

**THORACOCENTESIS TO RELIEVE HYDROTHORAX:
THE FIRST REPORT AT THE VETERINARY TEACHING HOSPITAL (VTH)**

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This paper describes the use of thoracocentesis in relieving severe dyspnoea caused by hydrothorax in two canine patients. Two male German Shepherds, 5 and 6 months of age, were presented to the Veterinary Teaching Hospital with the complaint of respiratory distress and anorexia for two days. The dogs showed thoraco-abdominal type breathing shortness of breath, severe dyspnoea, "extended neck" type breathing, and preferred to be in standing posture. Both had hyperthermia, tachypnoea and tachycardia. Their mucosae were cyanosed and abdomens were distended due to hepatomegaly, splenomegaly and ascites. Their body condition was poor, showed marked exercise intolerance and would become cyanosed with slightest stress. Pleural pain was elicited by firm palpation of the intercostal spaces. Auscultation revealed rales and "tight" crackles and breath sounds were less audible. Middle and ventral lobes of entire lung had a dull percussion note and diminished breath sounds. Radiography, ultrasonography, electrocardiography and haematology were also used in confirmatory diagnosis.

Thoracocentesis was performed to relieve discomfort as a result of hydrothorax. At the eighth intercostal space a 21 G needle was inserted just cranial to the rib and ventral to the costochondral junction. At the proper placement of the needle the effusion in the pleural space gushed out of the thorax, the needle was kept at an angle (cranially inclined) to avoid piercing the lung tissue. When a friction rub was felt with inspiration, the needle was withdrawn back to prevent damage to lung tissue. When lungs started expanding freely, the needle was gradually withdrawn back. A total volume of 900 ml (left side 600 ml, right side 300 ml) was removed from one case, while 1200 ml (left side 800 ml, right side 400 ml) was removed from the other. The fluid thus removed was an amber colored transudate. The dogs were on an antibiotic cover for one week and a diuretic was initiated as a prophylactic measure. Parenteral amino acid supplement was given intravenously to reduce hypoalbuminemia.

This technique was very successful in relieving dyspnoea and follow-up evaluations confirmed complete recovery from the clinical cause.