



## PATIENT

Coral Canales

## SPECIES

Canine

## BREED

Small Mixed Breed

## SEX

F

## AGE

11Y

## WEIGHT

13.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Marlon Carrillo, DVM

## INVOICE

75277

## DATE

6-3-26

## PRESENTING CLINICAL SIGNS

Coral was referral from Dra C Vega for further assessment and cardiac work after diagnosed with heart murmur and pleural effusion.

She was diagnosed about one months ago and started on Pimo 2.5mg po bid, Furosemide 12.5mg po bid and enalapril 2.5mg po bid.

AT that time rDVM retrieved 20cc of fluid. On PE heart sounds were muffled. No recent blood work. Submitted a Senior profile to Antech

an pending. She seems depressed and ADR however owner reported she is doing OK at home and eating just fine. MM pale to pink.

Office: (877) 727-6800

Fax: (877) 870-4890

Tech Support (24/7): [support@antechimagingservices.com](mailto:support@antechimagingservices.com)

AIS Consultation Report (14 May 2026 - 10:11 AM EDT)

BP 168

Ultrasound was also performed and pyometra was suspected.

Thoracocentesis retrieved about 200cc of clear yellow fluid. No mass seen on mediastinum or lymphadenopathy. Fluid submitted for

cytologic evaluation and fluid analysis RESULTS: Protein-rich (modified) transudate.

Recommended CT thoracic area dur to recurrent pleural effusion of unknow origin.

Abnormal PE/Chem/CBC/UA Results: CBC --- mild thrombocytosis CHEM --- unremarkable Echocardiogram: 28 images submitted for review including cine, color/spectral Doppler and M-mode.

The left atrium is normal in size (LA: 2.05 cm, LA/Ao: 1.44-measured in short axis). The left ventricle is normal in size (LV: 2.3 cm diastole). No right atrial or right ventricular dilation seen. The systolic function is normal (FS: 56%). The left ventricular wall thickness is normal. The mitral valve leaflets are thickened. A regurgitation is seen across the mitral valve measuring 6.4 m/s. The pulmonic outflow velocity is normal at 0.9 m/s. A small amount of pleural effusion with thickened pleura is seen. No pericardial effusion seen. No cardiac masses seen.

The left atrium is normal in size (LA: 2.05 cm, LA/Ao: 1.44-measured in short axis). The left ventricle is normal in size (LV: 2.3 cm diastole). No right atrial or right ventricular dilation seen. The systolic function is normal (FS: 56%). The left ventricular wall thickness is normal. The mitral valve leaflets are thickened. A regurgitation is seen across the mitral valve measuring 6.4 m/s. The pulmonic outflow velocity is normal at 0.9 m/s. A small amount of pleural effusion with thickened pleura is seen. No pericardial effusion seen. No cardiac masses seen.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of the thorax is provided for review totaling 2 series. One pre-contrast series of the thorax (bone algorithm). One post-contrast series of the thorax (soft tissue algorithm).

## COMPUTED TOMOGRAPHIC FINDINGS

Moderate-volume bilateral pleural effusion is present, gravity-dependent and predominantly caudodorsal in distribution, with homogeneous fluid attenuation. No pleural mass, pleural nodularity, pleural thickening of significance, or pleural pannus is identified.

Mild passive retraction of the pulmonary lobes secondary to the pleural effusion is present, resulting in small peripheral dependent areas of subsegmental atelectatic consolidation and thin parenchymal bands. The remaining pulmonary parenchyma is unremarkable, without evidence of pulmonary nodules, or masses.

A mildly enlarged cranial mediastinal lymph node is present (1), measuring approximately 1.6 × 0.8 cm, maintaining normal shape and homogeneous attenuation. The sternal and tracheobronchial lymph nodes are within normal limits.

The trachea, mainstem bronchi, and bronchial tree are unremarkable.



## PATIENT

Coral Canales

## SPECIES

Canine

## BREED

Small Mixed Breed

## SEX

F

## AGE

11Y

## WEIGHT

13.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Marlon Carrillo, DVM

## INVOICE

75277

## DATE

6-3-26

Cardiac silhouette, pulmonary arteries, pulmonary veins, and major thoracic vessels are within normal limits. No intraluminal filling defects are identified. No pericardial effusion is present.

The mediastinum, thoracic esophagus, diaphragm, and thoracic wall are unremarkable.

Incidental bilateral hypoplasia of the T13 floating ribs is noted.

Included Cranial Abdomen

Small volume hyperattenuating dependent material is present within the gallbladder lumen, consistent with biliary sediment/sludge.

Small mineral attenuating foci are present within the right renal pelvis/diverticula, compatible with nephrolithiasis or dystrophic mineralization.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

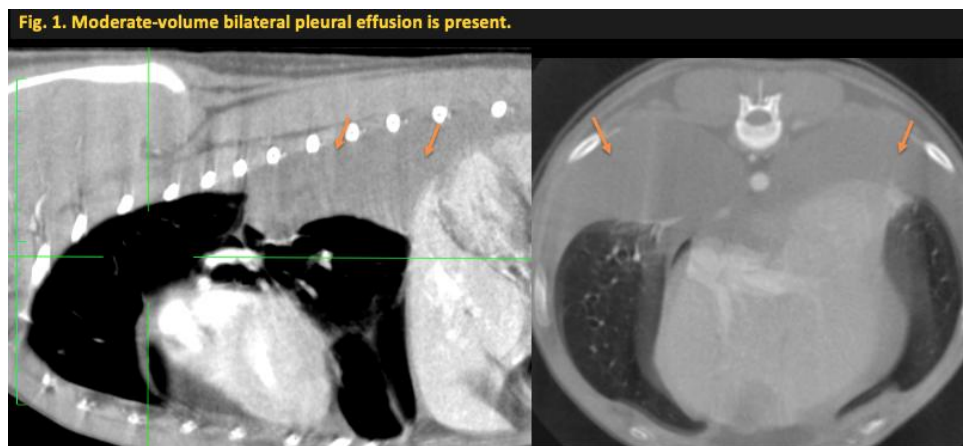
- Moderate bilateral pleural effusion with mild secondary compressive atelectatic changes of the adjacent pulmonary parenchyma.
- Mild enlargement of a cranial mediastinal lymph node, likely reactive/nonspecific.
- Cardiac silhouette and major thoracic vasculature are within CT limits of normal.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate moderate recurrent bilateral pleural effusion associated with mild passive pulmonary atelectatic change. No intrathoracic mass, pleural-based lesion, significant mediastinal disease, or pulmonary parenchymal abnormality is identified to explain the effusion. However, early diffuse pleural infiltrative disease, including mesothelioma, cannot be entirely excluded.

Given the recurrent modified transudative pleural effusion and absence of an identifiable intrathoracic cause, consideration should be given to systemic causes of effusion, including inflammatory disease, hypoalbuminemic states, lymphatic dysfunction, and less likely occult pleural neoplasia.

Correlation with clinicopathologic findings is recommended. If no underlying etiology is identified on further workup, thoracoscopy may be warranted for definitive diagnosis.





## PATIENT

Coral Canales

## SPECIES

Canine

## BREED

Small Mixed Breed

## SEX

F

## AGE

11Y

## WEIGHT

13.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Marlon Carrillo, DVM

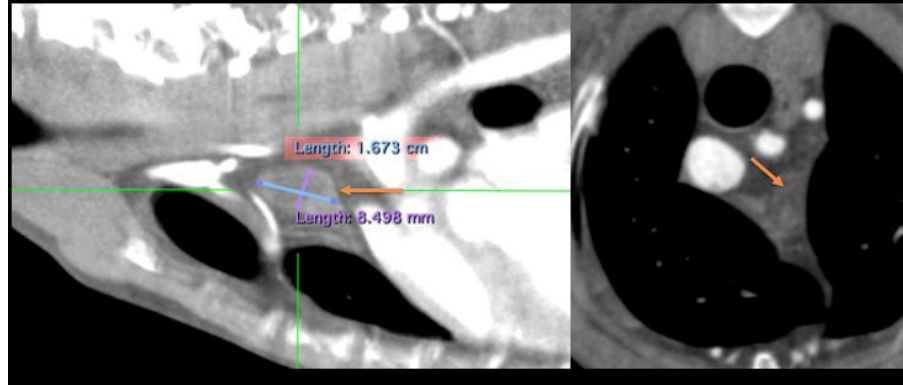
## INVOICE

75277

## DATE

6-3-26

**Fig. 2. Mild enlargement of a cranial mediastinal lymph node with preserved shape and homogeneous attenuation.**



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**  
[info@sonopath.com](mailto:info@sonopath.com)