



PATIENT PRESENTING CLINICAL SIGNS

Hazel Phillips Shyla Myrick DVM, MBA Problems Pleural effusion, without reported radiographic cause (see radiology review, but no access to images proper at this time), in house cytology reported TP 4.0, Neutrophils and mononuclear cells - r/o neoplasia vs cardiogenic vs idiopathic vs infectious Neutrophils (23K) - r/o infectious vs inflammatory Monocytosis (1.5K) - r/o infectious vs inflammatory Hx: Urinary incontinence - Rx Incurin and Proin L ACL - Pending TPLO Diagnostics CBC/CHEM/Lytes T/AFAST - Canine Pleural effusion, no overt masses, heart subjectively appear normal with appropriate contractility, no pericardial effusion, no abdominal effusion. Cortisol Treatments and medications IVC Isolyte 75ml/hr Cerenia 1 mg/kg IV Q24 RR/RE Q1 HR/MM/CRT Q4 Weight Q24 Temp Q24 Water ad lib Bland food once - No food after midnight. Trazodone 150mg PO TID (Other chronic medications not currently on treatment plan - Rimadyl, gabapentin, incurin and proin - consider restarting pending plan) Plan RS in AM Expect CT chest +/- Abdomen +/- AUS Consider Echo Pending images from pDVM Shyla Myrick MBA, DVM

BREED

Doberman Pinscher

COMPUTED TOMOGRAPHY OF THE THORAX

SEX

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

FS

COMPUTED TOMOGRAPHIC FINDINGS

AGE

In the post contrast CT study, the cranial part of the thorax is cropped by the field of view.

6 Years

A small volume of free gas is seen in the dorsal aspect of the pleural cavity bilaterally. In the ventral aspect of the pleural cavity, gravity dependent soft tissue material is seen, with multiple pockets of trapped gas.

INTERPRETED BY

Multiple small gas pockets are seen throughout the mediastinum - most accentuated cranioventral mediastinum.

The mediastinal structures are effaced by the surrounding pleural soft tissue material.

All lung lobes present band like peripheral consolidation of the lung parenchyma and patchy areas of pulmonary consolidation. The margins of the lung are undulating dorsally and there are signs of adhesions between the lung and the thoracic wall.

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Ravi Seshadri

- Pleural effusion
- Mild pneumothorax
- Suspect pneumomediastinum / pockets of trapped mediastinal gas
- Possible restrictive pleuritis
- Zones of pulmonary consolidation - accentuated in the periphery of the lung

INVOICE

58150

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In summary the CT changes are highly suggestive for pyothorax likely with gas forming bacteria and potential abscesses in the pleural cavity mediastinum. The irregularity of the margins of the lung, suspected adhesions with the thoracic wall would support the diagnosis with likely advanced pleuritis. Unfortunately, major parts of the thorax are cropped in the post contrast study and further evaluation of the lymphatic structures and pleura is very limited. If the diagnosis can be confirmed by the fluid analysis including sampling for microbial culture, surgical management is considered as the therapy of

DATE

5-7-23



PATIENT choice in this case. In case of doubt recommend repeating the post contrast CT study including the entire thorax.

Hazel Phillips

The pulmonary changes can be secondary pneumonia and zones of dystelectasis due to underlying pyothorax.

SPECIES

Canine

BREED

Doberman Pinscher

SEX

FS

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

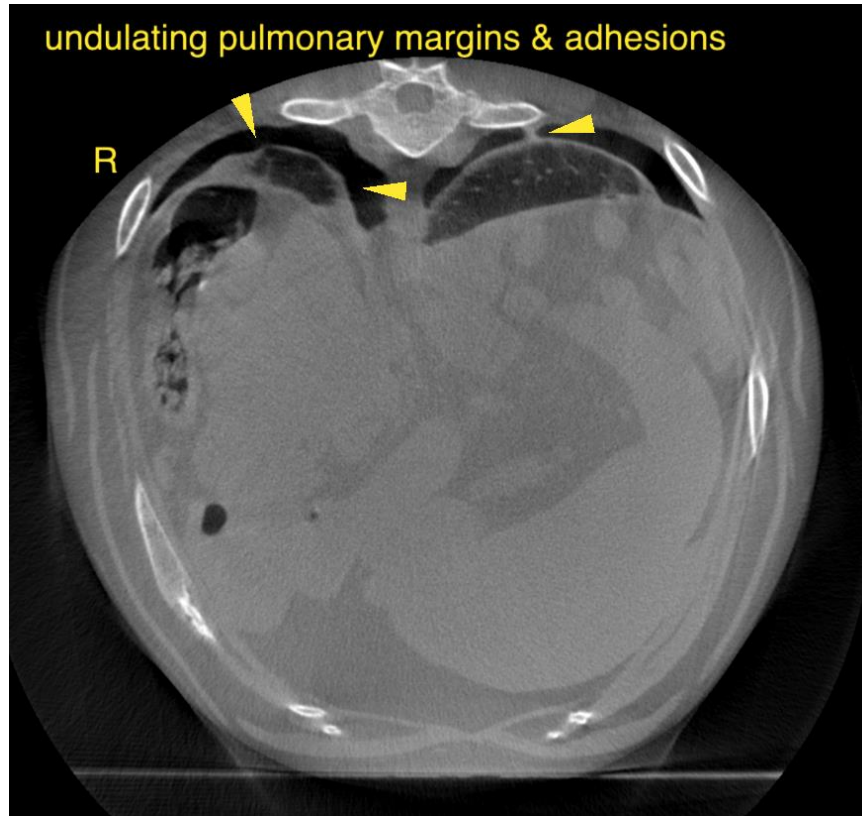
Ravi Seshadri

INVOICE

58150

DATE

5-7-23





PATIENT

Hazel Phillips

SPECIES

Canine

BREED

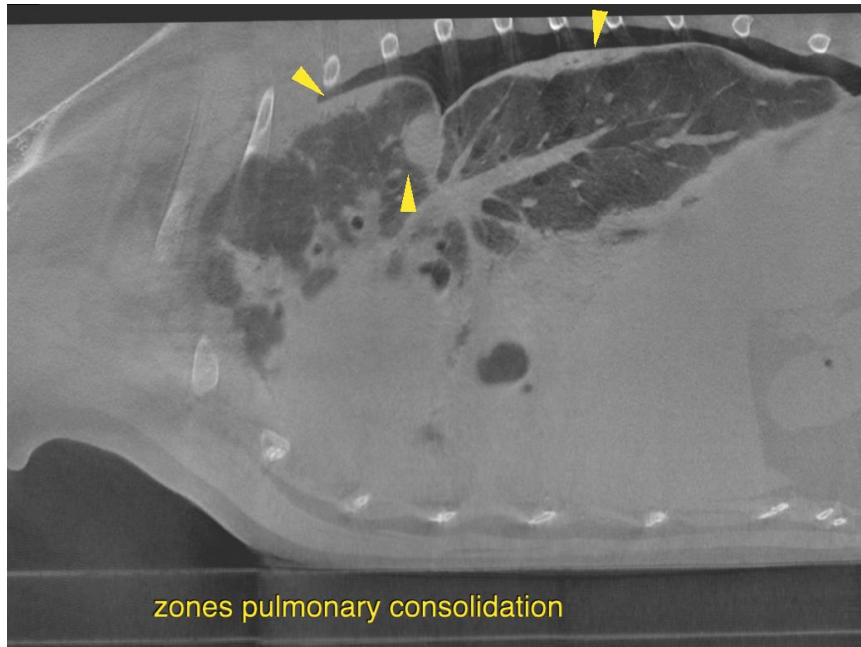
Doberman Pinscher

SEX

FS

AGE

6 Years



zones pulmonary consolidation

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

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

REFERRING VET

Ravi Seshadri

INVOICE

58150

DATE

5-7-23