



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Rocky Rosacker  
**SPECIES** Canine  
**BREED** Labrador Retriever  
**SEX** Neutered Male

Hemothorax: Pt presented dyspneic and cyanotic. Chest radiographs revealed pleural effusion. Chest tap revealed hemothorax, still unsure of cause and if pericardial effusion is present. CBC/CHEM/4Dx/PT/PTT have all been ran and seem otherwise normal. PTT is 108 seconds (slightly above normal). An echo is scheduled on 7/23 to hopefully find a cause for effusion. Owner notes no history of trauma and that he was just lethargic this AM. Started on Vit.K, but owner says there is no access to rodenticide. Heart auscults WNL. Euhydrated. T 99.2. Poss pop LN enlargement and poss prescap enlargement as well. Multiple SQ masses all over. Rechecked a PCV this morning since effusion was frank blood- holding at 35. Had Britt locate the pleural effusion tapped from last night and run a PCV- 36. Took 3 view repeat chest rads and abdominal rads this morning. Chest rads- possible met/ LN enlargement and widened mediastinum. Improved effusion from intake rads. . Prelim echo- no heart base mass, normal findings. Sent off chest rads- mediastinal widening, alveolar pattern, poss splenomegaly, mild pneumo (likely from tap). Echo back and report indicates stage B1 heart disease (no meds) and mild pulmonary hypertension (but tx not recommended). Pt breathing well at room air and rest comfortably with the trazodone on board.

Abnormal PE/Chem/CBC/UA Results: CBC - RBC 5.21 M/uL Hematocrit 34.2 % Hemoglobin 12.1 g/dL Lymphocytes 0.78 K/uL Eosinophils 0.05K/uL Citrated partial Thromboplastin 108 sec

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Small and medium sized thoracic wall lipomas are seen.

A moderate amount of pleural effusion is seen in the dorsal dependent portions of both pleural cavities.

There is a mild amount of free pleural and caudal mediastinal air.

The lung lobe margins are retracted from the thoracic wall and rounded. A peribronchial and peripheral alveolar infiltrate is distributed multifocally through all lung lobes. The left caudal lung lobe presents lobar atelectasis.

A 4.0 cm sized irregular shaped and ill-defined heterogeneously enhancing mass is seen in the right cranial and dorsal thorax lateral to the trachea level with the 2<sup>nd</sup> through 4<sup>th</sup> ribs. No aggressive osteolytic changes of the ribs or vertebrae are seen.

The mediastinal lymph nodes present within normal limits.

There is no evidence of trauma to the thoracic wall.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Moderate bilaterally symmetric pleural effusion known to represent hemothorax
- Presumably iatrogenic mild pneumothorax and pneumomediastinum.
- Multifocal and lobar atelectasis of the lung secondary to partial collapse.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Neel Veterinary  
 Hospital

**REFERRING VET**

Dr. Deepan Kishore,  
 Dr. Tina Neel

**INVOICE**

53053

**DATE**

7-25-22



**PATIENT**

- Enhancing soft tissue mass in the cranial and dorsal aspect of the right hemithorax.

Rocky Rosacker

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The CT study reveals presence of a faintly delineated 4.0 cm sized soft tissue mass in the cranial and dorsal aspect of the right hemithorax. Differential diagnosis includes neoplasia such as soft tissue sarcoma and round cell neoplasia as well as less likely organizing hematoma and granuloma. Final diagnosis will require sampling and histopathology. The mass is in an unfavorable position for ultrasound guided sampling. Thoracoscopic or thoracotomic sampling could be considered.

Canine

**BREED**

Labrador Retriever

**SEX**

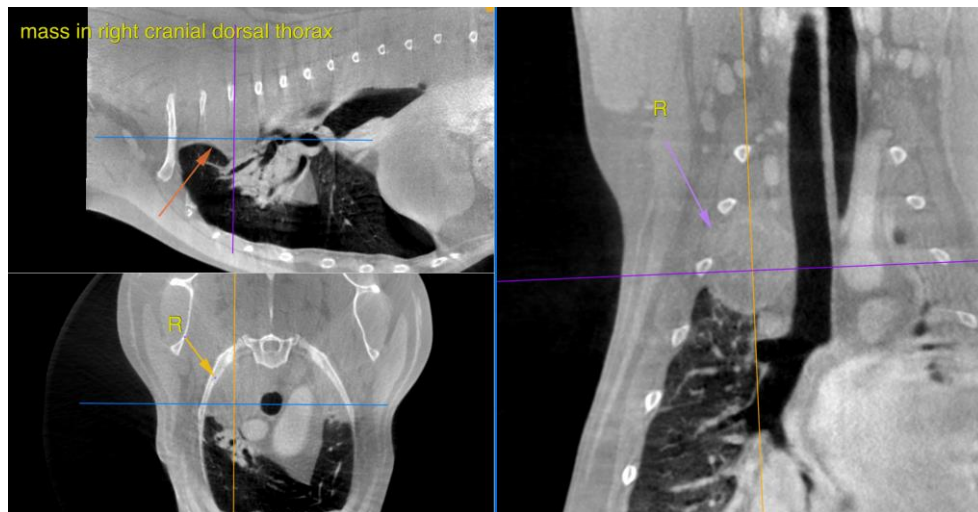
Neutered Male

**AGE**

8 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI



**HOSPITAL NAME**

Neel Veterinary Hospital

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.

**REFERRING VET**

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.

Dr. Deepan Kishore,  
Dr. Tina Neel

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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