**PATIENT**

Hank Hixson

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

7 Years

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Wilson Veterinary  
Hospital**REFERRING VET**

Dr. Donovan

**INVOICE**

53786

**DATE**

8-29-22

**PRESENTING CLINICAL SIGNS**

Patient presented with dyspnea to Richmond Veterinary Hospital 8/23 and radiographs revealed significant pleural effusion in the right hemithorax. Initial samples were consistent with either pyothorax or chylothorax in appearance, fluid analysis and C+S were submitted (see attached lab results). Patient then had an indwelling chest tube for 72 hours and the fluid became progressively consistent with hemothorax. Chest tube removed on 8/27/22 AM

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Patient has a history of pleural effusion and chest tubing.

Soft tissue swelling and emphysema are seen in the right thoracic wall. There also is mild pneumomediastinum which is all likely due to the prior chest tubing.

At this time, no evidence of pleural effusion is seen in either of the pleural cavities. There is no evidence of mediastinal effusion.

There are no pleural changes noted.

The mediastinal lymph nodes present within normal limits.

Mild left sternal lymphadenomegaly is noted.

There is a well delineated ovoid 3 x 4 x 4 cm sized cranioventral mediastinal soft tissue mass which is uniformly soft tissue attenuating with peripheral rim enhancement. Mild fat stranding of the mediastinal fat is seen caudal to this mass and cranial to the cardiac silhouette.

There is no evidence of pericardial effusion or tracheobronchial lymphadenomegaly.

The trachea and esophagus present within normal limits.

No structural bronchopulmonary changes are noted.

A small left divisional liver cyst is seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- No evidence of residual pleural effusion.
- Presumably iatrogenic thoracic wall edema and pneumomediastinum.
- Cranioventral mediastinal lipoma.
- Mild sternal lymphadenomegaly.
- Normal CT presentation of the lung and mediastinal lymph nodes.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The underlying cause of the pleural effusion is unclear at this time. No residual effusion is noted.

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There is a cranioventral mediastinal lipoma which is unlikely to cause a significant mass effect or tissue erosion to cause pleural effusion.

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No structural pulmonary changes are noted.

Pyo-, hemo-, and chylo-thorax appear to be the most likely differential diagnoses based on the synthesis of the clinical history and CT findings and narrow monitoring for relapse is recommended at this time since no structural changes as underlying cause of the pleural effusion can be identified.

**SEX**

MN

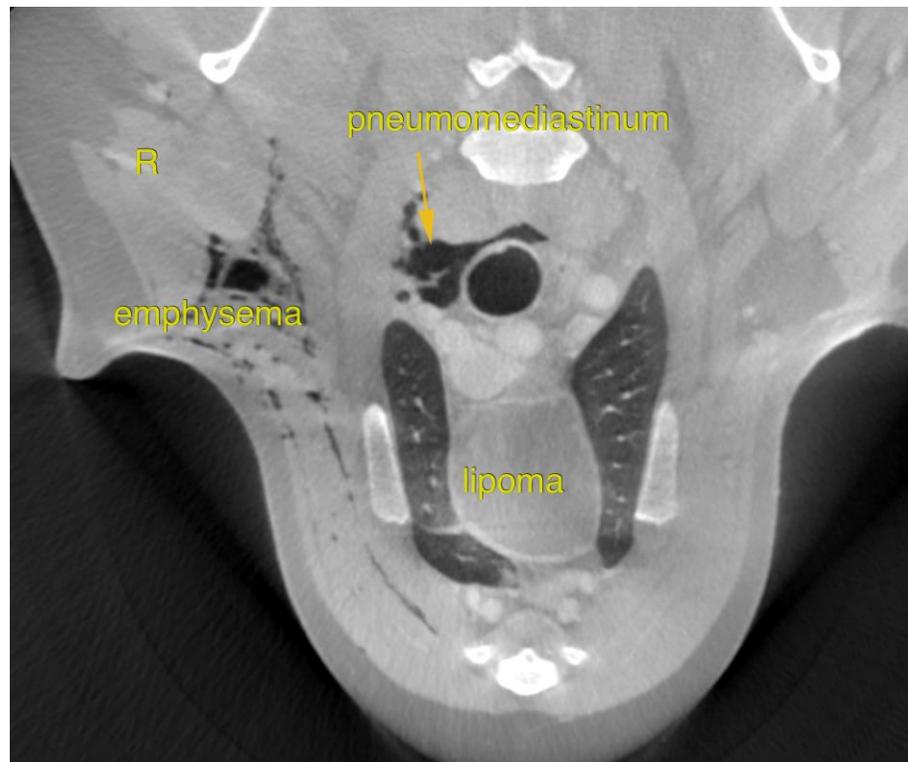
The sternal lymphadenomegaly is likely due to the increased resorptive capacity due to the chest wall changes and/or pleural effusion. Reactive hypoplasia is thought likely. A neoplastic infiltrate can never be ruled out entirely, however, there are no significant signs of which.

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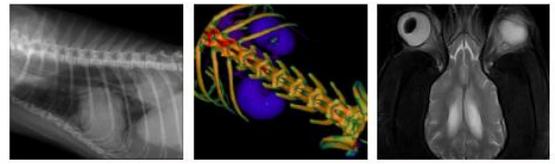
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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