



PATIENT PRESENTING CLINICAL SIGNS

Katsu Donnellan RR difficulties

RADIOGRAPHIC STUDY OF THE THORAX

SPECIES Radiographs of the thorax in two imaging planes are provided for review.

Few **RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

BREED The extrathoracic soft tissues present homogeneous without abnormalities.

DSH A large volume of free gas is seen in the right pleural cavity. The right lung lobes are retracted from the thoracic wall and present a decreased volume and are irregularly consolidated. The right crus of the diaphragm is deviated caudally and a midline shift of the heart to the left is seen. In the left pleural cavity, soft tissue material is noted within the pleural space and the lung lobes are retracted from the thoracic wall and present a diffuse, irregular, ground glass opacity.

SEX

FS The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

AGE The stomach is moderately distended by gas.

11 **RADIOGRAPHIC DIAGNOSIS**

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

- Right sided tension pneumothorax
- Left sided moderate pleural effusion
- Generalized irregular increased radiopacity of the lung parenchyma
- Aerophagia, due to dyspnea

HOSPITAL NAME

Bayshore Veterinary
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right sided pneumothorax and left sided pleural effusion are a plausible explanation for the dyspnea. Evaluation of the lung parenchyma is limited due to consolidation secondary to pneumothorax and the pleural effusion. The odds for rupture pulmonary cavitory lesion – such as abscess, neoplasia, migrating foreign body or due to the pleural effusion less likely bulla – are high. If not done so yet, evacuation of the right pleural space and tapping of the pleural effusion including complete fluid analysis is indicated. A CT study of the thorax after drainage of the pleural space from gas and fluid, may provide additional information about potential underlying pulmonary pathology.

REFERRING VET

Stretton

INVOICE

59291

DATE

7-11-23



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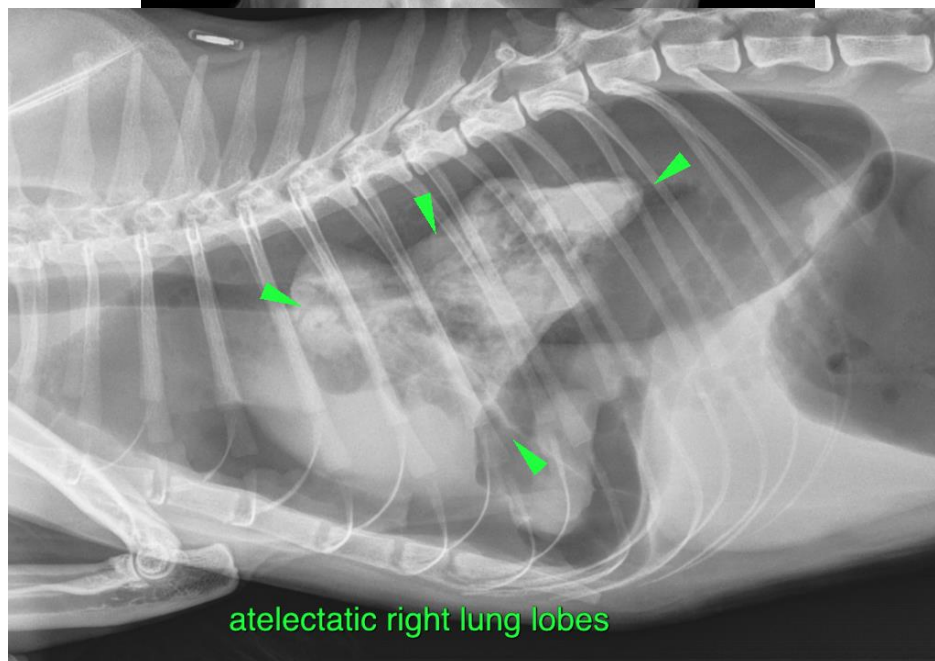
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

DSH

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

FS

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