



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Scoobie Cottam 5.4.22 Treated for pancreatitis at own vets (Clavaseptin and Pardale) (also on Libeo). 11.4.22 Specialist abdominal and thoracic ultrasound and thoracocentesis as still lethargic, pyrexia and abnormal breathing, found to have delayed proprioception in LH, lumbar spinal pain, increased cutaneous trunci reflex at level of L3-L5. Abdominal ultrasound unremarkable. Thoracic ultrasound pleural effusion present. Right middle, caudal and accessory lobe partially consolidated but hyperechoic foci consistent with residual air in the airways or alveolar space. Thoracic and abdominal radiographs performed, confirmation of pleural effusion, air bronchogram and right cranio/caudo-ventral airspace pattern/consolidated lung lobe compatible with bronchopneumonia, aspiration pneumonia, neoplasm or lung lobe torsion, adv CT scan. CT scan thorax pre and post contrast performed 13.4.22

SPECIES Canine

BREED Cocker Spaniel

SEX Male Neutered

Abnormal PE/Chem/CBC/UA Results: Blood sample 7.4.22 (biochemistry and hematology) High ALP 249 (23-212U/L) High Lipase 3876 (200-1800 U/L) Low WBC 4.86 (5.05-16.76) Low lymphocytes 0.3 (1.05-5.10), Low Eosinophils 0.00 (0.06-1.23), rest WNL's Blood sample 13.4.22 (preanaesthetic biochemistry only) High ALKP 455 (23-212 U/L) High SDMA 27 (0-14 micrograms/dL) rest WNL's

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 bony and surrounding soft tissue structures are within normal limits.

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.

A very mild amount of gravity dependent, fluid attenuating material is visible in the ventral aspect of the pleural cavity – the lung lobes are mildly retracted from the thoracic wall and pleural fissure lines are visible.

The right cranial lung lobe is consolidated with air-bronchograms. The volume of the right cranial lung lobe is mildly decreased. The ventral dependent aspects of the right middle lung lobe and the caudal part of the left cranial lung lobe present are consolidated with air-bronchograms and a mildly decreased volume. The remainder of the lung parenchyma are aerated and present the expected architecture. No abnormal orientation of the bronchi is appreciated and the bronchi are patent.

A small amount of gas is seen in the pleural space level with the right cranial lung lobe.

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Myerscough
Veterinary Group

REFERRING VET

Roslind McKenzie

INVOICE

51494

DATE

4-13-22



PATIENT

Scoobie Cottam

SPECIES

Canine

BREED

Cocker Spaniel

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Male Neutered

AGE

10 Years

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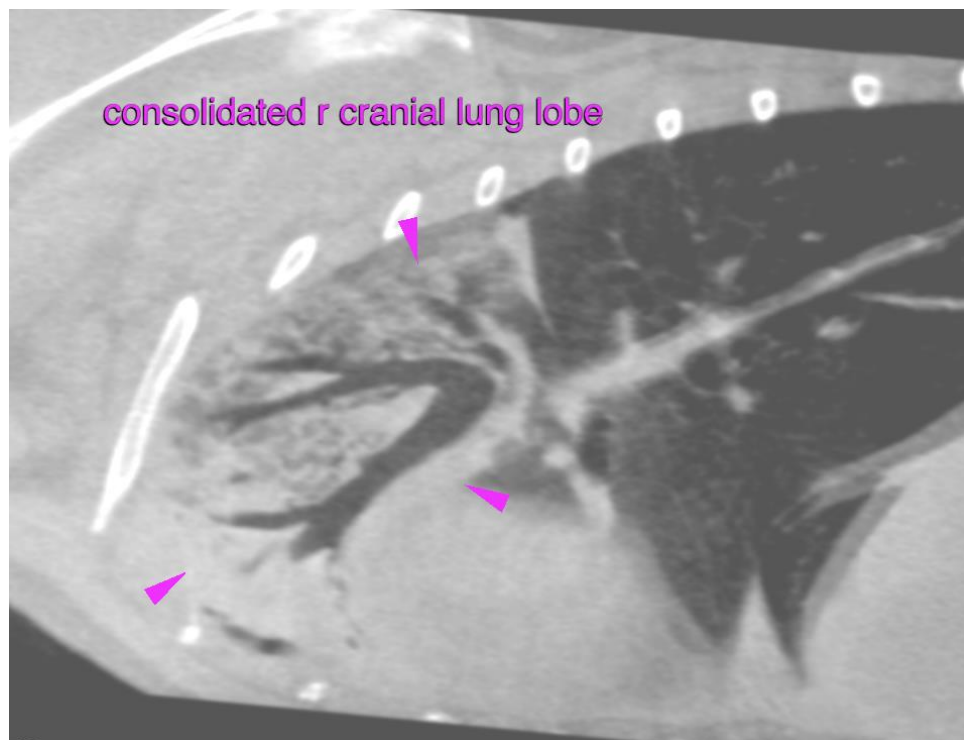
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Consolidated right cranial lung lobe with mild decreased volume
- Ventrally distributed regions with alveolar pattern right middle lung left cranial lung lobe
- Mild pleural effusion
- Mild pneumothorax – likely due to history of thoracocentesis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The alveolar pattern of the lung is most consistent with pneumonia – possibly due to aspiration. The mild amount of pleural effusion in combination with the history can be a sequela to pancreatitis. The small amount of gas in the pleural space is considered as a sequela to history of thoracocentesis.

No other underlying cause for the pleural effusion is appreciated. If not done so yet, recommend complete fluid analysis of the pleural effusion.





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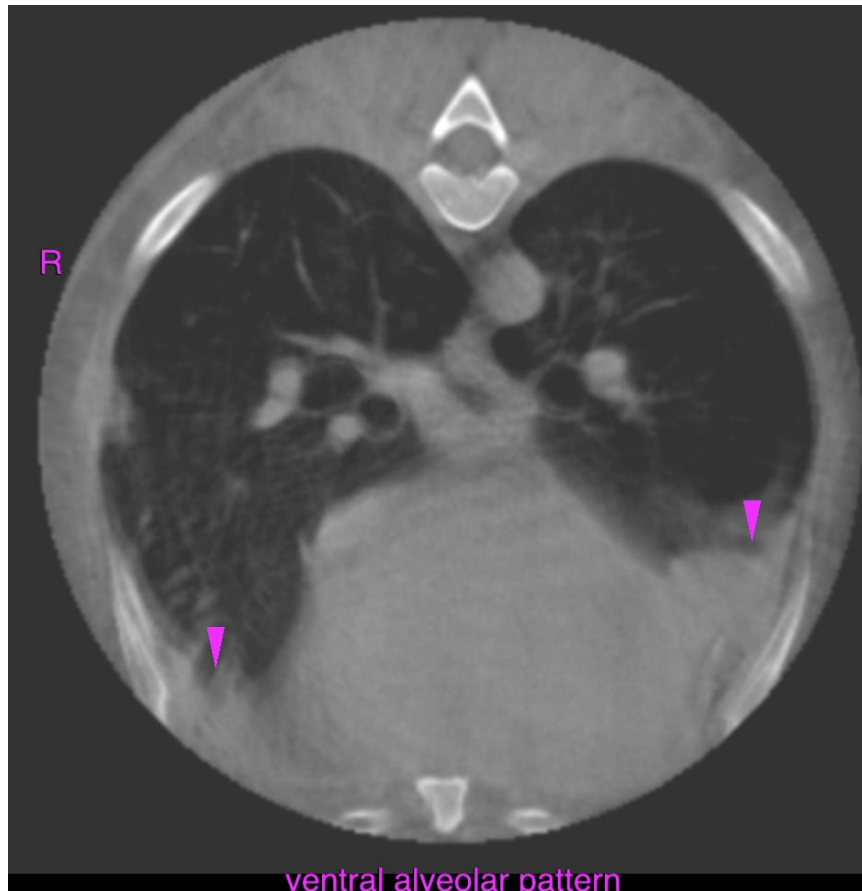
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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