



PATIENT

Monte Storts

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

5

WEIGHT

25.9 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

JAL

HOSPITAL NAME

Southern Oregon VSC

REFERRING VET

Dr. J. Kalams

INVOICE

35646

DATE

1/30/26

PRESENTING CLINICAL SIGNS

History: Chylothorax

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

A thoracic catheter is entering the left pleural cavity via the 7th left intercostal space.

In the pleural cavity bilaterally, a moderate amount 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 with dystelectasis of the lung parenchyma. A small volume of free gas is seen in the pleural cavity.

The sternal and cranial mediastinal lymph nodes are moderately enlarged, rounded and uniform soft tissue attenuating and contrast enhancing.

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.

Abdomen

Multiple streak & motion artefacts are appreciated throughout the abdomen – decreasing the diagnostic yield.

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. The urinary bladder is significantly distended, deviating the intestinal loops cranially.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



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The bony and surrounding soft tissue structures reveal no abnormalities.

Monte Starts

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of chylothorax
- Mild pneumothorax – likely iatrogenic secondary to placement of the thoracic catheter
- Lymphadenopathy sternal & cranial mediastinal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural effusion is fitting the history of chylothorax. The enlarged sternal lymph nodes can present reactive lymphoid hyperplasia secondary to the pleural effusion; however neoplastic transformation is a likely differential (e.g. lymphosarcoma). Ultrasound guided FNA sampling of the enlarged lymph nodes is recommended for specification.



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.

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info@sonopath.com