



**PATIENT**

Zazzles Cooper Haber

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Ascot

**INVOICE**

48396

**DATE**

11-17-21

**PRESENTING CLINICAL SIGNS**

Pt presented for anorexia for 4 days and labored breathing with abdominal component. At that time 3/4 of the lung fields has pleural effusion. Thoracocentesis 100ml of transudate-modified transudate effusion was removed. Pt was started on furosemide and unasyn IV TID. Pleural effusion is decreasing, pt is breathing without abdominal component. Concern now for primary mass in the chest vs consolidated lung lobe.

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal views totaling 3 images available for review.

**RADIOGRAPHIC FINDINGS**

The patient is under diuretic treatment.

The ribcage is expanded.

A moderate amount of pleural effusion is seen within both pleural cavities. There is a mild amount of free gas within both pleural cavities.

The lobar margins of the lung are retracted from the thoracic wall and mildly rounded. A mild generalized bronchial lung pattern is noted. The left caudal lung lobe is only seen on the right lateral view.

Course and width of the trachea are considered within normal limits.

Mild leftward mediastinal shift is seen level with the completely opacified left caudal lung lobe.

Assessment of the cardiac silhouette is limited owing to superimposition with the fluid; however, no overt cardiomegaly is noted.

Moderate gastrointestinal aerophagia is present which is most likely a consequence of the dyspnea.

**RADIOGRAPHIC DIAGNOSIS**

- Bilateral liquido pneumothorax with the pneumothorax being mild and likely being a consequence of the prior fluid drainage.
- Suspect lobar atelectasis of the left caudal lung lobe.
- No overt pulmonary or mediastinal masses seen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Lobar consolidation/atelectasis is most likely the underlying cause of the lobar opacification of the left caudal lung lobe. There is no obvious mass effect or volume increase of the effected lobe noted. The remainder of the lung presents no structural abnormality other than a mild bronchial lung pattern. There are no direct signs for pulmonary or mediastinal neoplasia radiographically.



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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.

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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.

**BREED**

DSH

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