



PATIENT PRESENTING CLINICAL SIGNS

Sam Allison Presented for exam to establish care and evaluate abnormal breathing. Pt has had abnormal breathing pattern for past month. No syncope, cyanosis, open-mouth panting, or lethargy noted. No known trauma, no environmental changes, no incense/diffusers used in current home. Only mild cough observed. Pt was acquired from 3rd party in 2019 and O reports previous O smoked indoors. O concerned about pt's recent weight loss, said he used to weigh ~25#. Pt also has hx of urinary crystals, was fed urinary rx diet, but diet was discontinued and pt has not developed any signs of abnormal micturition. Pt is indoor only, lives with 1 cat and 1 dog. E/d/u/d wnl, no v/d/s noted. No other health concerns reported.

SPECIES

Feline

BREED

DMH

SEX

MN

Abnormal PE/Chem/CBC/UA Results: BCS 7/9; Cardiac sounds not detected with auscultation; inspiratory wheeze over bilateral caudodorsal lung fields; increased inspiratory effort; gums pink/moist, CRT <2seconds; abdominal palpation soft, non-painful, no overt masses/organomegaly detected Post-rads, thoracocentesis performed - removed ~100mL chylous effusion from R side thorax, no post-thoracocentesis radiograph obtained, pt's inspiratory effort nearly resolved Negative for both FeLV/FIV

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

AGE

5 Years

RADIOGRAPHIC FINDINGS

The chest is expanded.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVCI

The thoracic volume is large.

A large amount of pleural effusion is seen within both pleural cavities.

The lung lobes are retracted from the thoracic wall. The lobar margins are rounded. No overt structural pulmonary changes are seen.

HOSPITAL NAME

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Dorsal elevation of the trachea is noted. The carina is level with the 6th intercostal space which indicates no significant caudal displacement. A pericardial fat stripe sign demarcates the cranioventral contour of the cardiac silhouette.

REFERRING VET

Jeff Popowich

RADIOGRAPHIC DIAGNOSIS

- Severe bilaterally symmetric pleural effusion.
- No significant structural bronchopulmonary changes and no significant intrathoracic mass effect noted.

INVOICE

52001

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both pleural cavities are expanded by a large amount of pleural effusion. The radiographic study did not reveal evidence of structural bronchopulmonary changes, a large mediastinal mass effect, or other. Assessment of the mediastinal structures and part of the lung, however, is obscured.

DATE

5-4-22

The diagnoses of idiopathic chylous effusion requires at least a negative echocardiogram so echocardiography would be the next reasonable step in this patient and if the owners are interested in pursuing double or triple surgery. In idiopathic chylous thorax, a CT of the thorax



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should be considered in order to rule out structural pathology with higher diagnostic accuracy prior to surgery.

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REFERRING VET

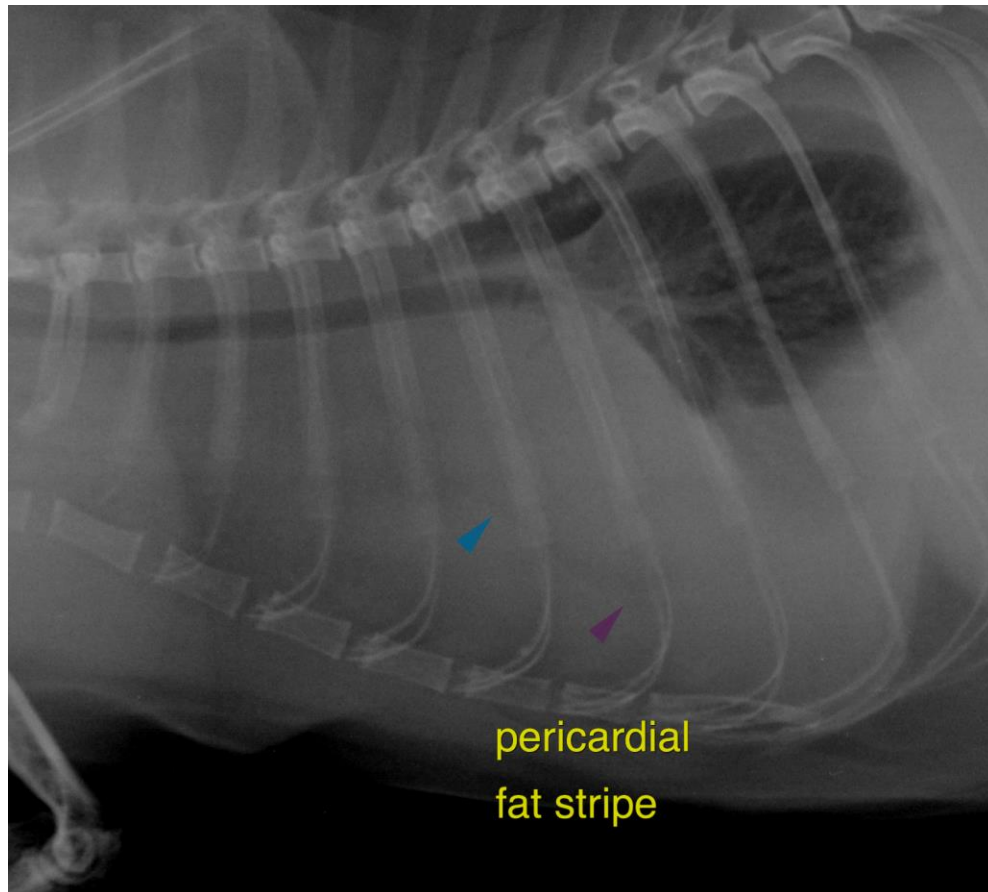
Jeff Popowich

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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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