



PATIENT PRESENTING CLINICAL SIGNS

Evie Gerrard Presented on 5/6 for possible obstruction, heavy breathing, and abdominal distension. Radiographs taken on intake show severe bilateral pleural effusion. Mild pain on abdominal palpation, minimal aerophagia, splenomegaly, no obvious free abdominal fluid. Placed bilateral chest tubes after stabilization in oxygen. Pulled off 1L of serosanguinous fluid and continue to check and draw off q2hr. No obvious mass on recheck chest radiographs. Regularly vaccinated w/ primary, was on grain free diet a few years ago and then switched. Performed Echo today and Abnormal PE/Chem/CBC/UA Results: BW unremarkable other than HCT of 67%, gave fluid bolus. After 12 hours PCV 55% and stable outside of oxygen. Heartworm Negative

BREED COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

Doberman Mix A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

Spayed Female Thorax
A thoracic catheter is entering the right and left pleural cavity by the 9th intercostal space respectively. Multiple subcutaneous gas inclusions are visible level with the entry site of the chest tubes.

AGE

7 Years, 5 Months In the pleural cavity, a moderate amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. Pleural fissure lines are appreciated. The lung lobes are retracted from the thoracic wall and present a generalized decreased volume.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI
In the dorsal aspects of the dorsal aspects of the lung lobes, multiple ill-defined, soft tissue attenuating nodules are visible.
The sternal lymph nodes are prominent.

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

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.
The lung parenchyma presents the expected architecture and attenuation behavior.

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

Deepan Kishore, DVM,MS, DABVP Abdomen

A small volume of gravity dependent fluid attenuating material is seen in the peritoneal cavity. The peritoneal fat presents fat-stranding.

INVOICE

58182 Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.
The adrenal glands are within normal limits for size, shape and organ architecture.

DATE

5-8-23 The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



PATIENT Post contrast administration the left lateral liver lobe presents multiple hypoattenuating intraparenchymal nodular lesions, protruding beyond the hepatic surface.

Evie Gerrard

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

SPECIES The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Canine

The bony and surrounding soft tissue structures reveal no abnormalities.

BREED **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Doberman Mix

- Pleural effusion
- Peritoneal effusion
- Ill-defined pulmonary nodular lesions
- Lymphadenopathy sternal lymph nodes
- Hypoattenuating intraparenchymal lesions left lateral liver lobe

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7 Years, 5 Months

An underlying cause for the bicavity effusion cannot be specified, but the hypoattenuating hepatic lesions of the left lateral liver lobe. The latter finding can indicate hepatic cysts as an incidental finding or hepatic neoplastic transformation, such as hepatocellular adenoma/carcinoma, hemangiosarcoma – with possible paraneoplastic bicavitary effusion. As the CT changes of the liver cannot be further specified by CT, an ultrasound examination would be ideal to differentiate between cystic or solid hepatic lesions ± FNA sampling applicable.

INTERPRETED BY

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The nodular lung lesions are increasing the odds for underlying neoplastic disease, although pulmonary granulomas are potentials.

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Ultrasound guided FNA sampling of the prominent sternal lymph nodes can be tried as advanced minimally invasive diagnostic test as well.

Other differentials for the bicavitary effusion include infection, inflammation (e.g. vasculitis), neoplasia (e.g. lymphosarcoma, mesothelioma, cardiac disease, pancreatitis, hypoproteinemia or trauma).

REFERRING VET

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Evie Gerrard

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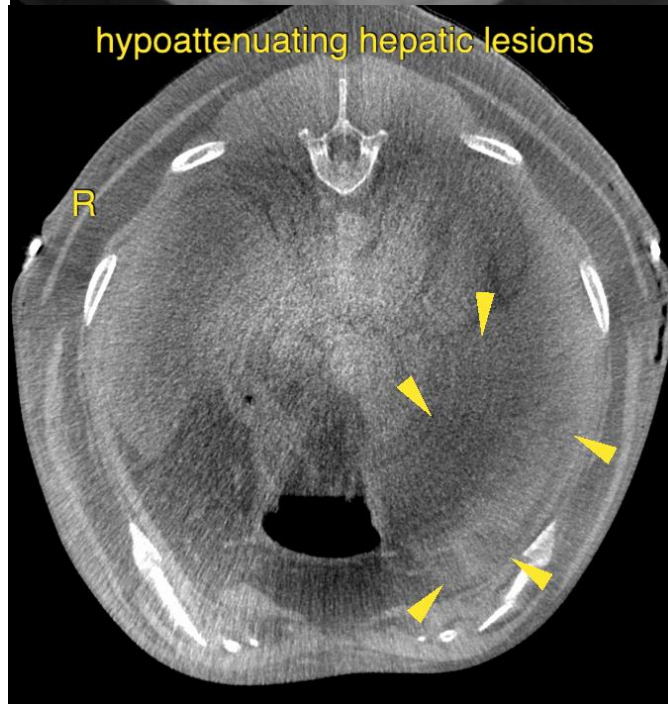
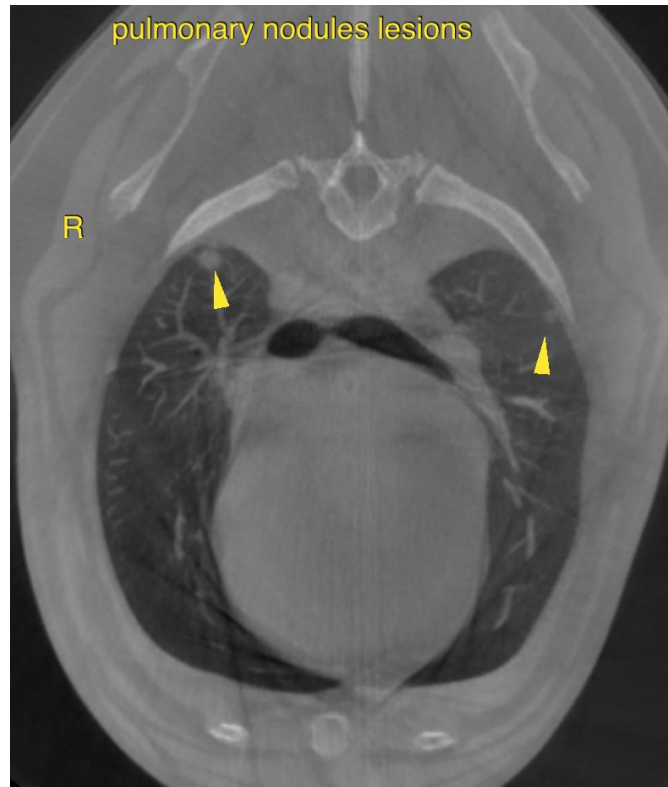
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Evie Gerrard

SPECIES

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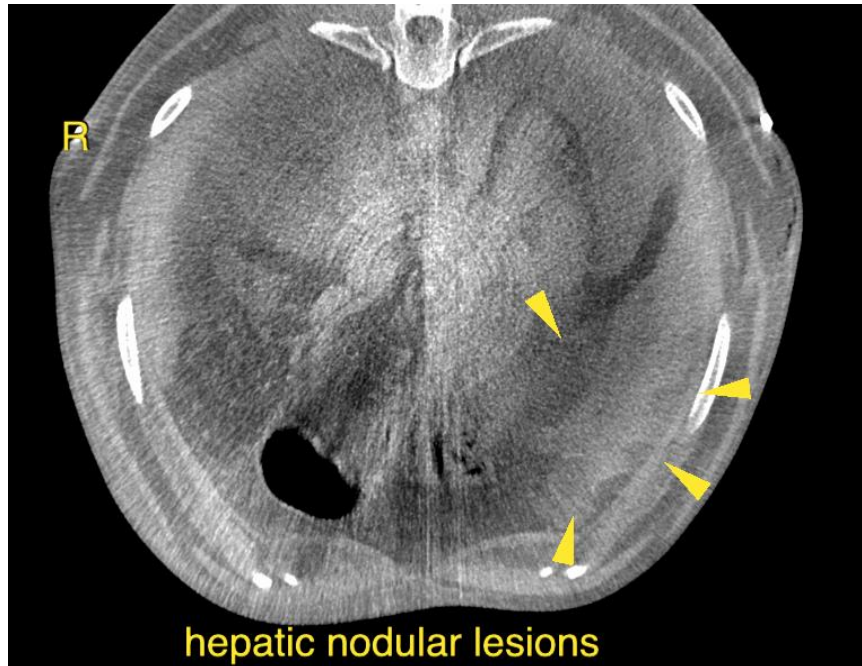
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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