



**PATIENT PRESENTING CLINICAL SIGNS**

**Nova Alexander** O picked up p from boarding on 8/18/23 boarding facility said P was lethargic and didn't want to eat. O reports that p is more lethargic than normal after being boarded. Not eating.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Lethargic and laterally recumbant on presentation. 7% dehydrated. mm pink CRT <2sec R/O: dietary indisgression, foreign body, liver disease, renal disease, neoplasia, open Febrile Patient was triaged and AFAST- no free fluid noted liver appeared slightly mottled and kidneys subjectively appeared somewhat enlarged, bladder intact did not appear flocculent CBC- Lymphocytosis 5.69 K/uL Monocytosis 4.96 K/uL Eosinopenia 0.01 K/uL

Canine

**BREED**

Boxer Mix

**SEX**

NM

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

**AGE**

**COMPUTED TOMOGRAPHIC FINDINGS**

7 Years (from shelter)

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

**INTERPRETED BY**

A moderate amount of free gas is appreciated in the pleural cavity bilaterally. The lung lobes are retracted from the thoracic wall. The lung parenchyma presents the expected architecture and attenuation behavior but zones of dystelectasis of the dorsal dependent aspects of the lung parenchyma and partially the ventral aspects of the lung. In the caudodorsal aspect of the left pleural cavity, a small amount of gravity dependent, fluid attenuating material is appreciated, mildly effacing the caudodorsal margin of the left caudal lung lobe.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Wilvet Salem

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.

**REFERRING VET**

Dr. Lewer

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.

**INVOICE**

59812

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Pneumothorax
- Very mild pleural effusion – accentuated in the left pleural cavity

**DATE**

8-21-23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, the CT study presents no specific lung lesion explaining the pneumothorax, a ruptured bulla or bleb is most likely. Potentials can include preceding blunt thoracic trauma, migrating foreign body, lung worm infection, ruptured pulmonary abscess. If the spontaneous pneumothorax does not resolve under conservative therapy and repeated aspirations of the pneumothorax are required either



**PATIENT**

Nova Alexander

an autologous blood patch or surgery may be used as therapy. Surgical intervention is indicated in cases of repeated air accumulation within a 5-day period. As the location of leakage from the airways cannot be clearly specified via CT study, a sternal approach to the pleural cavity may be beneficial. However, if a lateral approach is preferred, I would recommend a left lateral approach due to scan amount of pleural effusion in the left pleural cavity – that might be a sequela to a ruptured lung lesion.

**SPECIES**

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**AGE**

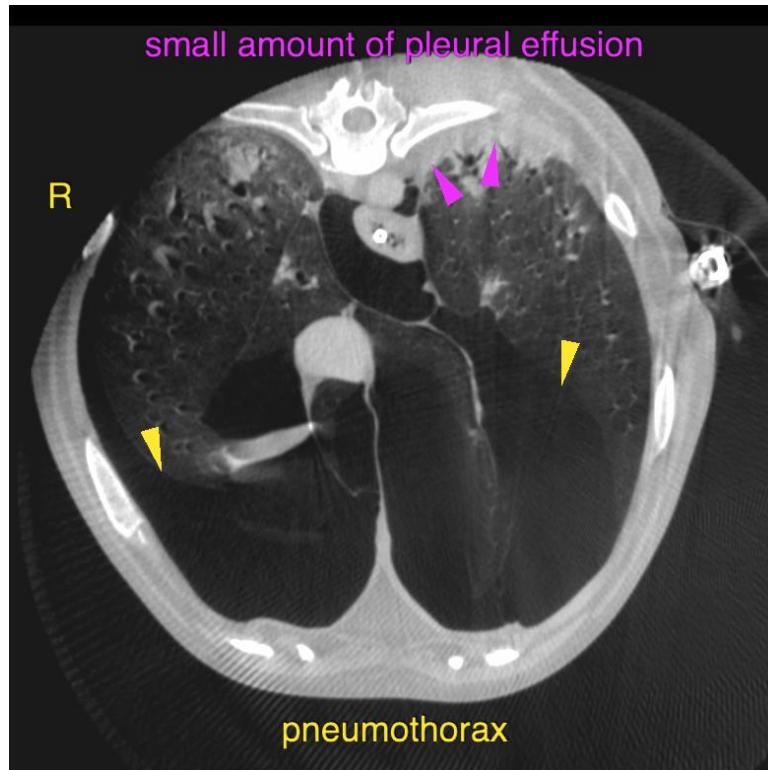
7 Years (from shelter)

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**REFERRING VET**

Dr. Lewer

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.

**INVOICE**

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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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVCI  
[info@sonopath.com](mailto:info@sonopath.com)

**DATE**

8-21-23