



PATIENT PRESENTING CLINICAL SIGNS

Onyx Stewart Patient presented for evaluation of acute onset of cough on April 26th. He was diagnosed with pneumothorax and thoracocentesis yielded significant amount of air. Pneumothorax recurred. On physical exam today, patient had decreased lung sounds in all fields, increased inspiratory effort, and very mild tachypnea. Thoracocentesis was performed between first and second studies today and yielded 600ml of air from right side of ventral chest.

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: n/a

COMPUTED TOMOGRAPHY OF THE THORAX

BREED
Siberian Husky
A high resolution pre- and post-contrast CT study of the thorax is provided for review – pre and post thoracocentesis.

COMPUTED TOMOGRAPHIC FINDINGS

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

AGE
10 Years
Free pleural gas is appreciated and the lung lobes are retracted from the thoracic wall. The volume of the lung lobes is mildly decreased; multiple regions of dystelectasis of the lung parenchyma are seen. The caudal part of the left cranial lung lobe is consolidated with a significantly decreased volume – pre thoracocentesis, there is a small band like connection between the caudal part of the left cranial lung lobe and the left thoracic wall. The volume of the caudal part of the left cranial lung lobe is stationary decreased post thoracocentesis.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI
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.

HOSPITAL NAME

Mobile Pet Imaging
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.

REFERRING VET

COMPUTED TOMOGRAPHIC DIAGNOSIS

Seraydar

- History of spontaneous pneumothorax
- Consolidation and potential adhesion with the thoracic wall, caudal part of the left cranial lung lobe
- Multiple zones with dystelectasis of the lung parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE
58062
DATE
5-1-23
Unfortunately, the CT study presents no specific lung lesion explaining the pneumothorax, a ruptured bulla or bleb is likely. Regarding the supposed adhesion between the caudal part of the left cranial lung lobe and the left thoracic wall and the stationary consolidation of the respective region of the lung might be a sequela to preceding focal inflammation – possible secondary to ruptured lung lesion. 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 location of leakage from the airways cannot be clearly specified via CT study, a sternal approach to the pleural cavity may be beneficial. However, if a lateral approach is preferred, I would recommend a left lateral approach due to the pulmonary changes and potential adhesion.



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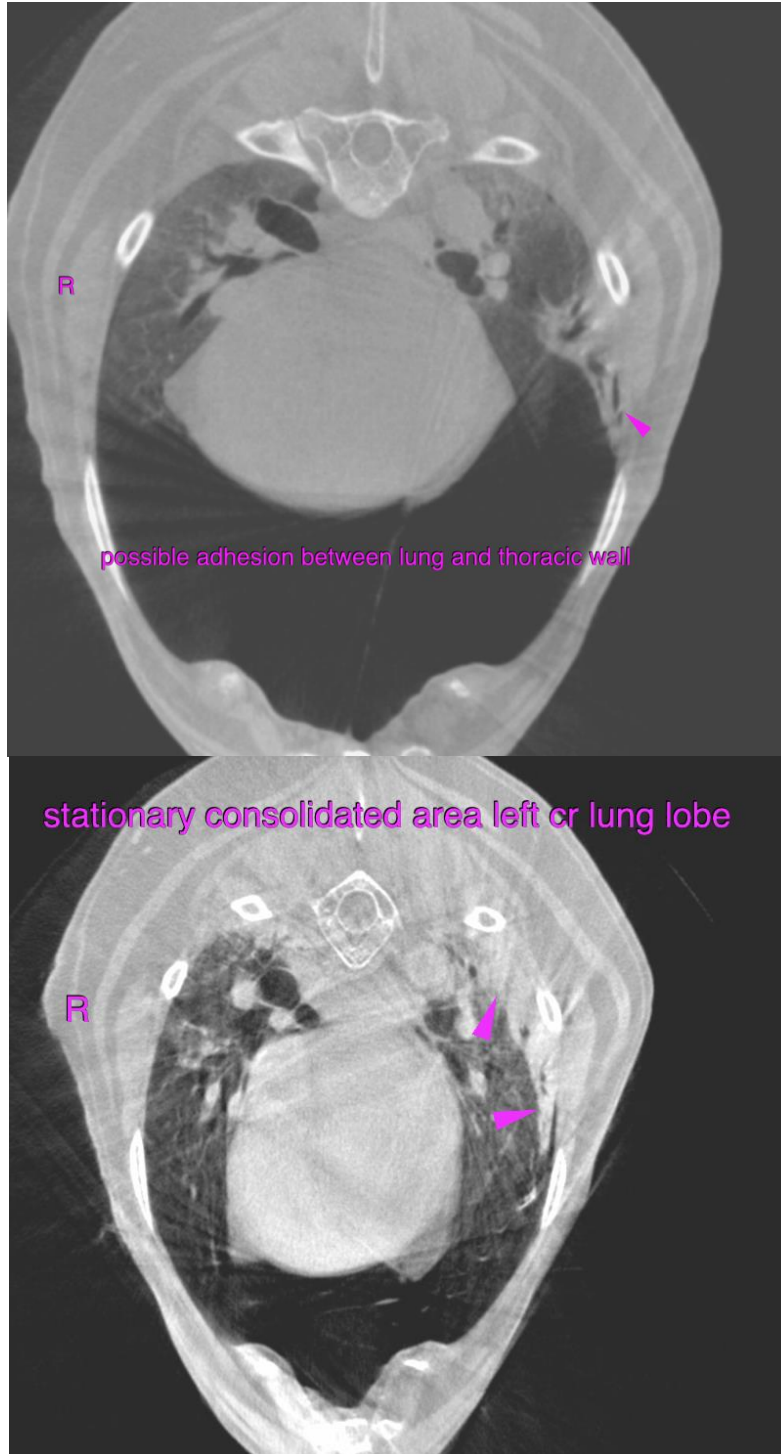
Seraydar

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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.

SEX

MN

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