

PATIENT PRESENTING CLINICAL SIGNS

Simba Dieppa Patient presented on ER for medical evaluation for respiratory distress. Pleural effusion, chylous effusion in abdomen. CT was recommended for r/o intrathoracic neoplasia.

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC --- WBC decreased (4.75), LYM decreased (0.19) and PLT decreased (58) CHEM --- ALKP increased (283) and AMYL decreased (283)
Canine Total # of Files Uploaded: 1591

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

BREED

Plain and post contrast studies are available for review.

Golden Retriever Mix

COMPUTED TOMOGRAPHIC FINDINGS

SEX

A moderate volume of pleural effusion is present bilaterally accumulating predominantly in the dorsal dependent portions of the pleural cavities. There is a accumulation of loculated fluid in the right cranioventral and lateral pleural space consistent with regional compartmentalization.

MN

No pleural masses, nodular pleural thickening or mineralized plaques are identified.

AGE

8yr

The lungs present partial lobar collapse with rounded lumbar margins retracted from the thoracic wall, consistent with secondary effects of the pleural effusion. There also is compressive atelectasis in the dorsal portions of the dorsal dependent lung regions. The remaining pulmonary parenchyma is aerated and reveals no evidence of pulmonary mass lesions; nodules, diffuse interstitial or alveolar disease.

INTERPRETED BY

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

The mediastinum is normal in appearance. No mediastinum masses are seen.

The tracheobronchial and sternal lymph nodes are within normal size and morphology.

The heart and heart base present within normal limits.

HOSPITAL NAME

Veterinary Image
Center

The diaphragm is intact.

A mild amount of peritoneal effusion is noted within the cranial abdomen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr Ramos

- Moderate bilateral pleural effusion with focal loculation in the right cranioventral pleural space, resulting in secondary compressive atelectasis.
- No CT evidence of intrathoracic neoplasia.
- Mild concurrent peritoneal effusion supporting a systemic or lymphatic process rather than primary thoracic mass

INVOICE

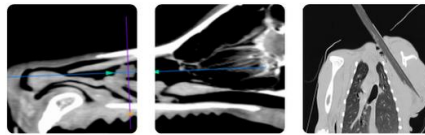
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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

DATE

02/20/2026

No structural cause such as pulmonary tumor, mediastinum mass or pleural carcinomatosis is identified on CT. Given the history of chylous effusion, the findings are more suggestive of idiopathic chylothorax, lymphatic drainage dysfunction or thoracic duct leakage, and less likely



PATIENT occult cardiac or venous outflow disorders (no CT evidence seen).

Simba Dieppa Consider fluid analysis confirmation, if not already performed to definitively confirm chylous origin. If chylothorax is confirmed and persists, medical management trial or surgical consultation can be considered especially if patient is refractory.

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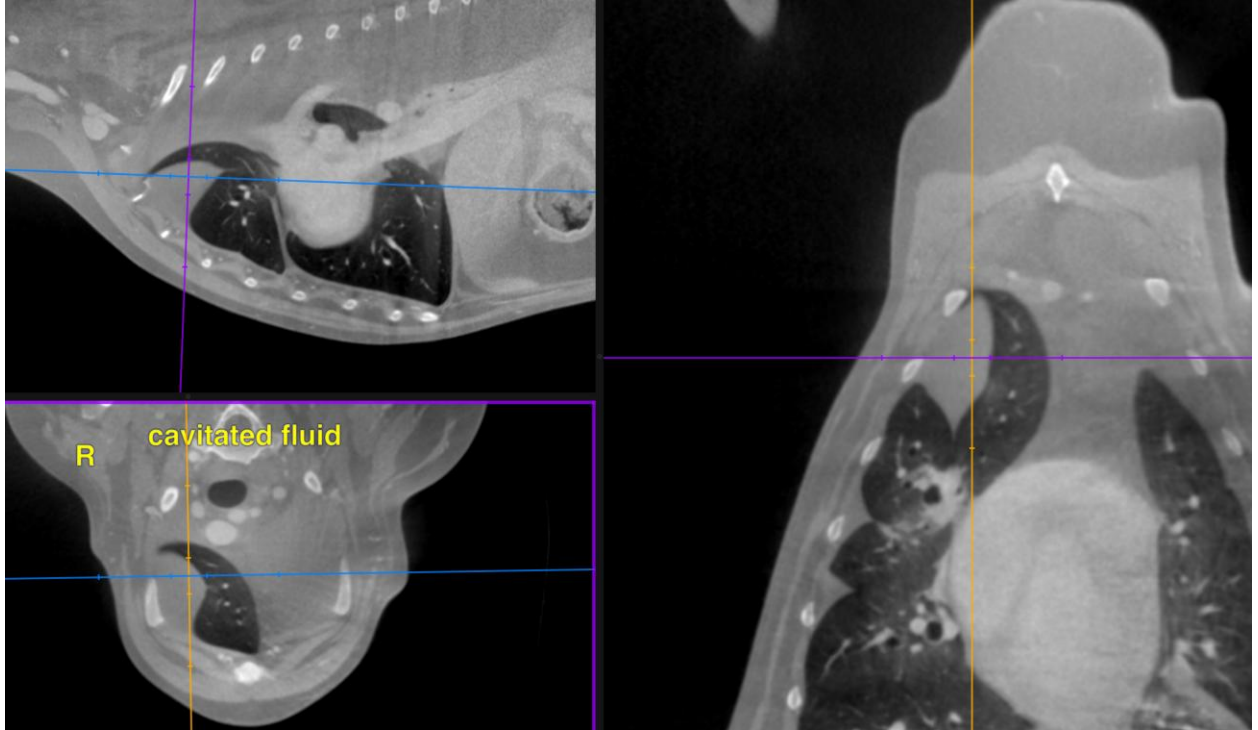
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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