



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jack Gilham
SPECIES Canine
BREED Golden Retriever

PRESENTING CLINICAL SIGNS Thoracic CT. 12 yo MN Golden Retriever. Nasal planectomy on May 26th for squamous cell carcinoma. After discharge, was lethargic and not eating at home. On evaluation, was found to be having difficulty breathing with severe hypoxemia with any exertion. Echo diagnosed severe pulmonary hypertension. DDX included pulmonary thromboembolism, chronic airway disease, neoplasia, other. Started treatment with sildenafil on May 30. Pulmonary pressures have improved significantly, but patient remains significantly oxygen dependent. CT today with contrast; sending images from pre-op thoracic CT for comparison. Relevant co-morbidities include: obesity, Intrathoracic lipoma removal/ median sternotomy, March 2020, hyperadrenocorticism with right adrenal nodule, hypothyroidism, multiple joint osteoarthroses, splenectomy.

COMPUTED TOMOGRAPHY OF THE THORAX

A pre- and post-contrast CT study of the thorax in a bone and soft tissue reconstruction are provided for review.

SEX

MN

COMPUTED TOMOGRAPHIC FINDINGS

The large lipoma in the left lipoma cannot be appreciated anymore and the left pectoral musculature at the same level presents with a focal heterogeneous soft tissue attenuating and contrast enhancing zone.

AGE

12 Years, 7 Months

Multiple variable sized lipomas as seen along the thoracic wall bilaterally – stationary.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

There is stationary significant widening of the mediastinum by fat and the pulmonary volume is decreased. The ventral aspects of the lung parenchyma present multiple zones of pulmonary consolidation with air-bronchograms and a mild to moderately decreased volume. The caudal lung lobes bilaterally present a generalized ground glass opacification. A well-defined, roundish gas-filled lesion is appreciated in the caudodorsal aspect of the left caudal lung lobe, measuring 6 mm in diameter.

HOSPITAL NAME

Animal Health Partners

The diameter of the main pulmonary artery is approximately 1.6x the diameter of the aorta at the same level. Post contrast administration, contrast enhancement of the pulmonary arteries can be appreciated throughout, but a short segment of heterogeneous contrast enhancement pattern of the pulmonary artery of the left caudal lung lobe – suspect artefact.

REFERRING VET

Dr. Michelle Coady

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

52268

DATE

6-2-22

- Generalized moderate unstructured interstitial lung pattern and ventrally distributed alveolar pattern with decreased volume – these changes are progressive and had not been present in the CT study dated 5/26/22
- Significant widening of the mediastinum by fat
- History of lipoma excision left axillary region
- Multiple smaller lipomas along the thoracic wall bilaterally – stationary
- Stationary pulmonary bulla.
- History of thoracotomy with surgical wires along multiple sternebra



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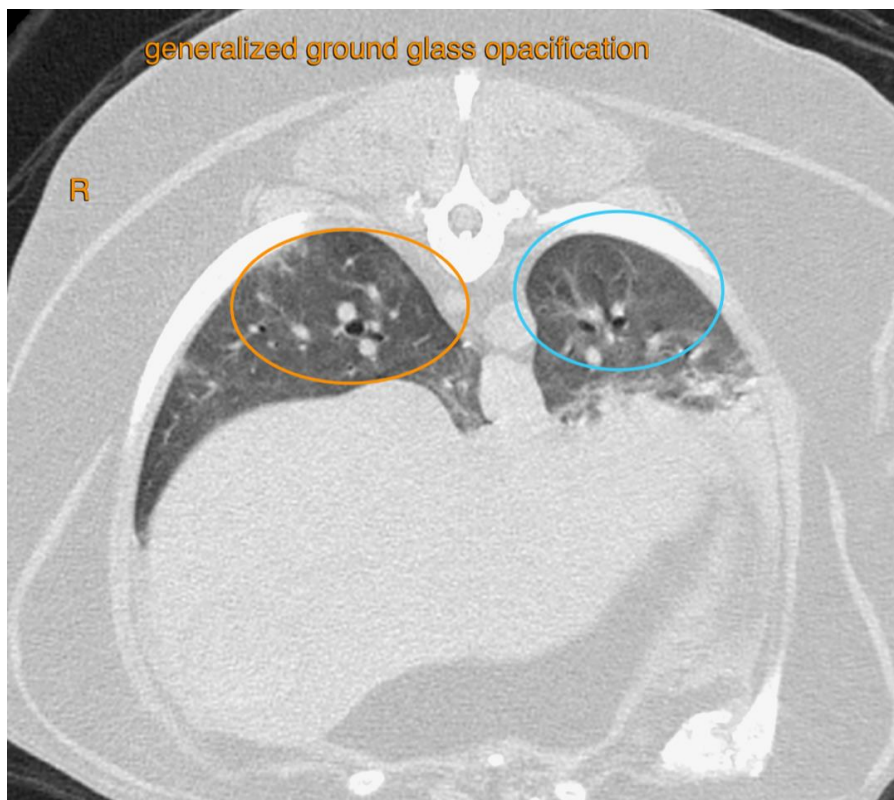
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the progressive interstitial pattern and consolidation of the ventral aspects of the lung parenchyma – likely accentuated by atelectasis – I consider the odds for inflammatory lung disease (pneumonia/pneumonitis) high. Although there is a segment of the left pulmonary artery presenting a heterogeneous contrast enhancement pattern, I would consider this finding artefactual rather than as thromboembolic event– however, microthrombosis of the terminal pulmonary vessels might still be a consideration . The significant amount of mediastinal fat is likely exacerbating clinical signs as well, due to impaired expandability of the lung lobes.





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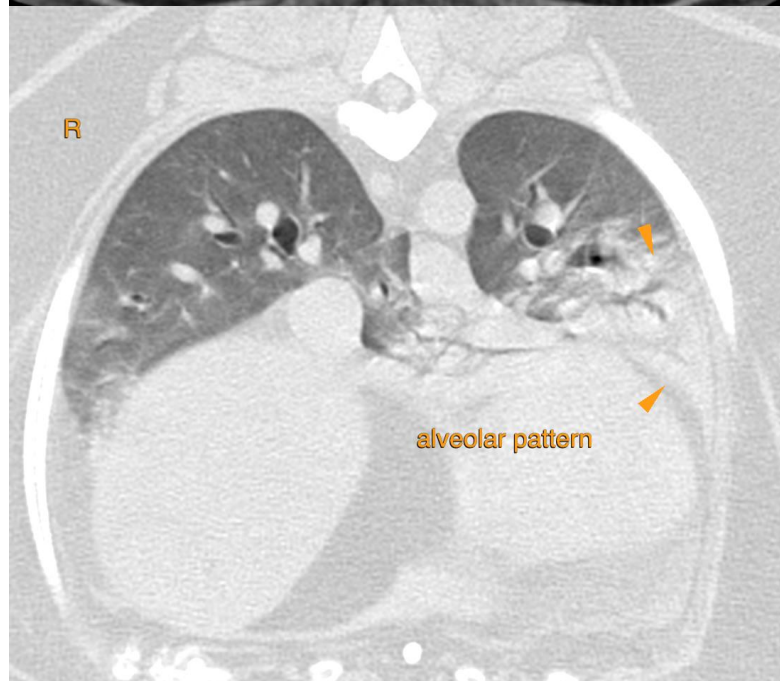
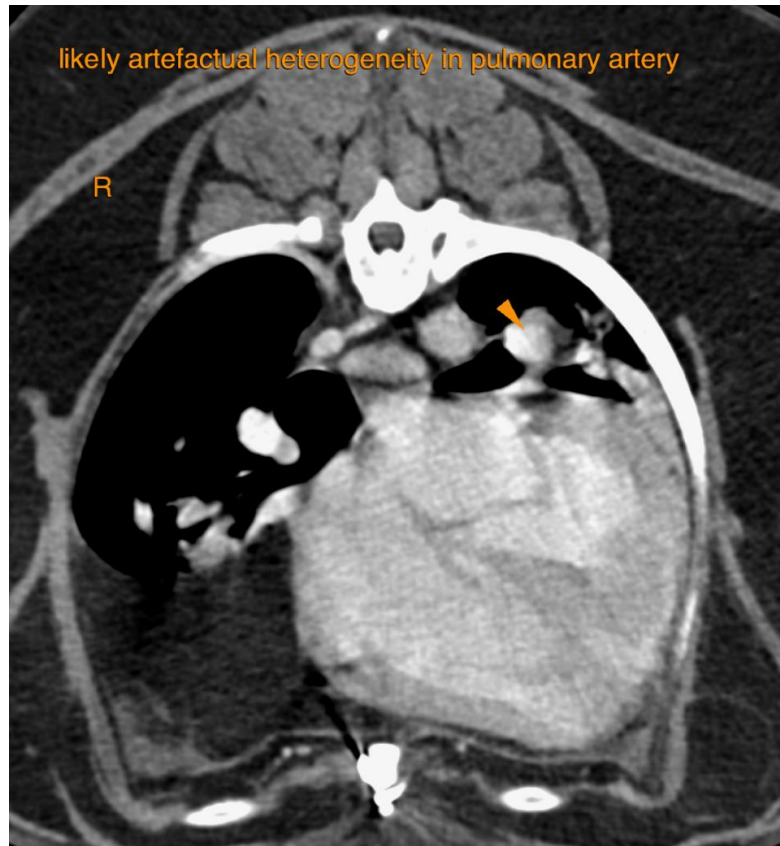
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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