



PATIENT

Marvin Witek

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

6

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

56223

DATE

1-18-23

PRESENTING CLINICAL SIGNS

Presented for an acute onset of respiratory distress which started on 1/16/23. On 1/17 radiographs showed a bilateral pleural effusion. Removed approximately 2800 mls of serosanguinous fluid. Patient has no other significant medical history. No known trauma. Abnormal PE/Chem/CBC/UA Results: Normal

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies of the thorax and post contrast study of the abdomen available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Moderate bilaterally symmetric pleural effusion is seen.

The lung lobe margins are retracted from the thoracic wall and rounded. Partial pulmonary collapse is noted. The accessory lung lobe presents nearly complete atelectasis.

Burnout artifact/over saturation limits the assessment of the aerated lung. However, no evidence of pulmonary nodules or masses is seen directly.

Mild sternal lymphadenomegaly is noted with a symmetric pattern of enlargement. No cranial mediastinal or tracheobronchial lymphadenomegaly is seen.

There is no evidence of cardiovascular pathology noted.

Abdomen

A moderate amount of free peritoneal fluid is noted.

Multiple ill-defined mesenteric nodules of varying size up to 3 cm and with heterogeneous enhancement are seen.

There are multiple isoattenuating expansile splenic nodules.

No abnormalities of the liver, pancreas, kidneys, or adrenal glands is seen.

Subaortic lymphadenomegaly is seen in the abdomen caudal to the right and left renal arteries.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biventricular effusion with multiple mesenteric nodules and splenic nodules.
- Subaortic lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals moderate pleural and peritoneal effusion. General differential diagnosis includes transudate, modified transudate, and exudate as well as chylous effusion. Hemorrhagic



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effusion and exudative effusion appear to be primary differential diagnoses based on the history of the patient.

The mesenteric nodules may represent multifocal manifestations of neoplasia such as soft tissue sarcoma including hemangiosarcoma, round cell neoplasia, and carcinomatosis. Granulomatous mesenteric disease cannot be ruled out entirely but is considered less likely.

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There appears to be multiple sublumber aortic lymphadenomegaly in the abdomen meeting neoplastic criteria.

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Ultrasound guided fine needle aspiration could be considered for further definition and in order to differentiate between neoplastic infiltrate and true reactive lymphadenitis. Consider aspiration and analysis of the abdominal fluid as thoracocentesis has been performed already for further definition.

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The splenic nodules may represent primary or secondary neoplasia of the spleen including hemangioma, hemangiosarcoma, metastatic disease, and other as well as extramedullary hematopoiesis or benign nodular hyperplasia. FNA could be considered for further definition depending on the ultrasonographic correlation/presentation.

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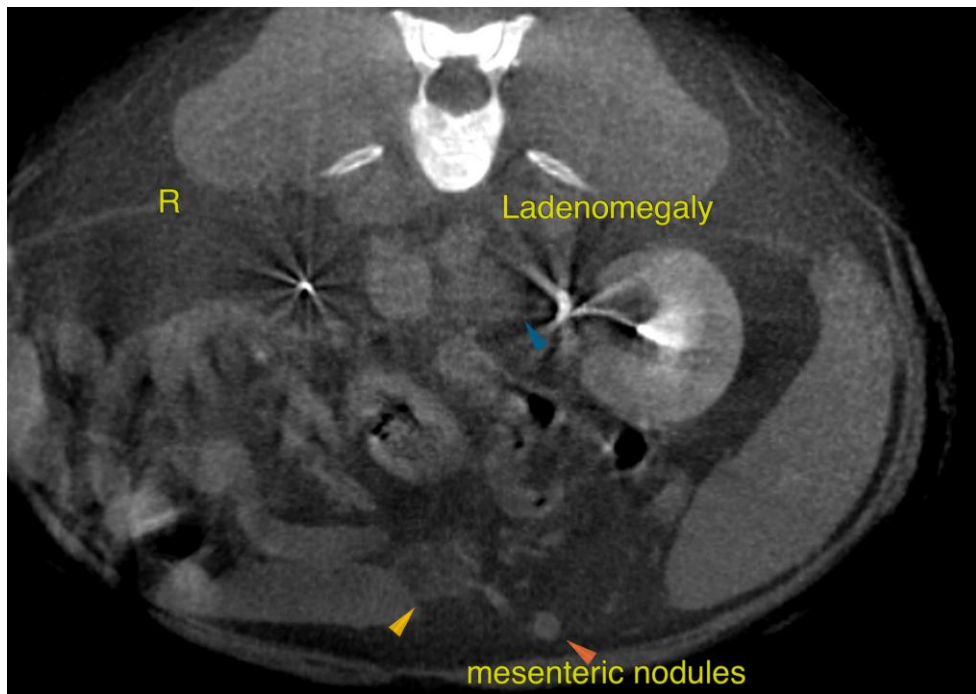
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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