



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bear Wimberly  
**SPECIES** Canine  
**BREED** Labrador Retriever  
**SEX** Male  
**AGE** 6

He was acting lethargic for the past 72 hours. He was standing with his head down and seemed a little weak. He has been eating and drinking the entire time. He is not on any medications. He usually takes flea and HWP. No vomiting, no diarrhea. He had a mild fever on Monday owner noted at home 103.0 No previous medical problems. Xray taken by Bear's primary veterinarian shows a little bit of free fluid in the chest cavity along with mass effect in the caudal mediastinum, just behind the heart. We took two additional chest xrays and these show mass effect but also show a little aspiration pneumonia in the right middle lung lobe

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

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

In the pleural cavity, a mild to 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 mild decreased volume. The dorsal dependent aspects of the lung parenchyma present regions with dystelectasis and multiple subpleural ground glass attenuating lesions are appreciated.

Between the diaphragm and the base of the heart, at the right lateroventral aspect of the esophagus, a uniform soft tissue attenuating tubular mass is appreciated measuring 7.5 x 5.9 x 14.5 cm in size; post contrast administration the paraesophageal mass presents an irregular marginated, contrast enhancing capsule. The esophagus is deviated to the left by the mass effect and the associated lung lobes are distorted.

The sternal lymph nodes are mildly 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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Cavitory paraesophageal mass in the caudal mediastinum
- Mild to moderate pleural effusion
- Mild lymphadenopathy sternal lymph nodes – suspect secondary reactive hyperplasia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is highly suggestive for paraoesophageal empyema, that might be a sequela to extension of lung disease into the Sussdorf's space. The pleural effusion is suggestive for accompanying inflammatory exudate.

Surgical management is the therapy of choice. Adhesion with the accessory or right caudal lung lobes might be present.

The subpleural ground-glass attenuating lesions are most suggestive for region of pneumonia.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
 Veterinary Specialty  
 Center

**REFERRING VET**

Kimberly Winters

**INVOICE**

52746

**DATE**

7-7-22



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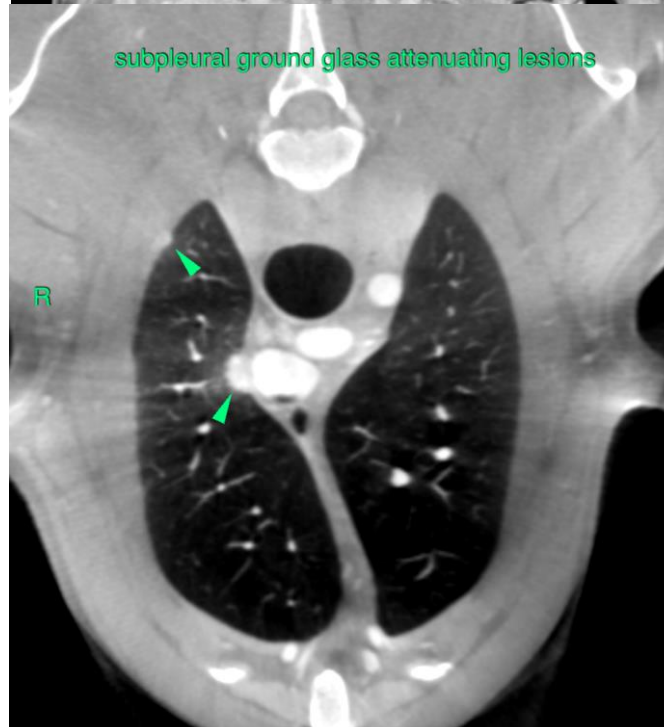
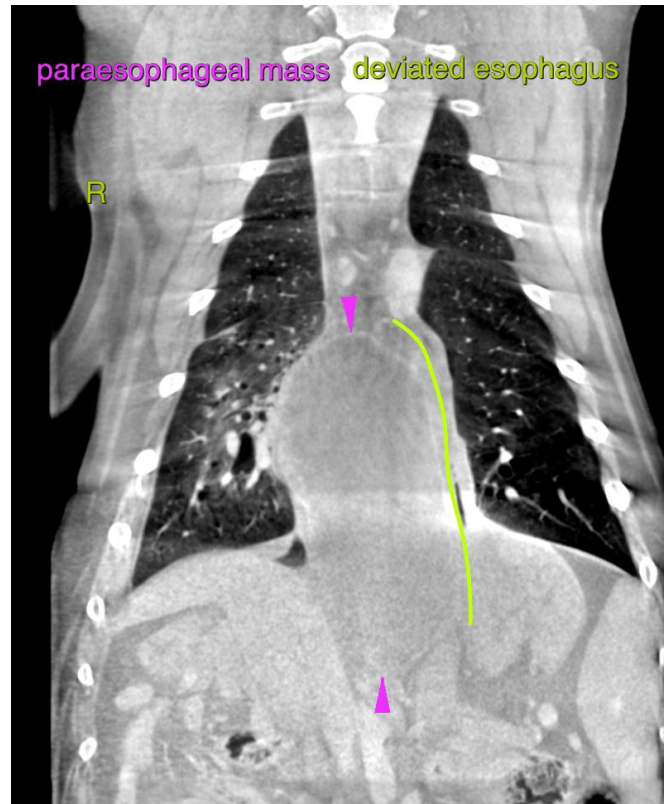
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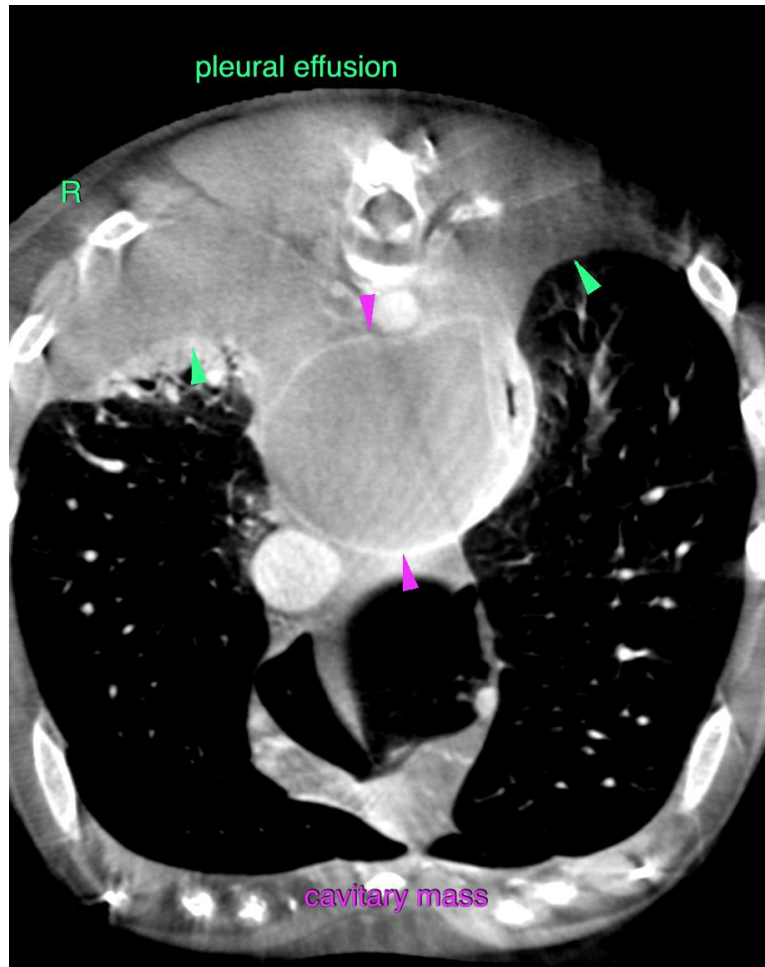
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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