



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Pixie Marshall

SPECIES Canine

BREED Chihuahua

SEX FS

AGE 13 Years, 10 Months

INTERPRETED BY Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME Neel Veterinary Hospital

REFERRING VET Dr. Kishore

INVOICE 56769

DATE 2-15-23

2/15/23 Chest Tap 75ml LS 35ml RS pink red fluid 2/13/23 Pixie presented for a recheck because of concerns of her breathing. I did xrays and the fluid amount looks to be similar to what we saw on February the 9th. I had Dr Neel take a look at the xrays. We both feel that we would wait until Wednesday to reassess and potential tap just prior to the sedation and CT. I have sent you home with an oral diuretic to start her on today and I would also start on the appetite stimulant. If you have any questions or concerns ,please call. thanks Chris Logan, DVM. Pt presented for a recheck. O was instructed to bring pt back if they noticed any decline. Pt was discharged on 2/10 from ICU for cardiovascular disease. Pt seemed relatively ok on Friday night. O tried to feed GILF, but pt would not eat. On Saturday, O tried to feed scrambled eggs and pt ate small amount. Breathing was also ok on Saturday. Saturday night, O tried to feed boiled chicken and pt ate around 2 teaspoons, but would not eat more than that. Pt was able to lay on side on Saturday. On Sunday, pt was breathing fine and layed on side. O tried feeding one again, but pt was not interested. Pt also started making grunting sounds. Today, pt ate some eggs+chicken, but appetite is still declining. Pt is also unable to lay on side and breathing seems to be worsening. Pt has had no bowel movements since pt left ICU. Pt seems "wobbly". O has been carrying pt everywhere to reduce physical activity. PT has an CT scheduled on Wed. PT has an appmt made with oncologist on Friday Pt is here for possible recheck rads, an additional chest tap, or O2 therapy. AN: Pixie Marshall (21186). 13yr 9mo SF Chihuahua. O' Sandra Marshall (405-313-9983). Pleural effusion.(wb by 717) Pt presented for not really eating for 2 weeks, shaking in pain, and breathing heavily. PE: dental disease, grade 2-3/6 heart murmur, tense abdomen, reaction to spinal palpation in thoracolumbar region. Rec rads & Full BW. Rads showed significant pleural effusion, hepatomegaly, poss. renal mineralization. BW: CBC - inc Plts; Chem - NA 161, ALT 140, ALP 1,002; cPL - abnormal; baseline cortisol 5.4; UA - 250Ery/uL & >50/HPF RBC. Gave 4mg/kg dose Lasix @10:30pm, chest tap 2/7 - sending out fluid for analysis. Echo scheduled for 2/8. Prognosis given: guarded to poor. Chest tap: 30mL serosanguinous fluid L, 90mL cloudy yellow fluid R. Recheck x-rays show much less fluid Tues O/N: QAR/anxious, vitals wnl, no v/d, given lasixs at 3a, eating gilf, lungs sound better on auscultating at 3a per WIL. Wed ERD: QAR, very sweet dog! lungs this morning had diminished sounds and through the day improved to having more BV sounds that were harsh. Echo - Stage B1, no meds needed. Pleural effusion not from cardiac disease. Recheck rads - much less fluid present, lungs patterns improved. D/C lasic. Recheck rads tomorrow. Fluid analysis still pending. Discussed with O waiting for fluid analysis to determine possible etiology: if bacterial will need C/S, if more inflammatory vs other may need a CT. At this point need more information to determine next steps. WED O/N: BAR, vitals wnl, urinating, not eating, no v/d, no crackles on auscultating for 3a. Thurs AJF: eating some chicken. Called O and no answer, LM. Abd comfortable, T wnl, lungs clear. Fluid analysis -still waiting, no results. Rads today show bit of fluid but not enough to tap. I think we can wean off o2 as well overnight Thurs O/N: QAR, vitals wnl, grazing gilf w chicken, urinating, no v/d, given injections at 3a. Fri AJF: fluid analysis back atypical cells highly suggestive of malignant effusion. T wnl, not eating much today. Added culture on w/ idexx (rachel called). Out of O2 / stable at this time. Discussed all w/ O - also consulted w/ Dr. Lindsay Donnelly - DACVIM - oncology. She advised CT and then poss intracavitary chemo. Called Blue Pearl and made apptmt for her next Fri, next Wed she will have full body CT here with us and then we will send report to them. 2/8/23 Left side of thorax over ribs was clipped and steriley prepared with chlorhex scrub. A 20ga catheter was placed at the 8th ICS in the lower 3rd of the chest at the cranial edge of the rib. 30mL of blood-tinged yellow, cloudy fluid was removed - a sample was saved for fluid analysis. The right side of the chest was similarly prepared and an 18ga cather placed - 90mL of cloudy yellow fluid was remved from the right side of the chest - a sample was saved for fluid analysis. Recheck x-rays showed a marked decrease in pleural fluid post-tap. Pixie presented for shaking in pain and not being interested in food. On presentation, Pixie was quiet, dull, and lethargic. On physical exam Pixie had significant



PATIENT

Pixie Marshall

dental disease. Her abdomen was tense and she reacted to spinal palpation in her thoracolumbar region. A low-moderate grade heart murmur was ausculted. We discussed that Pixie's clinical signs might be due to disc disease or may be related to her heart or liver. We recommended full body x-rays and full bloodwork, which you approved. X-rays showed significant fluid in her chest, an enlarged liver, and possible mineralization in her kidneys. Based on these results, we recommended hospitalizing Pixie with oxygen, injectible medications, a chest tap, an echocardiogram. You agreed to this plan. A chest tap was performed and 30mL of fluid was removed from the left chest while 90mL of fluid was removed from the right chest. Recheck radiographs showed a marked decrease in pleural fluid post-tap. The fluid analysis unfortunately came back as highly suggestive of malignant effusion. You made her an appointment at Blue Pearl to see the oncologist for next Friday. She will have a CT here next week on Wed (chest and abdomen). Remember do not feed breakfast Wed am. Continue to monitor her resting respiratory rate and effort. If you feel its labored, she may need to have the fluid the removed again. Thank you for bringing your pet to Neel Veterinary Hospital. Please contact us if you have any questions or concerns 405-947-8387. 2/7/23 Reason for today's visit: Patient is presented for shaking in pain and not interested in food. O says that this has been going on 2 wks. O says that she had a foster that she had during that time and she thought it was do to that, but she has sense got the dog adopted and she is still not wanting to eat. O says that she has only been able to get her to eat when it is on a spoon. O says that she has had constipation issues in the past. KDO was suspect that pt could have cushings. O says that we vomited once on friday and it was yellow bile. No D. No medications. UTD on vax. On FTP and HWP. No other concerns. 1/25/23 Pt presented for a recheck UA, AG and bloodwork. O report she is doing much better at home, does not notice any more scooting. She has finished her course of Apoquel and Clavamox. KDO: Anal glands both mildly full, easily expressed (normal secretions) Recheck U/A- WNL for cystocentesis sample Recheck liver values- ALT 127/ ALP 1,037 A: 1) UTI- resolved 2) Recurrent anal gland impaction- suspect secondary to atopic dermatitis (positive response to previous Rx'd steroid and Apoquel twice daily dosage) 3) Elevated ALT/ ALP- possible mild hepatitis d/t chronic periodontal disease vs. endocrinopathy (Cushing's disease) Rec to O to continue Apoquel at SID dosage to maintain allergic flares/ prevent future anal gland infections-- O elected to discontinue apoquel, she "wants to see" how pt will do with monthly prophylactic expressions and if issue is recurring says will consider lifelong Apoquel therapy Rec to perform LDDS testing to investigate for Cushing's- O declines at this time, elects to continue monitoring liver values Recheck 1 month with outpatient services for anal gland expression

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Abnormal PE/Chem/CBC/UA Results: platlets elevated pct elevated alpk elevated 1163

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN

REFERRING VET

Dr. Kishore

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

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The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. Moderate dilation of the lateral ventricles without evidence of active distension is seen.

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Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

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Pixie Marshall

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

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The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern is uniform.

BREED

Chihuahua

An area of fat accumulation is seen between the right mandibular and parotid salivary glands.

The visible dentition is within normal limits.

Neck**SEX**

FS

A mass of the right lobe of the thyroid gland of 25 x 6mm is seen. Multifocal cavitation, heterogeneous contrast enhancement, and small mineral attenuating foci are seen. The left lobe of the thyroid gland presents within normal limits.

The regional lymph nodes present within normal limits.

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Thorax

Moderate left hand sided, and mild right hand sided pleural effusion is seen.

There is parietal pleura thickening in the left hemithorax.

The lung lobe margins are retracted from the thoracic wall and rounded.

A single interstitial pulmonary nodule is seen within the right cranial lung lobe. An area of consolidation, heterogeneous enhancement and mineralization is noted within the left cranial lung lobe. Interstitial bands and extensive atelectasis of the left lung are noted.

The mediastinal and sternal lymph nodes are minimally enlarged.

HOSPITAL NAMENeel Veterinary
Hospital**Abdomen****REFERRING VET**

Dr. Kishore

Moderate generalized enlargement of the liver with multiple faintly hypoenhancing nodules is seen.

Small calculi and polypoid hyperplasia of the gallbladder wall are noted within the gallbladder.

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The gastric wall presents mild generalized thickening. The wall layering appears to be maintained.

Mild generalized enlargement of the pancreas without regional mesenteropathy is seen.

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Both kidneys present multiple cortical renal cysts and mineral attenuating foci within the parenchyma and renal diverticuli are noted.

The spleen and adrenal glands present within normal limits.



PATIENT The abdominal lymph nodes present within normal limits.

Pixie Marshall

COMPUTED TOMOGRAPHIC DIAGNOSIS

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Chihuahua

- Bilateral pleural effusion.
- Pleura thickening and lung lobe cortication as well as atelectasis of the left lung.
- Single small interstitial pulmonary nodule within the right cranial lung lobe.
- Mild mediastinal and sternal lymphadenomegaly.
- Moderate generalized hepatomegaly with small nodules.
- Bilateral chronic hypercalcemic nephropathy.
- Suspect gastritis and pancreatitis.
- Expansile mass of the right lobe of the thyroid gland.
- Ventriculomegaly of the brain – likely incidental.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals bilateral pleural effusion with asymmetric distribution. Moderate pleural effusion is noted within the left and mild within the right hemithorax. The mild pneumothorax is likely to be iatrogenic.

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A single interstitial pulmonary nodule is seen within the right cranial lung lobe. Differential diagnosis includes metastases, fibrotic, and pneumonic nodule.

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The consolidated area in the left cranial lung lobe is more likely to represent atelectasis rather than infiltrative disease.

Differential diagnosis for the thyroid mass includes carcinoma as well as adenoma. The changes are limited to the right lobe of the thyroid gland. The left lobe of the thyroid gland presents within normal limits.

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Differential diagnosis for the hepatic findings includes vacuolar, metabolic, or endocrine hepatopathy, hepatitis, and less likely infiltrative disease. The nodules within the liver are likely to represent benign nodular hyperplasia. Metastatic disease cannot be ruled out but is thought unlikely.

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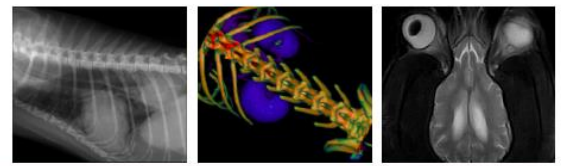
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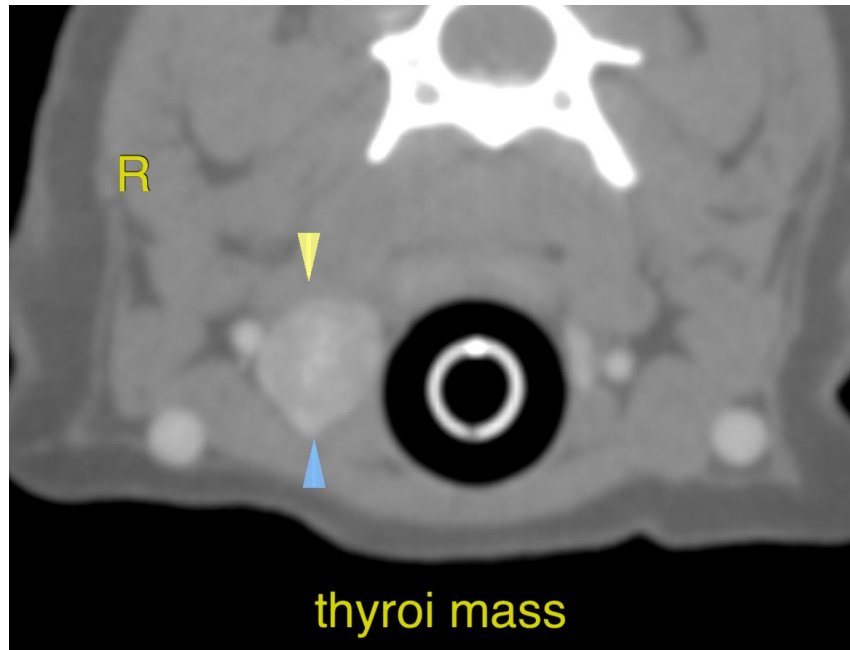
Dr. Kishore

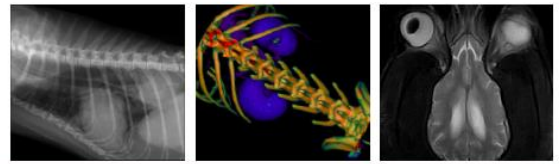
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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