



PATIENT

Molly Russel

SPECIES

Canine

BREED

Retriever Mix

SEX

Female Spayed

AGE

8Y

WEIGHT

36

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Sidney

HOSPITAL NAME

East Hill Animal
Hospital

REFERRING VET

Laura Hall

INVOICE

74456

DATE

4-2-26

PRESENTING CLINICAL SIGNS

- Acute onset wheezing and trouble breathing.
- no known trauma
- 335ml Air drained from left side 4/1
- 900ml air from right side 4/2

Abnormal PE/Chem/CBC/UA Results: Bw- WNL

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Neck

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern is uniform.

The osseous and soft tissue structures of the neck reveal no abnormalities.

Thorax

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.

In the pleural space a significant amount of free gas is seen. The lung lobes are retracted from the thoracic wall and present a decreased volume with dystelectasis of the lung parenchyma. Between the right middle & caudal lung lobe, a gas attenuating lesion, demarcated by a thin soft tissue attenuating capsule is appreciated; measuring 20 mm in diameter – being in contact with both lung lobes.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of spontaneous pneumothorax and secondary multiple zones with secondary relaxation atelectasis, R>>L
- Thin walled cavitory lesion between the right middle lung lobe and right caudal lung lobe
- Normal neck

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents a bulla/bleb versus trapped gas between the right middle & caudal lung lobe – the odds for an underlying ruptured bulla or bleb are likely. If the spontaneous pneumothorax does not resolve under conservative therapy and repeated aspirations of the pneumothorax are required either an autologous blood patch or surgery may be used as therapy (surgical intervention is indicated in cases of repeated air accumulation within a 5-day period). As the degree of pneumothorax and the supposed bulla are in the right hemithorax, a right sided surgical approach appears beneficial.



PATIENT

Molly Russel

SPECIES

Canine

BREED

Retriever Mix

SEX

Female Spayed

AGE

8Y

WEIGHT

36

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Sidney

HOSPITAL NAME

East Hill Animal
Hospital

REFERRING VET

Laura Hall

INVOICE

74456

DATE

4-2-26



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