



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Bruce Markes

**SPECIES**  
Feline

Bruce has transferred to the care of the internal medicine service for his pleural effusion and respiratory distress. He did well over the night following thoracocentesis (400ml). Evaluation of cytology of pleural fluid was consistent with chylothorax but cytology is pending. Based off of this Bruce is being screened with echocardiogram for underlying cardiac causes and potential pursuit of CT scan vs awaiting pending cytology. Surgical intervention is likely to be pursued if idiopathic chylothorax is diagnosed.

**BREED**  
DSH

**SEX**  
MN

**AGE**  
4 Years

Abnormal PE/Chem/CBC/UA Results: Presenting Complaint: Labored breathing Significant PE Findings: Tachypneic with moderate effort. Decreased lung sounds bilaterally. DIAGNOSTICS: TFAST: large amount of pleural effusion bilaterally (L >> R) with few fibrin strands; no pericardial effusion noted CBC: WNL Chem-17: ALP 13 Lytes: WNL PCV/TP: 36%/7.8g/dl, clear serum ProBNP SNAP: normal 2v CxR (post thoracocentesis): mild to moderate amount of residual pleural effusion, primarily in the L cranial thorax; no pulmonary nodules/masses in visible lung fields; unable to visualize/assess cardiac silhouette In house fluid cytology: no bacteria noted Fluid analysis/cytology pending at IDEXX Client Discussion: Discussed hx, PE findings, and cFAST findings with owner. Advised that patient has pleural effusion. Discussed pleural effusion at length – what it is, possible etiologies/ddx, diagnostics, treatment (definitive treatment depends on underlying etiology), and prognosis. Recommended CBC/Chem/lytes, PCV/TP, ProBNP SNAP, thoracocentesis (may require multiple), fluid analysis/cytology to IDEXX, CxR +/- rad review, and hospitalization for 36-48hr to start for oxygen supplementation, monitoring, supportive care, and more definitive treatments pending underlying etiology.

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

A mild amount of pleural effusion is seen within both pleural cavities. The fluid accumulated preferentially in the cranioventral aspect of both pleural cavities. However, no cavitation is seen. There is mild generalized visceral and parietal pleural thickening.

The lung lobe margins are retracted from the thoracic wall and rounded. Partial atelectasis of the left cranial and accessory lung lobes is seen. Lobar atelectasis of the right middle lobe is noted. The remainder of the lung is aerated and presents no evidence of structural changes.

There is no evidence of a mediastinal or pleural mass.

No cardiac enlargement is noted. The right and left atrium present within normal limits and no evidence of enlargement. There is no evidence of pericardial effusion.

Note the presence of a cortical renal artifact in the right kidney.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild bilaterally symmetric pleural effusion.
- Partial lung collapse.
- No evidence of structural bronchopulmonary changes.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Dr. Rory Applegate

**INVOICE**

54055

**DATE**

9-12-22



**PATIENT**

Bruce Markes

- No evidence of cardiovascular pathology.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals no evidence of structural bronchopulmonary changes. No evidence of cardiovascular pathology and no significant mediastinal changes are noted. The negative CT findings support the potential of idiopathic chylothorax. Note that the diagnostic accuracy of CT is limited with regards to cardiac pathology and a full cardiac echo should be performed if not done so already.

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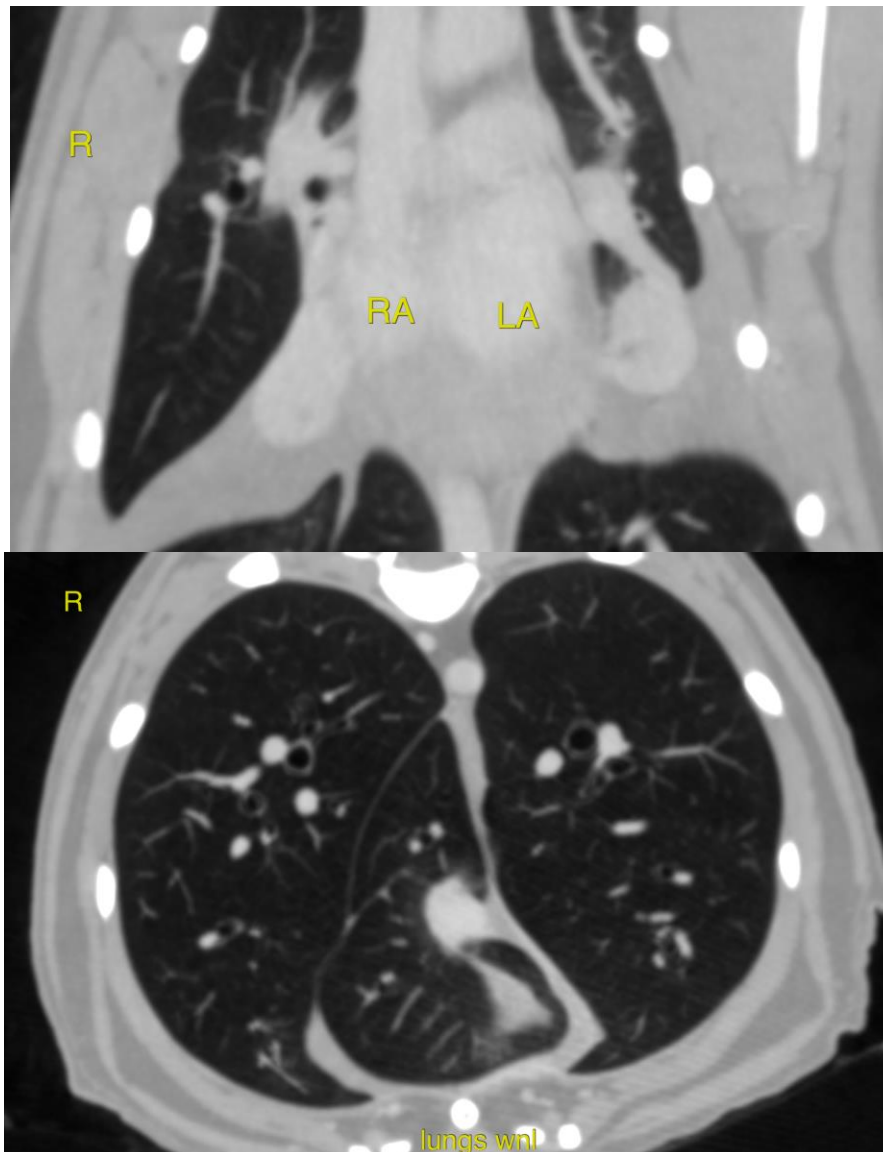
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**PATIENT**

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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.

**SPECIES**

Feline

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
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