



PATIENT PRESENTING CLINICAL SIGNS

Lolly Gantz Coughing noted in October with new heart murmur. Blood pressure normal then and overall NSF on BW. Previous rads showed moderate left sided cardiomegaly, left atrial enlargement and redundancy of the trachea. Echo performed showing mitral and tricuspid valve disease and left sided enlargement. Started on vetmedin 2.5mg PO BID. P did well until 3 days ago after running out of Vetmedin a week ago. Increased respiratory rate with abdominal effort. Crackles noted. P has received torb and 4 doses of lasix (4mg/kg each time). Doing better, but cyanotic if stressed.

SPECIES

Canine

BREED

Maltipoo

SEX

Female Spayed

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Boca Park Animal
Hospital

REFERRING VET

Hill

INVOICE

49354

DATE

1-5-22

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

A moderate amount of soft tissue material is seen in the pleural space; the lung lobes are retracted from the thoracic wall and present a reduced volume. A generalized ground-glass opacification of the lung parenchyma is present. Pleural fissure lines are visible.

The cardiac silhouette is effaced by the pleural soft tissue material.

A redundant tracheal membrane is present.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

The serosal peritoneal detail appears to be reduced.

RADIOGRAPHIC DIAGNOSIS

- Significant pleural effusion
- Possible peritoneal effusion
- Dystelectasis of the lung
- Redundant tracheal membrane

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural effusion is explaining the current deterioration of the clinical signs. Differentials for the bicavitary effusion include infection, inflammation (e.g. vasculitis), neoplasia (e.g. lymphosarcoma, mesothelioma), pancreatitis, pleuritis, cardiac disease, hepatic disease, hypoproteinemia or trauma. Tapping of the effusion and fluid analysis was already performed, regarding the history. Surgical biopsy of the pleura or peritoneum may be considered to check for underlying mesothelioma. An underlying cause for the pleural effusion is not appreciated in the current radiographic study and transudate or exudate are potentials. If not done so yet, tapping the pleural effusion is mandatory for further workup and decision making of potential advanced diagnostic tests. Ultrasound can be used – using the pleural effusion as acoustic window – to screen for mediastinal pathology. Check the abdomen as well.



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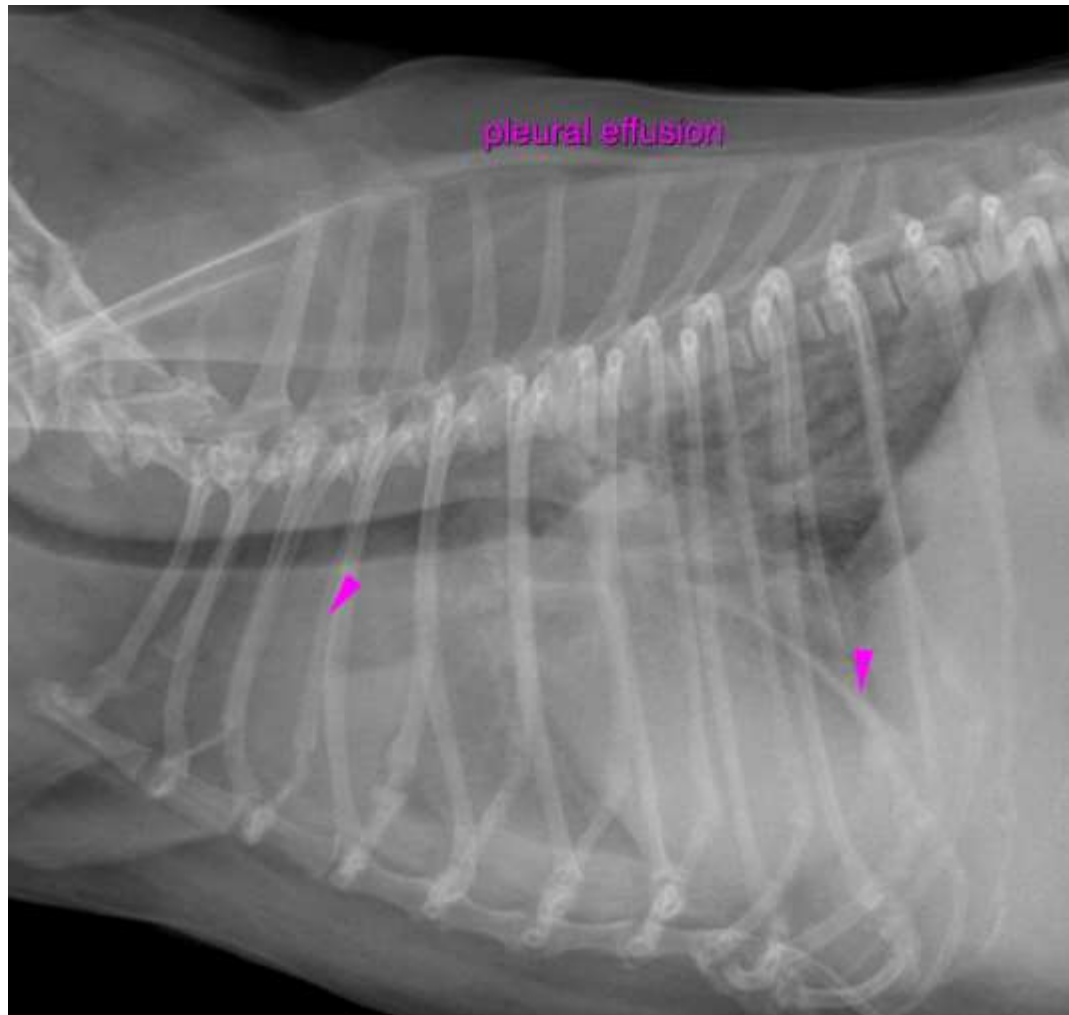
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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