



PATIENT

Zeus Beck

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

9

WEIGHT

20.6kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Zoe H.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Kimberly Winters

INVOICE

73900

DATE

2-23-26

PRESENTING CLINICAL SIGNS

Presented 2/23/26 -Owner reported increased respiratory rate for the last month and acute distress at 1 am today. No medications. No v/d. Had been e/d. Chest tap performed on intake removed opaque white pleural fluid suggestive of chyle. Right before CT was performed chest was tapped again and drained -the fluid looked the same as previously described. 400ml of air was tapped off the left side in between the pre and post contrast studies.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Mild residual fluid is seen in both the right and left pleural spaces. Mild residual air is also present in both pleural cavities (post-tap).

Partial collapse of the lung with rounded lobar margins and retraction of the lobes from the thoracic wall is seen in both hemi thoraxes. Focal bullous areas are present in the ventral and dorsal aspect of the right cranial lung lobe respectively. The remaining lung parenchyma appears normal in attenuation.

Mild cranial mediastinal lymphadenomegaly with the lymph nodes measuring up to 1.0 cm in diameter are seen.

The heart and great vessels appear within normal limits.

No masses or nodules are detected within the thorax.

The trachea and mainstem bronchi are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild bilateral liquido-pneumothorax with partial pulmonary collapse: findings consistent with previous thoracocentesis for chylous effusion.
- Lung changes: partial collapse and bullous area in right cranial lung lobe.
- Mild cranial mediastinal lymphadenomegaly.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings support bilateral chylothorax with secondary partial pulmonary collapse. No discrete lung mass is identified to suggest neoplasia definitively as a cause of effusion. The bullous areas in the right cranial lung lobe may represent regional bullous emphysema/bullae, areas of parenchymal rupture and hemorrhage, and less likely pneumonic or neoplastic nodules.

The mild mediastinal lymphadenomegaly is nonspecific and could reflect reactive change, increased resorption capacity, or mild chronic inflammation.

Evaluation for underlying causes of chylothorax is recommended. Cardiac disease should be ruled out if not yet excluded. Repeat thoracocentesis and repeat imaging could be considered to monitor the bullous areas in the right cranial lung lobe as well as monitoring for secondary lung changes, or infection.



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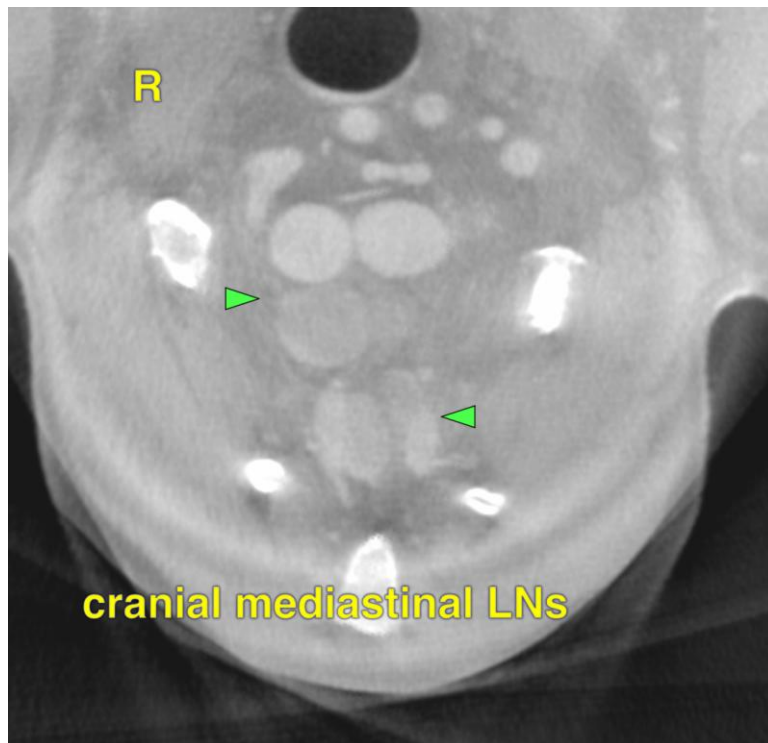
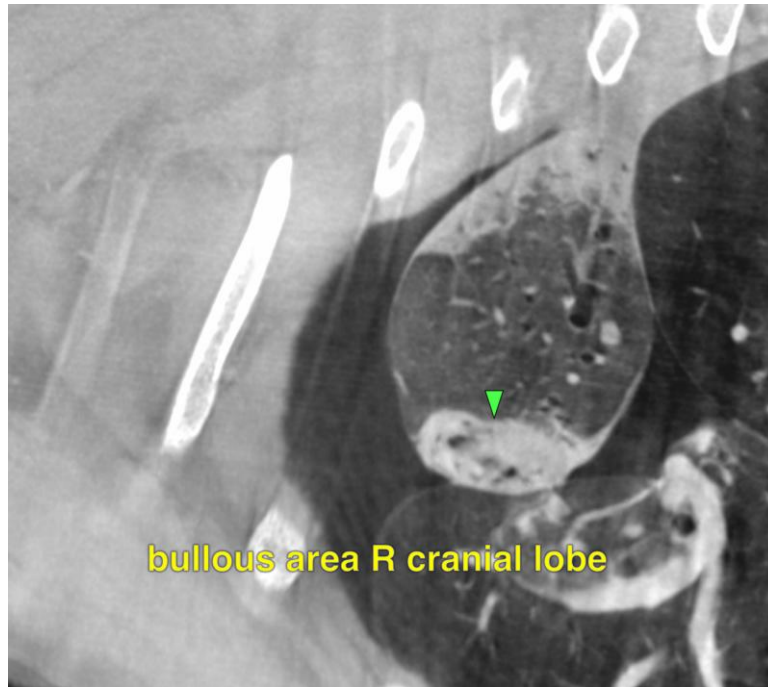
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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