



## PATIENT

Whiskey Davis

## SPECIES

Feline

## BREED

Mixed

## SEX

FN

## AGE

10

## WEIGHT

5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Eamon

## HOSPITAL NAME

Belconnen Veterinary  
Centre

## REFERRING VET

Dr. Eamon

## INVOICE

73000

## DATE

1/6/26

## PRESENTING CLINICAL SIGNS

Dyspnea and collapse - pyothorax with pericardial involvement

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post-contrast studies in soft tissue, bone and lung windows available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Mild right-sided pleural effusion is present. No pleural effusion detected on the left.

The right pulmonary and parietal pleura present diffuse thickening with associated pulmonary interstitial bands and plate like atelectasis as well as cortication of the right lung lobes. No focal pulmonary consolidations or cavitary lesions are identified. No intrathoracic foreign material detected. The left lung is normally aerated and presents within normal limits.

The trachea and main bronchi are patent. No significant bronchial wall changes or bronchial obstructions are identified.

Mild mediastinal lymphadenopathy is noted. Mild mediastinal fat stranding is seen.

Moderate pericardial effusion and pericardial thickening are present.

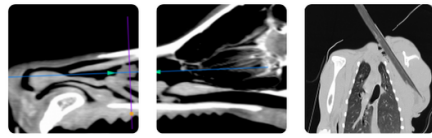
Mild pleural gas is present, most consistent with iatrogenic pneumothorax such as secondary to thoracocentesis. Thoracic wall structures are unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right-sided pleuritis with mild pleural effusion and pleural thickening, consistent with infectious or inflammatory pleural disease.
- Partially right lung atelectasis and interstitial scarring, likely secondary to pleural disease.
- Moderate pericardial effusion with pericardial thickening, consistent with pericarditis.
- Mild mediastinal lymphadenopathy and fat stranding, likely reactive/inflammatory.
- Small volume right-sided pneumothorax, most likely iatrogenic.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings support ongoing inflammatory or infectious disease involving the right pleural space and pericardium, consistent with the clinical suspicion of pyothorax with pericardial involvement. No evidence of pulmonary abscessation, foreign body migration, or primary pulmonary disease can be identified. Correlate with pleural and pericardial fluid analysis including culture and sensitivity. Echocardiography can be considered to further assess for potential hemodynamic significance of the pericardial effusion. Continued microbial therapy and drainage is recommended as clinically indicated. Surgical consultation could be considered with progression or persistence of the disease.



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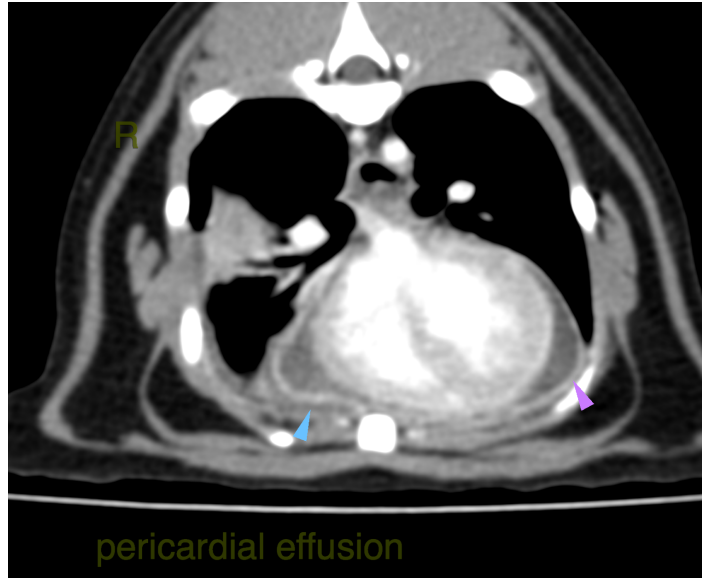
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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