

Radiographic Findings:

There is a 2cm in width curvilinear band of soft tissue extending from the cranial heart base caudally to the diaphragm. A fluid and gas interface is seen 7.5cm ventral to this structure. The soft tissue opacity within the ventral thorax is causing border effacement with the heart and diaphragm.

Radiographic Impressions:

Abscessation (pleural or pulmonary) with pleuropneumonia.



Ultrasonographic Findings:

A large, fluid filled structure of thin irregularly marginated hyperechoic walls is present caudal and lateral to the left margin of the heart. It is against the thoracic wall in the ventral third of the thorax and extends 4-5 rib spaces caudal to the heart. It measures 20cm in depth from the thoracic wall. It is in contact with the left margin of the heart and underlying lung. It contains a large amount of hyperechoic swirling material. Hyperechoic shadowing structures are present along the surface of the walls consistent with gas. A small amount of anechoic fluid is present in between the large structure and lung surface.

Ultrasonographic Impressions:

Large, cavitated left ventral pleural abscess and small volume pleural effusion.

Follow-up:

The horse was treated medically with antibiotics, IV fluids, and by placement of a chest tube. Approximately 7 liters of purulent material was drained, and the chest was lavaged through the tube. Intrathroacic antibiotics were also administered. The pelvic flexure impaction resolved after nasogastric tube placement and administration of mineral oil and water.

12 days after initiating medical treatment, a thoracotomy was performed to better lavage and drain the thorax, as the pulmonary abscess was still present. The surgical wound in the thorax was lavaged daily over the next 6 days, and the horse was discharged with instructions for continued lavage and antibiotics.