



PATIENT

Tangle McWilliam

PRESENTING CLINICAL SIGNS

6 month old BMD fever of unknown origin for past 2 days. Left pelvic limb swelling and lameness. Mild pleural effusion present.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: -Mild tachypnea, mildly enlarged left popliteal LN, mildly swollen left tarsal region. -Joint taps performed after CT scan -Thoracentesis performed after CT - serosanguineous fluid removed from R hemithorax. In house cytology shows neutrophils and cocci.

BREED

Bernese Mountain Dog

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen including the hind limbs in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

FI

The bony and surrounding soft tissue structures are within normal limits.

AGE

6 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. Multiple regions with dystelectasis/atelectasis of the lung parenchyma are visible.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The subcutaneous tissue along the right thoracic wall level with the 5th to 9th right rib presents moderate fat stranding and is swollen. Level with the costochondral junction of the 7th right rib, a moderate swelling of the intercostal musculature is seen, presenting an extrapleural mild mass effect on the right caudal lung lobe.

HOSPITAL NAME

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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.

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

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.

REFERRING VET

Dr. Ashley Gold

The lung parenchyma presents the expected architecture and attenuation behavior.

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

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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate left & right caudal vena cava of the pre-renal segment is visible.

DATE

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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.



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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

Canine

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

In the pyloric antrum of the stomach, a mineral attenuating shell-like body, measuring 3.1 x 3.4 cm in size is seen. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The bony and surrounding soft tissue structures reveal no abnormalities.

Hind limbs

The osseous of both hind limbs are within normal limits, the growth plates are age related open. The osseous margins of the periarticular bones of the joints of the hind limbs are smooth.

SEX

FI

A mild subcutaneous swelling is seen at the plantar aspect of the left tarsal joint.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate pleural effusion
- Steatitis along the right thoracic wall, with swelling of the intercostal musculature level with the 7th right rib
- Mild subcutaneous swelling plantar aspect left tarsal joint
- Gastric foreign body – suspect piece of plastic

AGE

6 Months

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the pleural effusion and the swelling of the thoracic wall – most accentuated level with the 6th right rib. Regarding the history pyothorax is likely and a perforating trauma level with the right thoracic wall or migrating foreign body might be the underlying cause. No foreign material is appreciated in the current CT study, however isoattenuating material cannot be ruled out. If not done so yet, recommend ultrasound examination of the right thoracic wall with focus on the region of the 7th right rib.

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REFERRING VET

Dr. Ashley Gold

The swelling at the plantar aspect of the left tarsal joint is not specific and is most likely traumatic or primary inflammatory in origin – findings need to be correlated with clinical findings.

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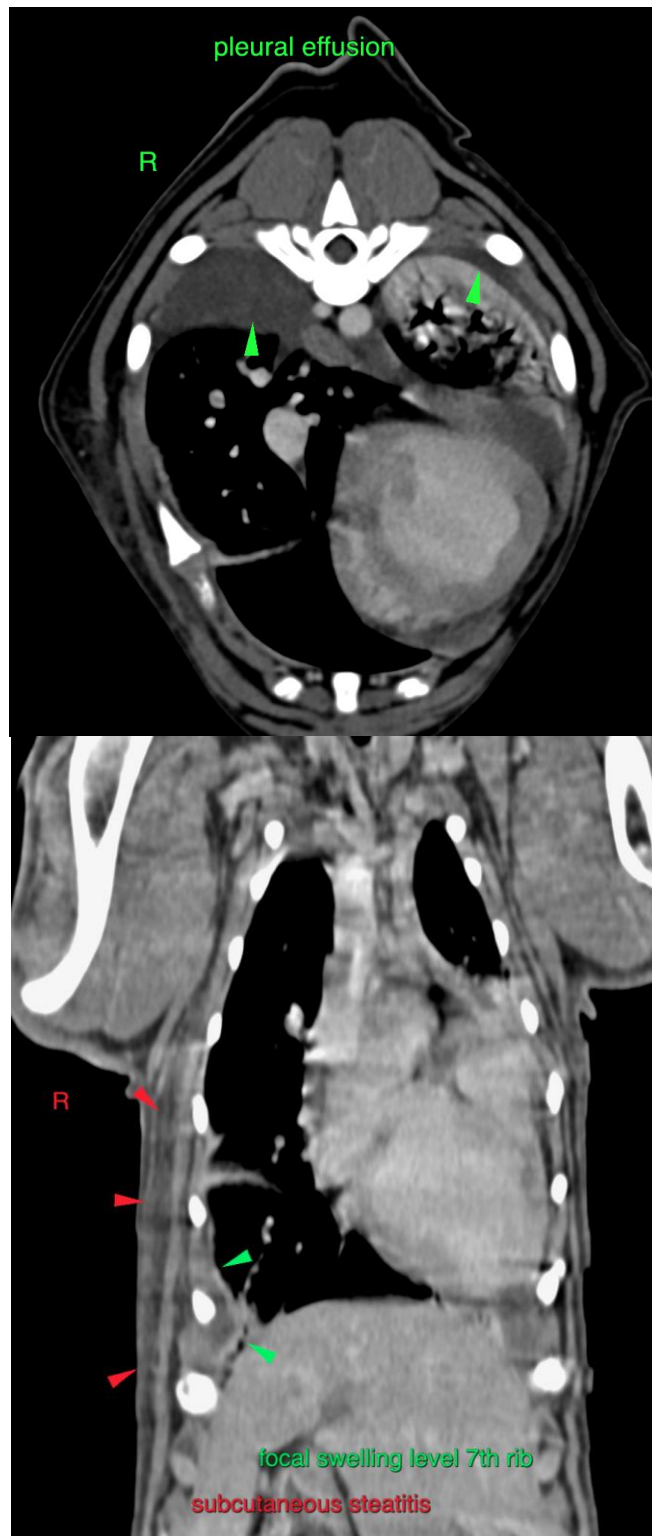
Dr. Ashley Gold

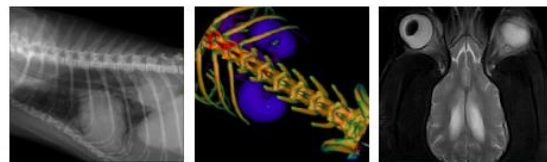
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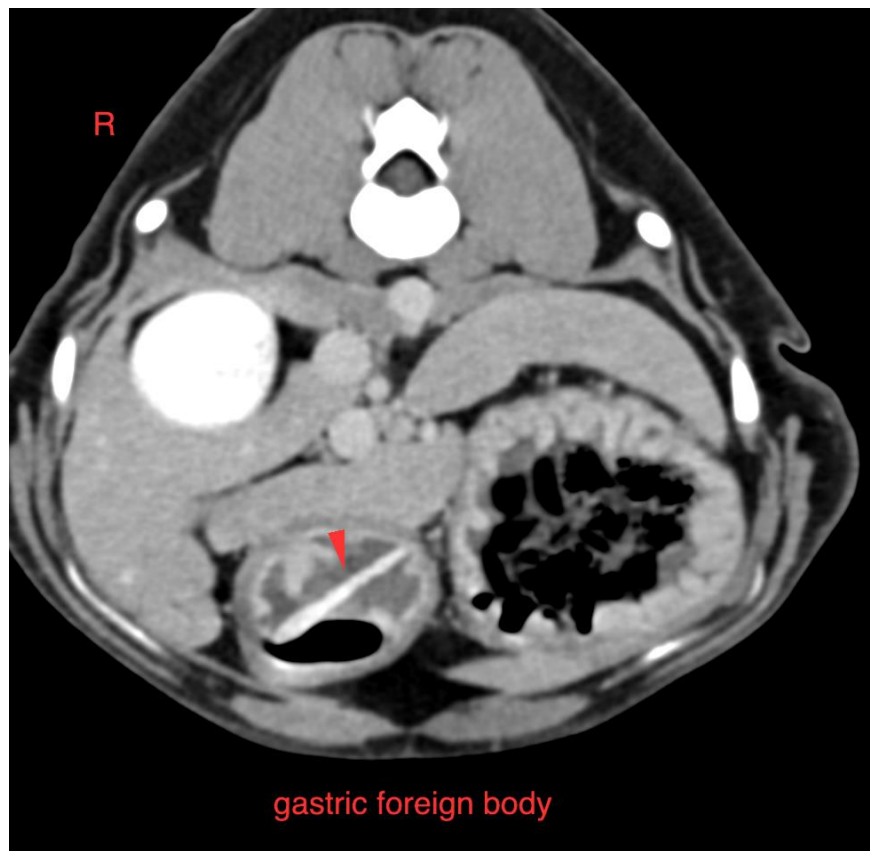
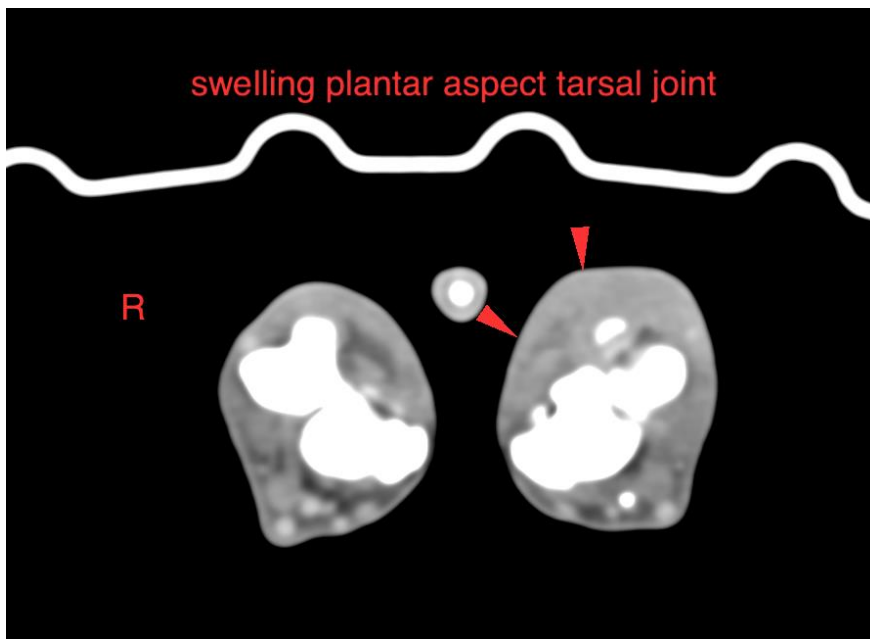
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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