



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine

Breed: Golden Retriever

Sex: Male Entire

Age: 7 months

Clinical History:

Under water for 10s following fall from waterfall. Now restless and sleeping while standing.

Anatomic regions: Thorax

Details of study and technical comments:

A radiographic study of the thorax is presented for evaluation.

Diagnostic interpretation:

THORAX: Gas is within the pleural space bilaterally resulting in retraction of the lung margins (yellow arrowheads). Multiple soft tissue streaks are in the ventral thorax and do not specifically track along the planes of pleural fissures (teal arrows). The right caudal lung lobe is alveolar evidenced by the presence of an air bronchogram (purple arrowheads). There are moderate to severe interstitial changes in the left caudal lung lobe and caudal subsegment of the left cranial lung lobe (green arrowheads). The diaphragm has a normal conformation.

The cardiac silhouette is displaced from the sternum on the lateral views with a mild leftward shift on the ventrodorsal view. The trachea, pulmonary vasculature and mediastinum are within normal limits.

The thoracic vertebral column and ribs are unremarkable without evidence of fracture or luxation. A moderate volume of gas is in the gastric silhouette.

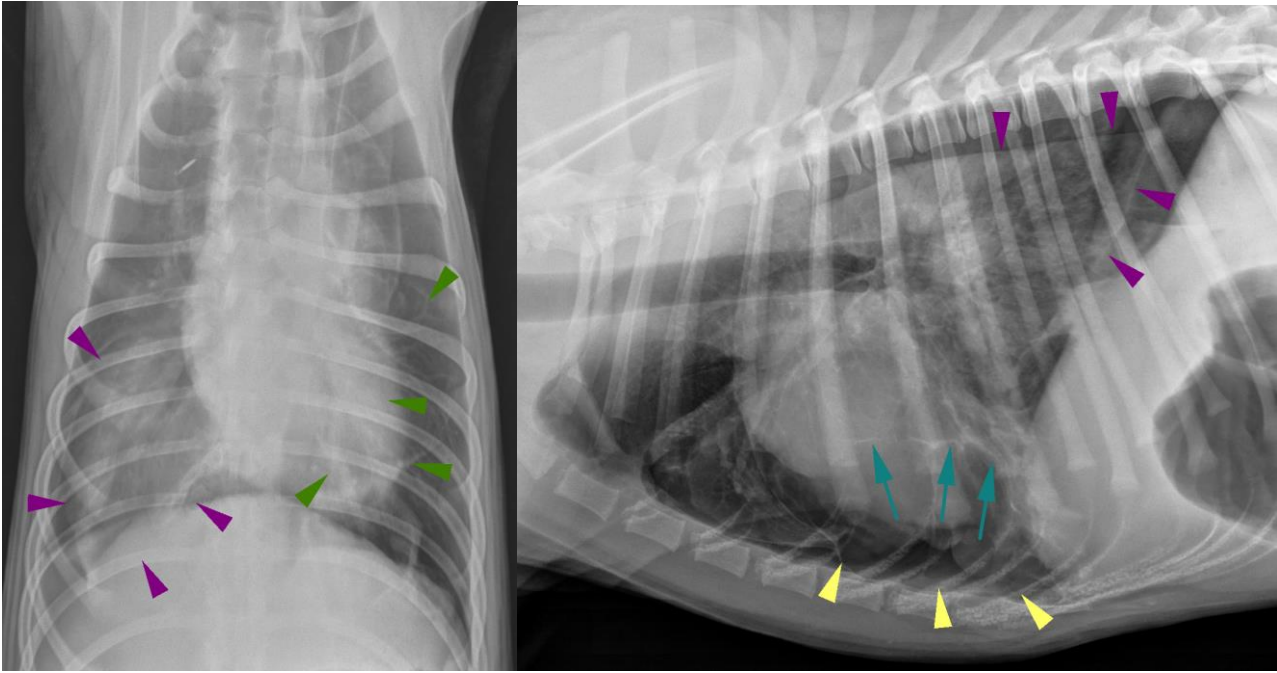


Reported by VetCT

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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.



Conclusions:

Bilateral pneumothorax and scant pleural effusion.

Right caudal alveolar and left cranial and caudal interstitial changes. Differentials include pulmonary contusion from the reported fall, noncardiogenic pulmonary oedema can not be excluded given the potential for near drowning and the caudodorsal distribution, and atelectasis is likely also contributing to this appearance due to the pneumothorax.

Additional comments:

The patient's restlessness and reluctance to lay in a recumbent position is attributed to the marked changes within the thorax. There are two potential courses of pathology that could be taking place:

1. If the patient fell with a marked impact, this blunt force trauma could result in pneumothorax and haemothorax with secondary atelectasis or pulmonary contusion.
2. If the patient had a near drowning event, the pulmonary parenchymal changes may represent noncardiogenic pulmonary oedema.

Several classic manifestations of blunt force trauma are noted:

- The presence of pleural gas/pneumothorax is evidenced by the retracted lung margins and air opacity in the pleural space.
- Increased pulmonary opacity is representative of two potential pathologies. Atelectasis is considered a component due to the presence of a pneumothorax. Pulmonary contusion should also be considered. Contusion (interstitial haemorrhage) can take up to 48 to 72 hours to mature.
- Other pathology that is commonly present with blunt force trauma is rib fracture and pneumomediastinum. Neither are observed.
- Determination of need for thoracocentesis for is a clinical decision based on respiratory status.



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