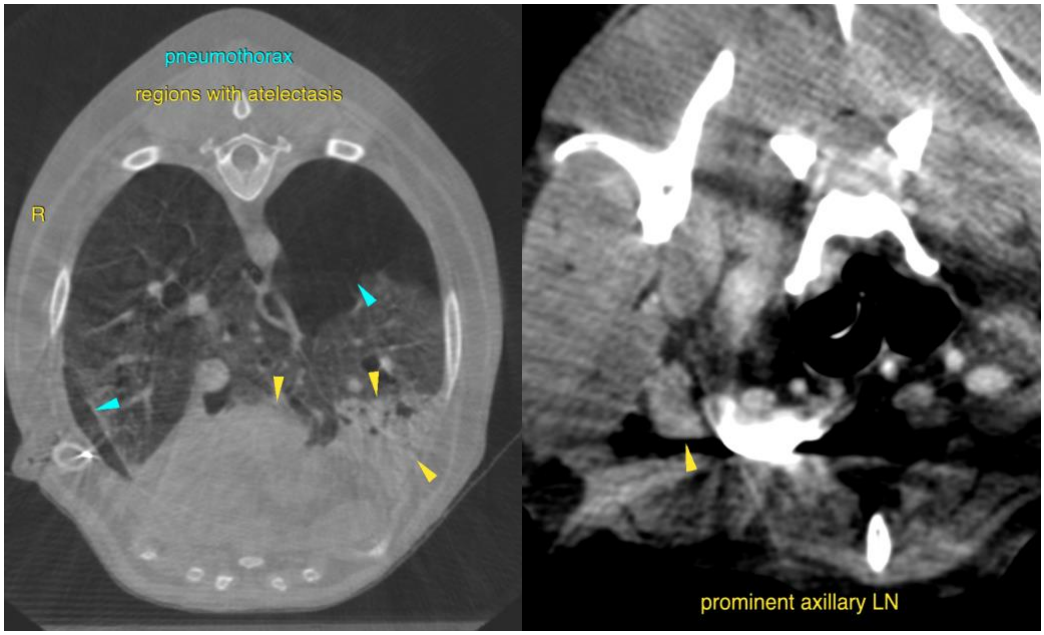
14460

DATE

3/30/22

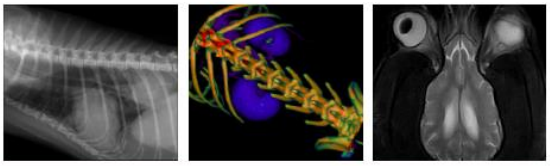
The pleural effusion is fitting the history and the pneumothorax is likely a sequela to chest tube placement. Given the lymphadenopathy of the sternal and cranial mediastinal lymph nodes in combination with the thickened pleural lining, rule out pyothorax (would best explain increased WBC and pleuritis with secondary reactive hyperplasia of the regional lymph nodes) versus neoplastic transformation (e.g., round cell tumor, mesothelioma) as top differentials. No distinct mass can be identified, and the CT findings need to be correlated with the fluid analysis of the pleural effusion. A pellet from the pleural effusion can be sent for histopathology as well.

Consider complementing workup by ultrasound guided FNA sampling of the sternal and right axillary lymph node to rule in/out neoplastic transformation.



SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jonsey Dobkins

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kalenius

INVOICE

14460

DATE

3/30/22

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