



PATIENT

Lizzy Welding

SPECIES

Canine

BREED

Lurcher

SEX

Female

AGE

7Y

WEIGHT

12kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Olivia Jarvis

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Amber Mahon

INVOICE

73344

DATE

1-15-26

PRESENTING CLINICAL SIGNS

atient bright and lively. Resp rate 20-30/min with normal effort. Large pleural effusion and pneumothorax present bilaterally. Drained: 280ml haemorrhagic effusion and 1020ml air from left side 240ml haemorrhagic effusion and 720ml air from right side PCV of effusion 14%, TS 3mg/dl and PCV 14%

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies and recheck scan after thoracocentesis are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Moderate bilaterally symmetric pleural effusion is seen. Evidence of moderate bilateral residual pneumothorax is noted at the time of CT.

Multiple pulmonary interstitial soft tissue nodules are distributed throughout the lung. Multiple irregular shaped plaque like pleural and mediastinal nodules are present as well. Partial pulmonary collapse is noted with rounded retracted lobar margins and diffuse increase in interstitial attenuation.

The mediastinal lymph nodes present within normal limits.

The heart is of normal size and morphology.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilaterally symmetric liquido-pneumothorax.
- Multiple pulmonary nodules.
- Multiple pleural and mediastinal nodules.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates multifocal thoracic involvement including bilateral pulmonary nodules, pleural nodules, and mediastinal nodules along with moderate bilateral pleural effusion and pneumothorax. The distribution morphology of these nodules raises a strong concern for neoplastic disease particularly pulmonary or pleural carcinoma/carcinomatosis. Differential diagnosis includes primary pleural carcinoma or pulmonary carcinoma with carcinomatosis, metastatic neoplasia, and less likely severe multifocal inflammatory disease such as bacterial, fungal, or granulomatous. Cytology or biopsy would be required for definitive diagnosis.



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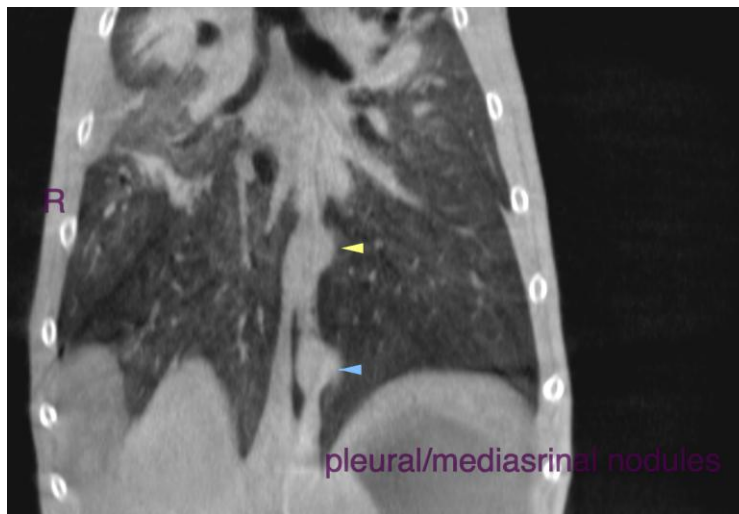
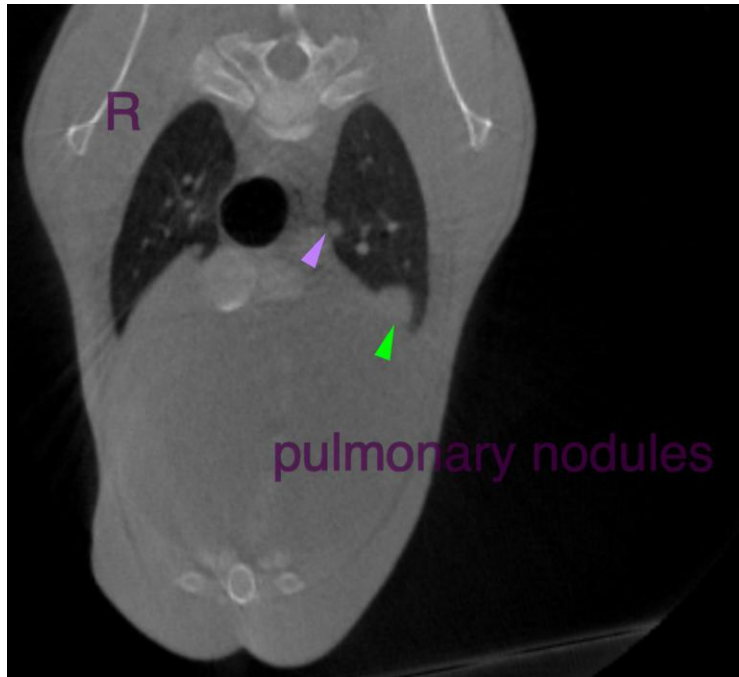
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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