**Thoracocentesis**

Pleural effusion decreases the available area for alveolar ventilation and thus arterial oxygenation. Thoracocentesis is the most effective treatment in animals with significant volumes of effusion and respiratory distress. However, caution should be taken in particularly stressed patients, which may require pretreatment with oxygen, a moderate furosemide dose, and light sedation. Diuretic therapy is relatively ineffective at resolving large volumes of pleural effusion acutely, and hypovolemia with azotemia is likely to develop if such a treatment strategy is used (ie, administering large enough doses of diuretics sufficient to significantly reduce pleural effusion).

**Abdominocentesis**

Ascites may produce abdominal discomfort and worsen dyspnea by reducing available lung capacity. In animals with continued ascites in which increasing diuretic therapy is not an option, abdominocentesis may be performed every 2–4 wk to improve patient comfort and quality of life.

Source: <http://www.merckmanuals.com/vet/circulatory_system/heart_disease_and_heart_failure/heart_failure.html>