



PATIENT PRESENTING CLINICAL SIGNS

Enzo Graves
SPECIES Canine
BREED Poodle
SEX Male
AGE 7 Months

een a week ago for hx of V/D. Apparently resolved the following day and nothing seen on abdominal investigations. Over the last few days gradually got worse, lethargic, not interested in going for walks and reluctant to lay down. Os brought him in this evening. Presented dull, tachypnoea, resp effort 3-4/5, HR 160, pulses weak but symmetric, panting, temp 40.3C On auscultation dull sounds on heart and lungs clear dorsally but inaudible ventrally. Os are almost sure Enzo swallowed a skewer last week when they had a BBQ. They havent seen it coming out. -Imaging: LR, LL and DV xrays showing pleural effusion not allowing visualization of cardiac silhouette. -Procedure: Drained 300ml of blood stained fluid from RHS of chest and 400ml from LHS. Unable to check PCV on this fluid but not clotting in kidney dish. Resps improved a little and SpO2 improved from 77% to 90% Post drainage xrays showing clearer image of heart dorsally but still very poor definition of lungs. -TFAST: Hyperechoic structure close to heart - FB? pleural effusion confirmed and again unable to see lung fields. Bloods: Severe neutrophilia (42.8), WBC 51.9, PCV 20% on the machine, potassium 3.3, ALP 847, PT normal, APTT slightly high. STO for update - adv likely FB that migrated to chest and arranging referral. Os happy with plan.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits, the growth plates are age related visible.

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. Multiple regions with dystelectasis of the lung parenchyma are visible.

Post contrast administration – best appreciated in the post contrast series of the abdomen, including the caudal part of the thorax – irregular marked thickening of the pleural lining is noted.

The sternal and cranial mediastinal lymph nodes are significantly enlarged and rounded. The tracheobronchial lymph nodes are prominent.

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.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Trust -
 Ellesmere Port

REFERRING VET

Sam Felvus

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59338

DATE

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PATIENT homogeneous contrast enhancement, unremarkable.

Enzo Graves The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

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

BREED The bony and surrounding soft tissue structures reveal no abnormalities.

Poodle **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Pleural effusion
- Suspect proliferative pleuritis
- Lymphadenopathy sternal and cranial mediastinal lymph nodes
- Normal abdomen

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7 Months

The CT study is highly suggestive for pyothorax and secondary proliferative pleuritis. An underlying cause cannot be specified by CT and potentials include bacterial translocation of pneumonia, perforating trauma or migrating foreign body – isoattenuating material will not show up on CT. If the diagnosis can be confirmed by the fluid analysis, surgical management of the pyothorax is considered as the therapy of choice.

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The appreciated enlargement of the intrathoracic lymph nodes is most consistent with reactive hyperplasia. Theoretically, round cell tumor is a potential, but this is unlikely if pyothorax is confirmed.

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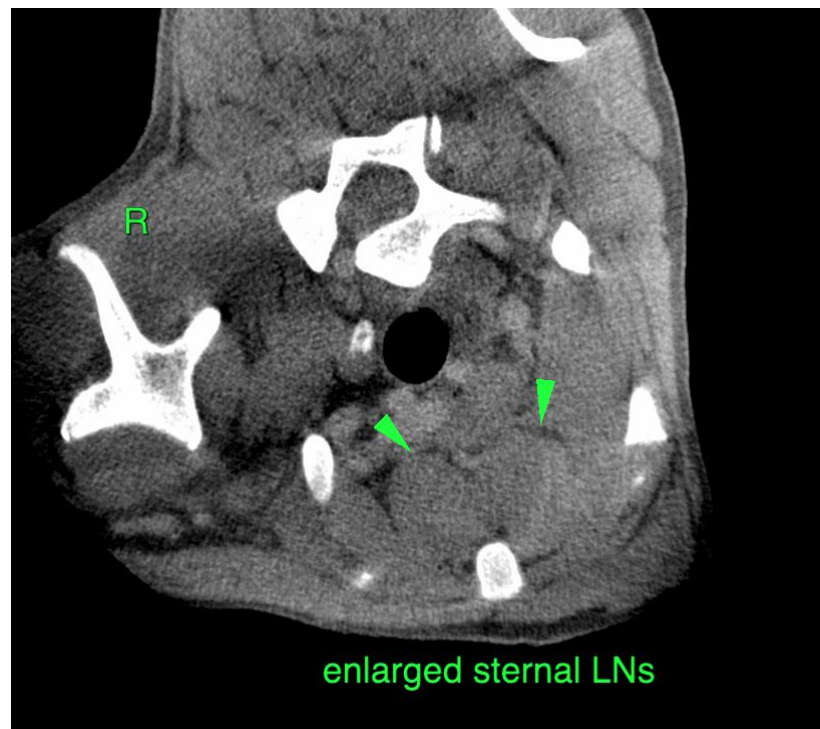
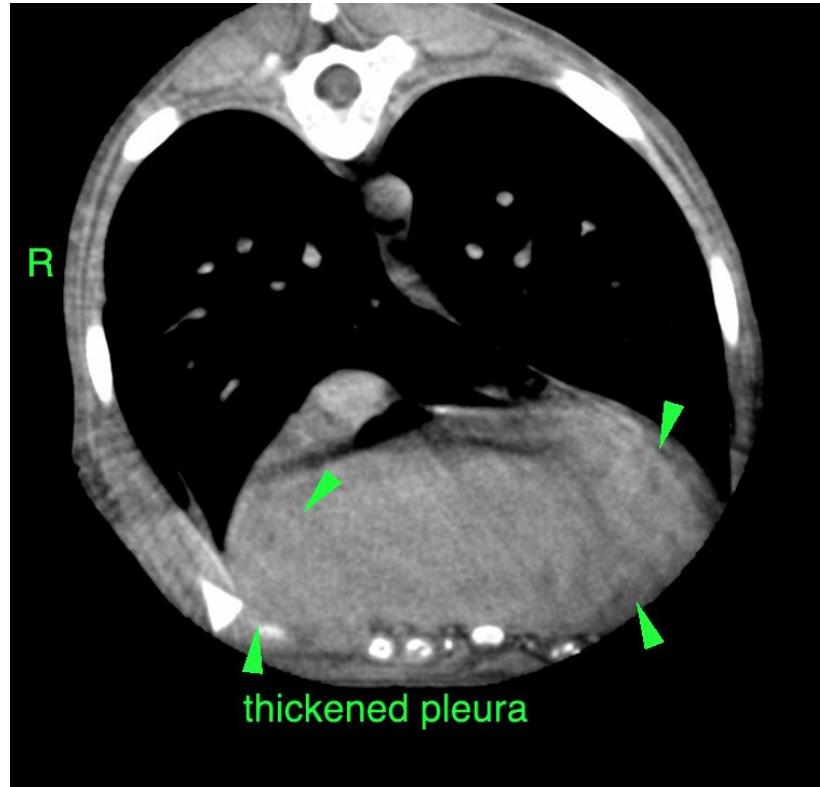
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PATIENT

Enzo Graves

SPECIES 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.

Canine

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.

BREED

Poodle

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