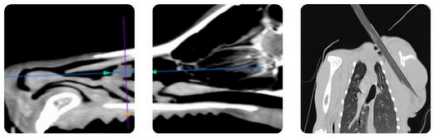

PATIENT

Piper Gayle

SPECIES

Canine

BREED

Cairn Terrier

SEX

MN

AGE

2Y

WEIGHT

5.75kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Danielle

HOSPITAL NAME

Pet Emergency & Referral Center - NVA

REFERRING VET

Dr. Kara Fiore

INVOICE

73466

DATE

1-26-26

PRESENTING CLINICAL SIGNS

History:

- Lymphangiography was performed and 6mLs of iohexol was injected into the metatarsals the unit then froze and our post injection image was taken after 20 minutes due to machine malfunction - IV dose was then reduced.
- ECHO: Cause of pleural effusion is not identified on this examination. Mild degenerative changes of the tricuspid valve leading to mild tricuspid regurgitation, but no right atrial or right ventricular enlargement noted. No evidence of pulmonary hypertension. There is moderate pleural effusion present but no evidence of cranial mediastinal mass or other heart base lesion. Along the diaphragm surface of the pleura, there is a small, ill-defined lesion noted. Unknown clinical significance.

COMPUTED TOMOGRAPHY OF THE THORAX

A high resolution pre- and post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The bony and surrounding soft tissue structures are within normal limits.

In the pleural cavity, a moderate volume of gravity dependent, fluid attenuating material is seen. The lung lobes are retracted from the thoracic wall by the fluid attenuating material and present a decreased volume. Post contrast administration the ventral pleural lining is prominent and increased contrast enhancing.

The sternal and cranial mediastinal lymph nodes are prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

No relevant contrast uptake by the thoracic duct is appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of chylothorax
- Lymphadenopathy sternal and cranial mediastinal lymph nodes
- Pleuritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with the history of chylothorax, an underlying cause cannot be specified, and the presumptive diagnosis is idiopathic chylothorax.

The prominent lymph nodes are likely a sequela to the pleural effusion, presenting reactive lymphoid hyperplasia – FNA sampling can be tried for confirmation.

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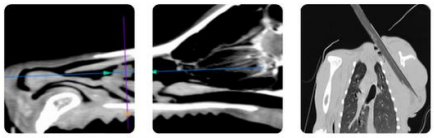

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SonoPath.com info@sonopath.com 1.800.838.4268

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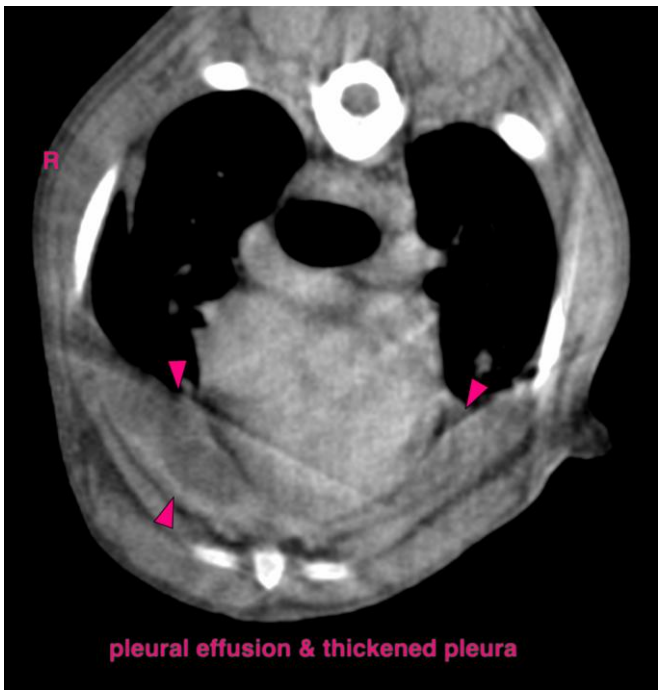

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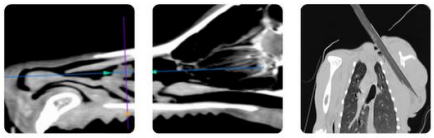

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com