



PATIENT

Lucca Andre Reyes

SPECIES

Canine

BREED

Mixed

SEX

M

AGE

7

WEIGHT

43

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

JD Veterinary Imaging
Center

HOSPITAL NAME

Juana Diaz Animal
Hospital

REFERRING VET

Dr Jose Rivera Torres
DVM

INVOICE

73412

DATE

1-21-26

PRESENTING CLINICAL SIGNS

History:

- Referred for ct scan after presented to er with pleural effusion (classified as hemorrhage with mesenchymal cells). Thoracocentesis was performed on 1/19 and today 1/21 removing more than 1.5 l of sanguineous fluids both times.

COMPUTED TOMOGRAPHY OF THE THORAX

A pre- and post-contrast CT study of the thorax in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The bony and surrounding soft tissue structures are within normal limits.

In the pleural cavity, a moderate amount of gravity dependent, fluid attenuating material is appreciated. The lung lobes are retracted from the thoracic wall by the fluid attenuating material and present a decreased volume with zones of dystelectasis. The aerated aspects of the lung present the expected architecture.

The pleural lining in the ventral aspects is mildly prominent and increased contrast enhancing.

In the caudodorsal aspect of the pleural cavity, a small volume of free gas is seen.

The sternal lymph nodes are prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pleural effusion
- Lymphadenopathy sternal lymph nodes
- Mild pleural thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the history of pleural effusion but fail to present an underlying cause. Potentials for pleural effusion include chylothorax, inflammatory (e.g. pyothorax), systemic disease (e.g. pancreatitis, hepatic disease, nephropathy), hypalbuminemia, neoplasia (e.g. mesothelioma), vasculitis. If results of the fluid analysis are suggestive for underlying neoplastic disease, a pellet of the pleural effusion can be sent in for histopathological examination. A diagnostic thoracoscopy can be also used to check for pleural lesions not appreciated via CT.

The prominent regional lymph nodes are suggestive for reactive lymphoid hyperplasia secondary to the pleural effusion – ultrasound guided FNA sampling can be tried for confirmation.



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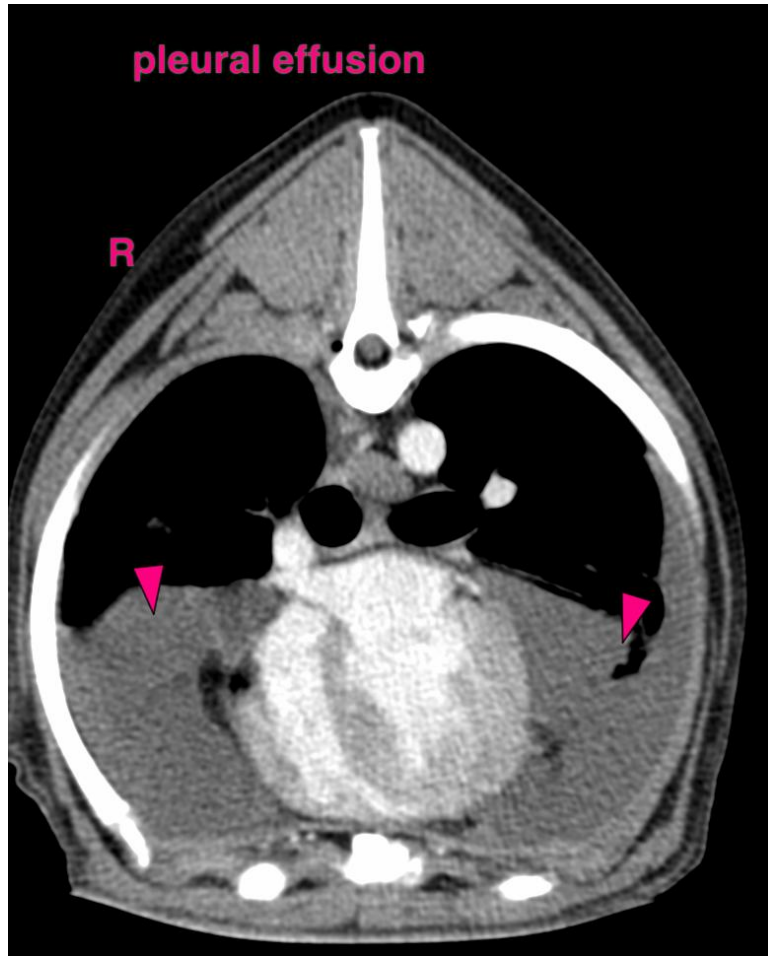
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com