



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Sylvee Bahm  
**SPECIES**  
Canine  
**BREED**  
Toy Poodle  
**SEX**  
F  
**AGE**  
1 Year, 2 Months

Respiratory dyspnea on/off since December 21, 2021. Initially at primary vet presented for acute onset of tachypnea and abdominally breathing, not cyanotic, had been chewing on a chew stick wrapped in bacon the day before. There was an oblong shaped firm mass/foreign body that seemed painful on palpation located in her central cranial abdomen. Primary vet tapped the left side of the chest and a small amount of blood was aspirated which clotted very fast and on cytology showed mostly degenerate PMN's, macrophages and some small lymphocytes. Findings from Vital Rads on the chest radiographs, and echocardiogram submitted: "There is a large amount of pleural effusion causing scalping of the lung lobes import effacement of the cardiac silhouette. The cardiac silhouette size is unable to be assessed due to pleural effusion. Echocardiogram: 12 images submitted for review including cine loops and M-mode. No obvious left atrial dilation seen (LA/Ao: Estimated at 1.4). No left ventricular dilation seen (LV: 1.67cm in diastole). The right atrium and right ventricle appear mildly dilated. The systolic function appears normal. The left ventricular wall thickness appears normal. There is a large amount of pleural effusion. There is concern for consolidated heterogenous lung lobe. No cardiac masses seen. "

The patient was started on an anti-inflammatory and pain medication. At initial exam January 12, 2022 at Casselton Veterinary Service for a CT the patient presented with significant abdominal breathing and weight loss. PE: Tender on palpation of abdomen cranially; abdominal breathing evident throughout exam. Decreased lung sounds ventrally over the right chest wall. Mild rub sounds audible. Pre-surgical bloodwork: Mild increase in ALKP 219 (normal 23-212), globulin 5.5 (normal 2.5-4.5); mild decrease in creatinine 0.4 (0.5-1.8); very severe increase in WBC's: 44,800 (5000-15,000), neutrophils 15,000 (3000-11,600), lymphocytes 16,900 (1000-5000), monocytes 11,900 (160-1100), and platelets 50,000 (125,000-450,000); Estimated platelet count was 257,000 Temperature 103.7. The patient was sent home on Doxycycline and in 4 weeks had improved steadily (Feb 8, 2022). At 8 weeks, O decided to monitor for symptoms since she was basically back to normal after the course of antibiotics. and monitoring CBC WBC counts-also back to normal values. Primary vet suspected a possible congenital diaphragmatic hernia. On April 11, 2022 patient reverted (after being off doxycycline for several weeks) and was again having significant dyspnea, not eating, weight loss. Notes from that exam: abdominally breathing and very tachypneic upon presentation Thoracic rads: pleural effusion again CBC: neutrophilia leukocytosis w/left shift, normocytic, normochromic non regenerative anemia, thrombocytopenia (~4.6plt/hpf w/few megakaryoctes) Chem: hypoalbuminemia, elevated ALP & AMY, hypoglycemia, Na:K =34 A: pleural effusion secondary to possible pericardial or diaphragmatic hernia DDX anemia: loss, chronic dz, neoplasia, open 2 weeks of doxycycline (as she has responded really well to this in the past) and furosemide were rx. CBC on May 9, 2022 all within normal limits. Physical exam on May 11, 2022 was normal.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Casselton Vet Service

**REFERRING VET**

Laurie Huckle

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies available for review.

**INVOICE**

52101

**COMPUTED TOMOGRAPHIC FINDINGS**

There is a mild amount of pleural effusion which is distributed symmetrically between the right and left pleural cavities. Moderate generalized thickening of the pleura is seen accentuating the ventral aspect of the pleural cavities.

**DATE**

5-11-22

The lung lobes are rounded and retracted from the thoracic wall. Occasional interstitial bands are seen as well as mild multifocal atelectatic changes.



**PATIENT** The contours of the diaphragm appear to be intact. No translocation of abdominal organs is seen.

Sylvee Bahm There is no evidence of pericardial effusion.

**SPECIES** Mild to moderate sternal and cranial mediastinal lymphadenomegaly is noted. There appears to be a small thymic remnant which is within age related normal limits. The tracheobronchial lymph nodes are not enlarged.

Canine No obvious cardiomegaly or specific chamber enlargement is noted.

**BREED** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Toy Poodle
- Mild bilaterally symmetric pleural effusion.
  - Mild to moderate sternal and cranial mediastinal lymphadenomegaly.
  - Small thymic remnant.
  - Suspect pleuritis and lung lobe cortication.
  - No diaphragmatic defect seen.

**SEX**

F

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

1 Year, 2 Months The CT study reveals no evidence of a diaphragmatic hernia.

Mild bilateral pleural effusion is noted.

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There is sternal and cranial mediastinal lymphadenomegaly which may reflect reactive hyperplasia. However, lymphadenitis and neoplastic infiltrate cannot be ruled out entirely and ultrasound guided fine needle aspiration or biopsy is recommended for further definition.

To further define the character of the pleural effusion, consider aspiration and analysis of the fluid, if not performed already.

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The pleura changes are likely to reflect pleuritis, fibrin or blood clots, and/or fibrosis.

The lung did not reveal structural changes other than cortication and mild interstitial scarring.

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Canine

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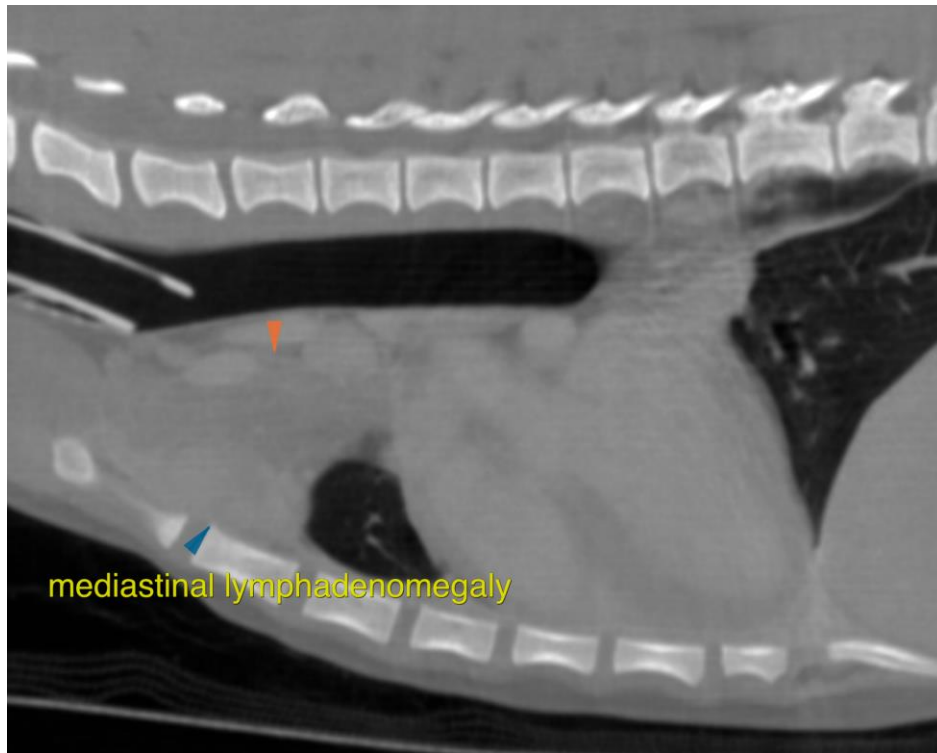
Laurie Huckle

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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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