



PATIENT PRESENTING CLINICAL SIGNS

Ginger Berger Pet has Hx of soft tissue sarcoma that required a left FL amputation. Recurrence that was treated by oncologist and then in March of this year pet started with the pleural effusion. More recently pet has been needing more frequent thoracentesis to remove fluid. Recent cytology revealed a modified transudate with no obvious cells for neoplasia. Suspect inflammatory.

SPECIES

Feline COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

BREED

COMPUTED TOMOGRAPHIC FINDINGS

DSH

The patient has a history of soft tissue sarcoma in the left thoracic limb and left thoracic limb amputation.

SEX

Female Spayed

A moderate amount of pleural effusion is seen within both pleural cavities. Mild generalized thickening of the visceral and parietal pleura is seen without evidence of nodular lesions or mass effects.

There is no evidence of a mediastinal mass. The mediastinal lymph nodes present within normal limits.

AGE

4 Years, 1 Month

The lung lobes are retracted from the thoracic wall and rounded. Partial atelectasis of the lung is noted. No structural lung changes are seen.

There appears to be a mild amount of pericardial effusion as well. No evidence of atrial enlargement is noted. There is no evidence of cardiac tamponade.

INTERPRETED BY

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

The included abdominal structures present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilaterally symmetric pleural effusion with partial pulmonary collapse.
- No evidence of structural bronchopulmonary pathology.
- No evidence of mediastinal mass effects.
- Mild pericardial effusion.
- History of sarcoma and left thoracic limb amputation.

HOSPITAL NAME

Mobile Pet Imaging

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Ciruta

The CT findings are unspecific. No evidence of underlying bronchopulmonary pathology or mediastinal pathology is seen in the CT study. Mild pleural thickening presumably compatible with pleuritis due to longer standing effusion is noted. The effusion itself may represent transudate, modified transudate, and exudate as well as chylous or hemorrhage in general. However, appears to be a modified transudate based on the patient history which can represent paraneoplastic effusion as well as pleuritis/inflammatory effusion.

INVOICE

59652

Note the presence of minimal pericardial fluid. At this time, there is no evidence of cardiac tamponade.

DATE

8-3-23



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Ginger Berger

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BREED

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AGE

4 Years, 1 Month

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HOSPITAL NAME

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REFERRING VET

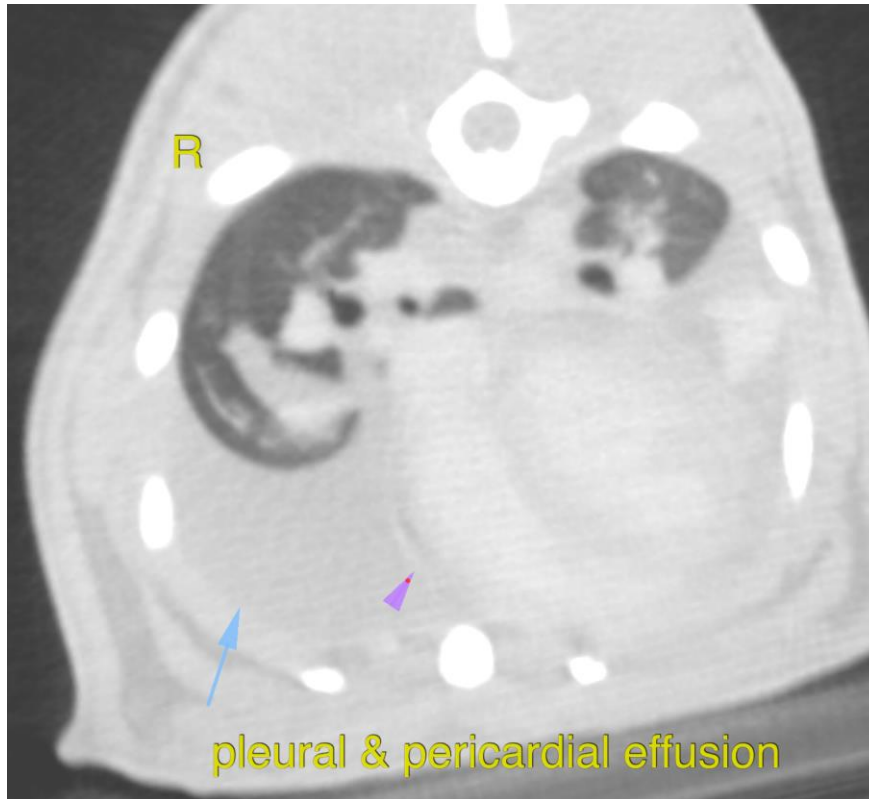
Ciruta

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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.

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