



## PATIENT

Rookie Willey

## SPECIES

Canine

## BREED

German Shepherd

## SEX

MN

## AGE

2

## WEIGHT

58.7

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Ashley/Jenna

## HOSPITAL NAME

Animal Clinic  
Northview

## REFERRING VET

Connor Cashman,  
DVM

## INVOICE

73706

## DATE

2-11-26

## PRESENTING CLINICAL SIGNS

- Rescued from a neglect case a few weeks ago
- Was neutered 2 weeks ago and was brought in shortly after with a hemo abdomen. Cause is unknown.
- Went home stable but started coughing after a few days.
- Was brought back to the clinic and scant pleural effusion was found.
- Patient now just ADR.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 2 series. One pre-contrast series of the thorax and abdomen, soft tissue algorithm. One post-contrast series of the thorax and abdomen, soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### THORAX

A small volume of hypoattenuating fluid is present within the right pleural space, predominantly ventral between the 7th and 10th intercostal spaces. Also, visible pleural fissure line is noted dispersed between the lung lobes. No evidence of pleural mass or severe thickness.

The trachea and mainstem bronchi are within normal limits.

The sternal lymph nodes and one cranial mediastinal lymph node are moderately enlarged and heterogeneously contrast-enhancing. The sternal lymph nodes measure approximately 3.5 × 1.7 cm and 2.9 × 1.2 cm.

The tracheobronchial lymph nodes are within normal limits.

The pulmonary parenchyma demonstrates mild peripheral ground-glass opacities and parenchymal bands associated with mildly reduced lung lobe expansion. No pulmonary nodules or masses are identified.

The bronchial tree shows normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vasculature are within normal limits. Contrast opacification is adequate.

The diaphragm, ribs, thoracic wall, and thoracic esophagus are unremarkable.

### ABDOMEN

There is regional mild fat stranding within the mid-to-caudal abdomen, adjacent to the spleen and caudal pole of the left kidney. No focal mass effect is identified. Overall serosal fat attenuation is otherwise within normal limits.

The liver is normal in size, shape, attenuation, and contrast enhancement. The gallbladder and biliary tract are unremarkable.



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The spleen is normal in size, shape, and enhancement.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

Both kidneys are normal in size, shape, and attenuation pre- and post-contrast. The renal pelvises and ureters are unremarkable.

The urinary bladder is mildly distended with homogeneous fluid content and normal wall thickness.

The stomach is moderately distended with heterogeneous ingesta and gas, in normal anatomical position.

The duodenum and small intestines are moderately dilated and contain small amounts of fluid, gas, and sparse mineral debris. Wall thickness is within normal limits.

The colon and rectum contain fecal material and gas, with normal wall thickness.

The prostate was not included within the scanned field of view.

The evaluated musculoskeletal structures are unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- A small amount of pleural effusion is present, predominantly within the ventral aspect of the right hemithorax.
- Moderate sternal and cranial mediastinal lymphadenomegaly with heterogeneous contrast enhancement is identified. Differential diagnoses include reactive lymphadenitis (inflammatory or infectious) and, less likely, a neoplastic process.
- Mild peripheral pulmonary ground-glass opacities and parenchymal bands are observed, most likely representing dependent atelectasis; however, mild inflammatory or infectious pneumopathy cannot be entirely excluded.
- Mild focal abdominal fat stranding is present in the mid-to-caudal abdomen, adjacent to the spleen and left kidney, suggestive of localized reactive or inflammatory change, possibly residual based on the patient's clinical history.
- Overall, the abdominal cavity is within normal limits.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small right-sided pleural effusion, combined with moderate sternal and cranial mediastinal lymphadenomegaly, raises concern for reactive inflammatory and/or infectious disease. Differential considerations include inflammatory or infectious pleuritis, pyothorax, or less likely, early neoplastic infiltration (e.g., lymphoma).

Ultrasound-guided thoracocentesis with fluid analysis is recommended, if attainable. Fine-needle aspiration of the enlarged sternal and mediastinal lymph nodes for cytologic evaluation is also advised. Correlation with CBC and serum biochemistry is recommended to assess for an inflammatory or infectious leukogram.

The mild pulmonary ground-glass opacities are most consistent with dependent atelectasis; however, mild bronchopneumonia or inflammatory pneumopathy cannot be completely excluded, particularly in the context of coughing.



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The regional abdominal fat stranding may represent residual or resolving postoperative inflammation, prior hemorrhage-related changes, or localized peritonitis. No evidence of active hemorrhage or mass lesion is identified.

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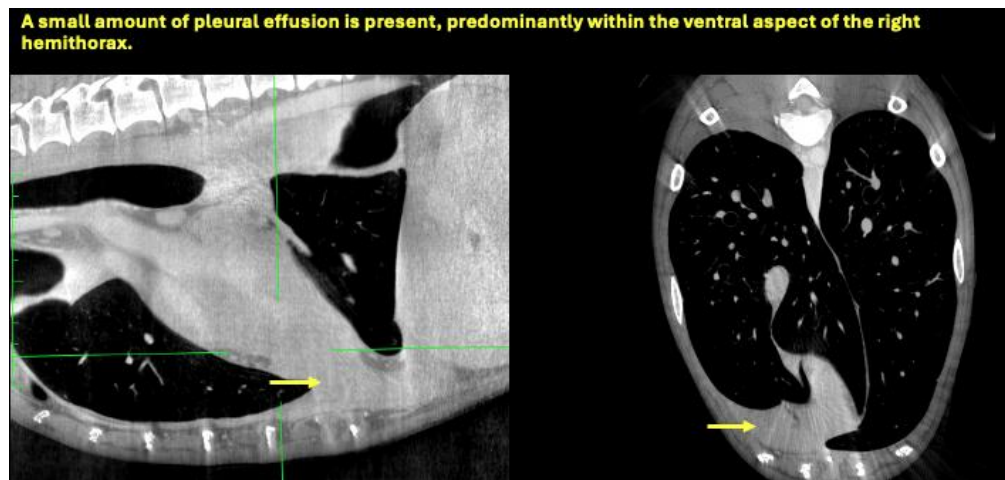
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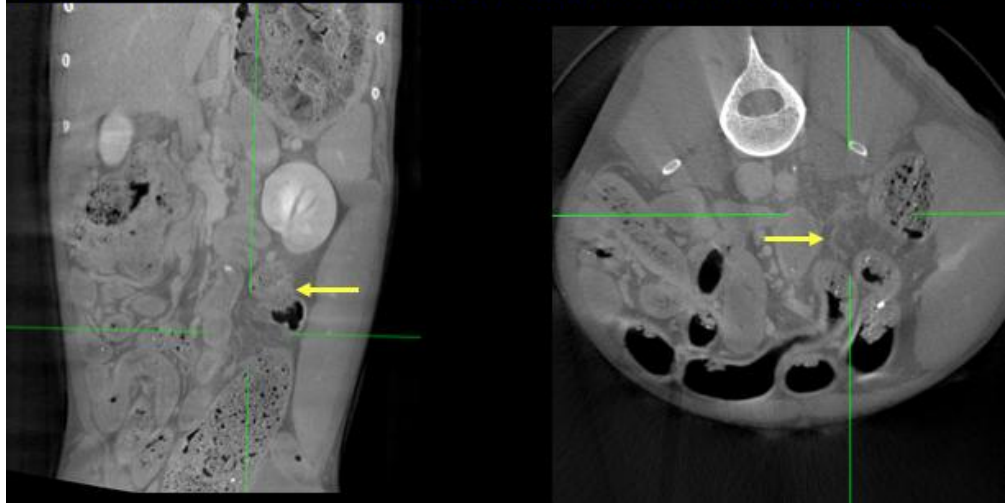
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## Mild focal abdominal fat stranding is present in the mid-to-caudal abdomen



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
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