



**PATIENT PRESENTING CLINICAL SIGNS**

**Tiki Baghdoian** History: Pleural effusion (chylous) was diagnosed 1 month ago. Pet had an echo at another facility and was started on oral meds (enalapril, lasix, rutin).

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Fractious, unable to exam prior to CT. rDVM drained 40 mls of chylous fluid prior to CT. BUN 45, Creat 2.7

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE CHEST**

**BREED** The lungs are predominantly retracted with prominent atelectasis more on the left than on the right due to bilateral and severe pleural effusion. The right caudal and cranial lung lobe are ventilated. There is a small amount of free pleural gas noted on both sides. The pleural outline is inconspicuous. Signs of focal, nodular or cavitary pulmonary lesions are missing.

DSH

**SEX**

Spayed Female

Mediastinum is regular in width and density. The sternal lymph nodes are mildly enlarged. The thoracic trachea and esophagus present as expected.

**AGE**

7 Years

Inconspicuous representation of the main pulmonary artery, of the pulmonary artery branching, of the large intrathoracic and the hepatic vessels shown, especially of the caudal vena cava.

Heart is inconspicuous as far as can be assessed with CT. Pericardial effusion is not noted. Diaphragm is normal.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

The displayed cranial parts of the abdomen present a small and irregular right kidney and an irregular surface of the left kidney as an incidental finding.

**HOSPITAL NAME**

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Severe bilateral pleural effusion with retraction/atelectasis of the lungs
- Small amounts of free pleural gas
- Chronic and bilateral nephropathy

**REFERRING VET**

Meaux

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

13679

CT findings show no overt signs of a neoplastic or an active inflammatory process. The free pleural gas likely is due to aspiration procedure. Once feline cardiomyopathy is ruled out idiopathic chylothorax is the most common differential diagnosis. Especially lesions of the cranial mediastinum and caudal vena cava are not noted. Retraction of the lungs is secondary to the effusion. An inflammatory process of the pleura or the pulmonary/bronchial structures is not recognized but still

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possible. A follow-up CT after chest drainage may reveal collapsed pulmonary lesions and could be performed next.

Tiki Baghdoian

Changes of the kidneys are likely due to chronic renal disease/dysplasia with cortical infarcts.

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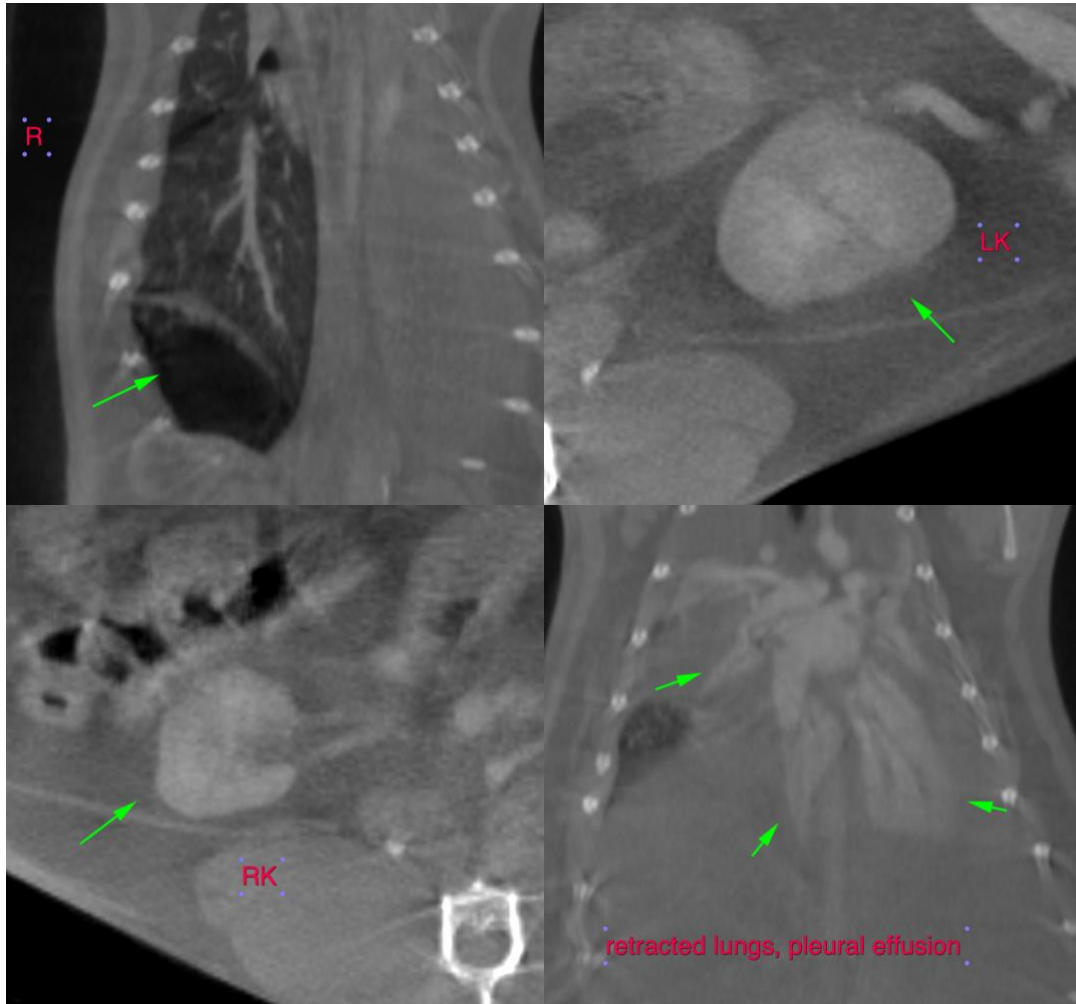
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INVOICE**

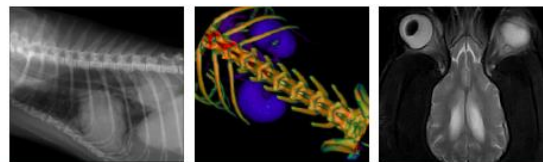
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging  
info@sonopath.com

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