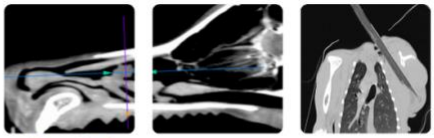

PATIENT

Max Schneider

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

4 Years

WEIGHT

5.25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Taylor Roca

HOSPITAL NAME

Pet Emergency & Referral Center NVA

REFERRING VET

Dr. Amy Trow

INVOICE

15588

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Decreased appetite for one month. Acutely increased RR/RE since 4/24 initially reported as panting.

Abnormal PE/Chem/CBC/UA Results: CBC: eos with normal total eo count, smear pending. CHEM: n.. Rads showed • RAd: alveolar pulmonary pattern within the ventral aspect of the right middle and caudal lung lobes. lobar sign in right middle lung lobe. A mild vesicular pulmonary pattern is identified within the right caudal lung lobe. The right middle mainstem bronchus is well-defined. Poor delineation of the right caudal mainstem bronchus on the left lateral projection as it extends into the ventral portion of the lobe. On R lateral, radiolucent foci surround the right caudal mainstem bronchus; it is unclear if this corresponds to pulmonary parenchyma or pleural space. Poor delineation of the caudal vena cava on all projections. DDX: bronchopneumonia or aspiration pneumonia, lung lobe torsion, or a combo, neoplasia

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of the thorax is provided for review totaling 2 series. One pre-contrast series of the thorax (bone algorithm). One post-contrast series of the thorax (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The right middle lung lobe is markedly enlarged, rounded and demonstrates a heterogeneous attenuation pattern, with peripheral vesicular (gas-containing) regions. This lobe shows markedly reduced contrast enhancement compared to others atelectasis lobes.

The right middle lobar bronchus is poorly defined along its course.

There is moderate bilateral pleural effusion, more pronounced on the right side, partially surrounding the affected lung lobe. A mild pneumothorax is also present.

The right caudal and accessory lung lobes are reduced in volume and exhibit areas of increased attenuation consistent with consolidation. Contrast enhancement is preserved in these lobes, compatible with atelectasis.

Additional lung lobes show discrete, peripherical, multifocal ground-glass opacities. The left lung lobes and right cranial lung lobe remain relatively well aerated.

A mild leftward mediastinal shift is observed. The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable

The trachea is normal in diameter and position.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

Marked enlargement and heterogeneous attenuation of the right middle lung lobe, with reduced contrast enhancement and poor bronchial definition, associated with pleural effusion, mild

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pneumothorax, and mediastinal shift. Primary differential diagnoses include lung lobe torsion (right middle lung lobe).

Secondary bilateral pleural effusion (right-sided predominance) and mild pneumothorax.

Concurrent atelectasis affecting the right caudal and accessory lung lobes.

Discrete multifocal ground-glass opacities in remaining lung lobes, likely representing mild discrete atelectasis or inflammatory changes.

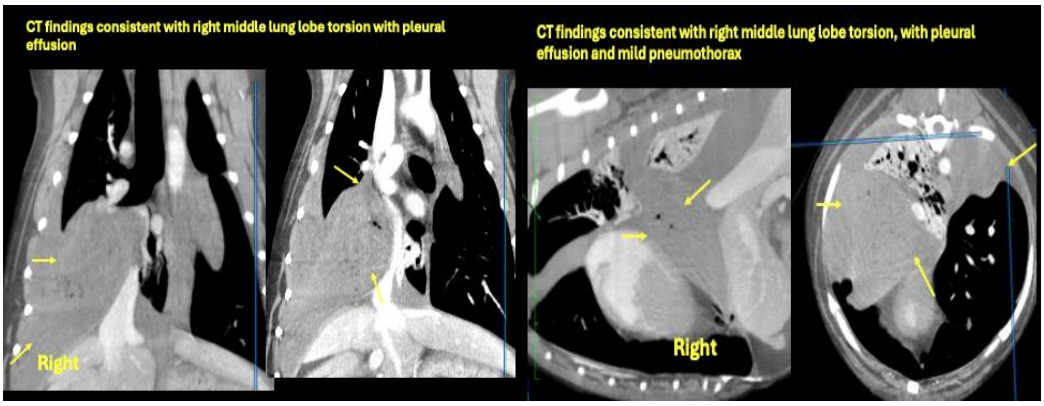
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are most consistent with right middle lung lobe torsion, supported by lobar enlargement, heterogeneous attenuation with vesicular regions, decreased contrast enhancement, and poor visualization of the associated bronchus. The presence of pleural effusion and mild pneumothorax further supports this diagnosis.

This condition is considered surgical; thoracoscopy and prompt surgical exploration with lobectomy are suggested.

Pleural fluid analysis (if not already performed) may aid in further characterization and in excluding concurrent inflammatory or septic processes.

Given the peripheral eosinophilia noted on CBC, underlying eosinophilic pulmonary disease as a predisposing condition cannot be excluded and may warrant further investigation following surgical recovery.



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
info@sonopath.com