



## PATIENT

Pepper Fidow

## SPECIES

Feline

## BREED

DSH

## SEX

Female

## AGE

10Y

## WEIGHT

4.55kg

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Jin Tan

## HOSPITAL NAME

Colyton Veterinary  
Hospital

## REFERRING VET

Jin Tan

## INVOICE

72607

## DATE

11-12-25

## PRESENTING CLINICAL SIGNS

Patient was initially presented for dyspnoea, radiographs showed pleural effusion and thoracocentesis performed. Chest drained was applied and routinely drained. Follow up rads show a possible radiopaque structure in cranial chest cavity

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of the thorax are provided for review totaling 5 series. One pre-contrast series of the thorax, soft tissue algorithm. One pre-contrast series of the thorax, lung algorithm. One pre-contrast series of the thorax, bone algorithm. Two post-contrast series of the thorax, soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

The thoracic trachea is dorsally displaced, normal wall. The mainstem bronchi are within normal limits.

There is a moderate volume of hypoattenuating pleural effusion, bilaterally. No evidence of pleural thickening. Associated pulmonary ventral retraction and mild, diffuse ground-glass attenuation are present. No evidence of pulmonary soft tissue nodules or masses.

The cardiac silhouette is moderately to severely enlarged, with marked left atrial prominence. The caudal pulmonary vessels are mild distended. The cardiac chambers and major vessels enhance appropriately on post-contrast images.

The sternal and at least two cranial mediastinal lymph nodes are mildly enlarged but maintain normal attenuation. The tracheobronchial lymph nodes are within normal limits.

The ribs, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus contains a small amount of intraluminal gas.

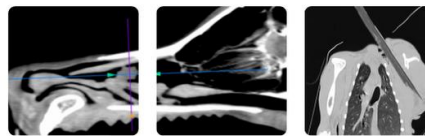
A thoracic tube is positioned within the right hemithorax.

In the limited abdominal field of view, there is discrete retroperitoneal fat stranding appearance.

Multifocal incomplete bridging ventral vertebral endplate osteophytes are present in the cervical spine.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate to severe cardiomegaly with marked left atrial enlargement and mild distended caudal pulmonary vessels. Differential diagnoses include cardiomyopathy. Possible cardiogenic causes of pleural effusion (e.g., congestive heart failure).
- Moderate bilateral pleural effusion causing pulmonary retraction and mild diffuse ground-glass attenuation. Differential diagnoses include for the lung fields, pulmonary atelectasis or early pulmonary edema.
- Mild sternal and cranial mediastinal lymphadenopathy. Differential diagnoses include reactive, less likely neoplasia, lymphoma.
- Thoracic drain positioned in the right hemithorax
- Scant retroperitoneal effusion.
- Incidental cervical spondylosis deformans.



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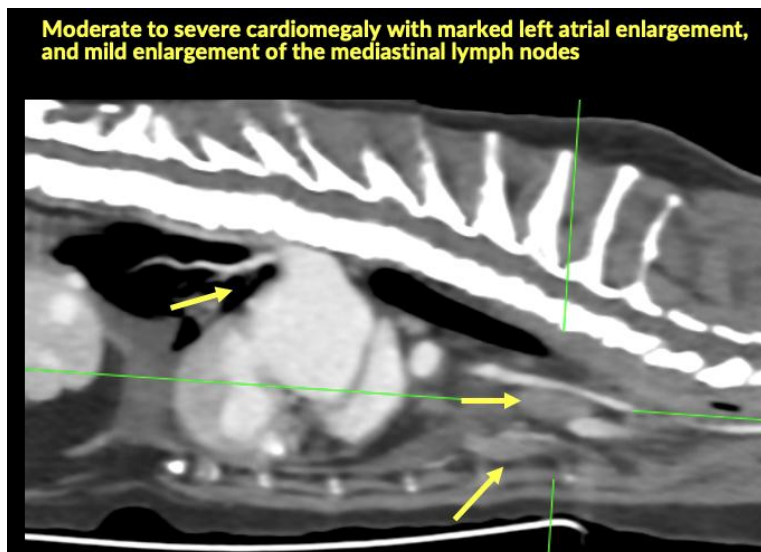
## DATE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates moderate bilateral pleural effusion associated with cardiomegaly and marked left atrial enlargement, findings that suggest a cardiogenic etiology for the pleural effusion. Echocardiography is recommended to evaluate cardiac morphology and function, and to confirm and classify the underlying cardiac disease. It is important to consider that dexmedetomidine can produce false-positive signs of cardiomegaly; if this drug was administered, this differential should be taken into account. However, the magnitude of the left atrial enlargement observed is not typically associated with this medication-related effect.

The mild mediastinal lymphadenopathy is likely reactive; however, early-stage round cell neoplasia cannot be completely excluded, comparison with the pleural fluid laboratorial analyses and cytology are suggested.





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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.

**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
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