



## PATIENT PRESENTING CLINICAL SIGNS

- Lincoln Guindon
- approx 450 mLs opaque, mildly viscous, stinky fluids pulled from pleural space prior to CT
  - Echo was performed prior to CT - large volume of pleural effusion was seen, collapsed lung lobes were noted in the R pleural space. Heart is normal sized
- SPECIES**
- P was diagnosed with pleural effusion in 2022, normal echo then. CT was performed where no cause was noted for the pleural effusion.
- Canine
- initially presented to us in 2026 for coughing and lethargy.
  - approx 350 mLs fluid was removed from pleural space when he was here on 2/3/26
  - fluid cytology was done on fluid that was pulled on 2/3/2026 - lymphocytic effusion with a few reactive appearing mesothelial cells
- BREED**

King Charles Cavalier Abnormal PE/Chem/CBC/UA Results: RBC - 5.16 Hematocrit - 31.6 Hemoglobin - 11.4 MCV - 61.2 Lymphocytes - 0.7 MPV - 16.3

## SEX COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### AGE

8yr

Moderate bilateral pleural effusion is present.

Mild bilateral pneumothorax likely iatrogenic from recent thoracocentesis is seen. Mild retraction of the lung lobe margins from the thoracic wall with mild collapse of affected lung lobes is noted. There is no evidence of structural pulmonary lesions, masses or nodules. No evidence of foreign material is noted.

## INTERPRETED BY

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

The thoracic mediastinum presents within normal limits.

The heart is normal in size with no evidence of chamber enlargement, pericardial effusion, or heart-based mass.

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Mild prominence of residual thymic tissue likely physiologic is seen.

No evidence of thoracic wall lesions is identified.

## REFERRING VET

Jessica Rutledge

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilateral pleural effusion without identifiable mass or structural cause
- Iatrogenic mild pneumothorax secondary to thoracocentesis
- Mild pulmonary collapse / atelectasis secondary to pleural effusion
- No evidence of thoracic neoplasia, foreign body, or pericardial disease

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## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

## DATE

02/18/2029

The pleural effusion is currently idiopathic. Cytology previously showed lymphocytic effusion with reactive mesothelial cells. Pulmonary collapse is secondary to effusion and has no intrinsic parenchymal disease.



## PATIENT

Lincoln Guindon

The minimal pneumothorax is iatrogenic and clinically insignificant, if small and stable. Continued monitoring of pleural effusion and repeat thoracocentesis, if clinically indicated, is recommended.

## SPECIES

Canine

Consider further workup for underlying causes of recurrent pleural effusion, such as echocardiography, if not recently repeated.

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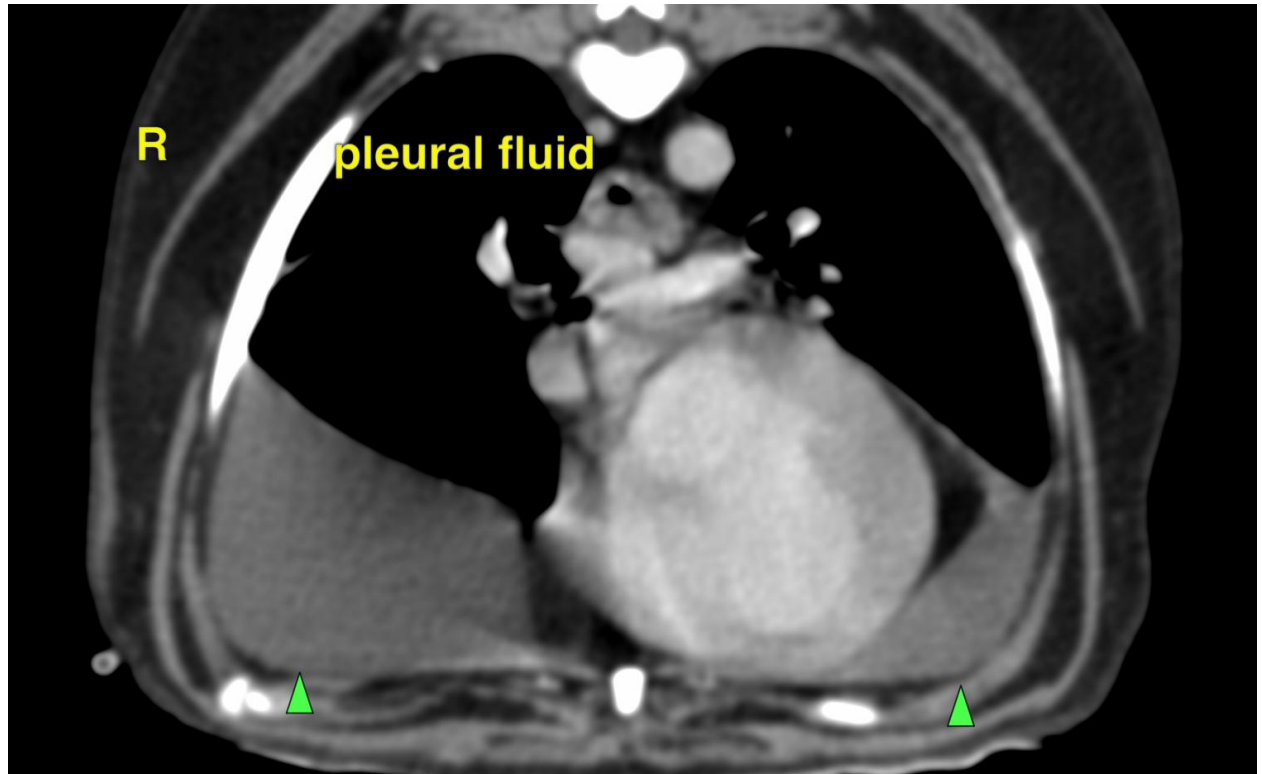
Jessica Rutledge

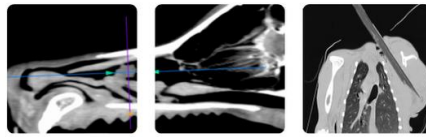
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## DATE

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## PATIENT

Lincoln Guindon      **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.**

## SPECIES

Canine      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

King Charles Cavalier      **Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI**  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
[info@sonopath.com](mailto:info@sonopath.com)

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