



PATIENT

Theodore Malik

SPECIES

Feline

BREED

Domestic Short Hair

SEX

MN

AGE

5Y, 8M

WEIGHT

3.5kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Brandan

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Leanna Jansen

INVOICE

72892

DATE

12-9-25

PRESENTING CLINICAL SIGNS

Chylothorax, confirmed with fluid analysis. OR was doing fine then yesterday started with rapid breathing with effort, RR 30-40. Reported cytology, adv chyloous effusion can be due to many conditions cannot rule out neoplasia, previous u/s inconclusive, discussed sx ligation, may need CT to detect underlying cause, o keen for treatment, cat insured. Admitted for stabilization and draining if needed Suspected mediastinal mass vs lung consolidation vs others
Abnormal PE/Chem/CBC/UA Results: Potassium 2.9mmol/L

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 small to moderate volume of gravity dependent, fluid attenuating material is visible. The lung lobes are retracted from the thoracic wall by the fluid attenuating material and present a generalized moderate decreased volume. The cranial lung lobes bilaterally present a significant decreased volume and are consolidated with rounded margins.

Post contrast administration the ventral pleural lining is generalized smoothly thickened and increased contrast enhancing.

The sternal lymph nodes are moderately prominent and have a heterogeneous contrast enhancement pattern.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History chylothorax
- Lymphadenopathy sternal and cranial mediastinal lymph nodes
- Pleuritis
- Likely cicatrization atelectasis cranial lung lobes bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of chylothorax, but fail to present an underlying cause – the prominent sternal lymph nodes are highly suggestive for reactive lymphoid hyperplasia due to chronic pleuritis; anyway recommend FNA sampling of the enlarged sternal lymph nodes to rule out infiltrative disease entirely.



PATIENT

Theodore Malik

SPECIES

Feline

BREED

Domestic Short Hair

SEX

MN

AGE

5Y, 8M

WEIGHT

3.5kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Brandan

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

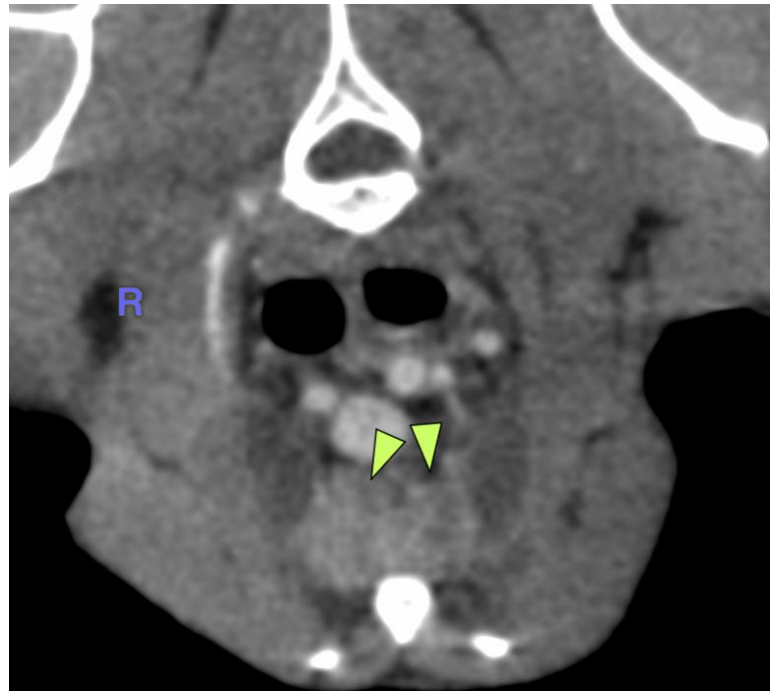
Leanna Jansen

INVOICE

72892

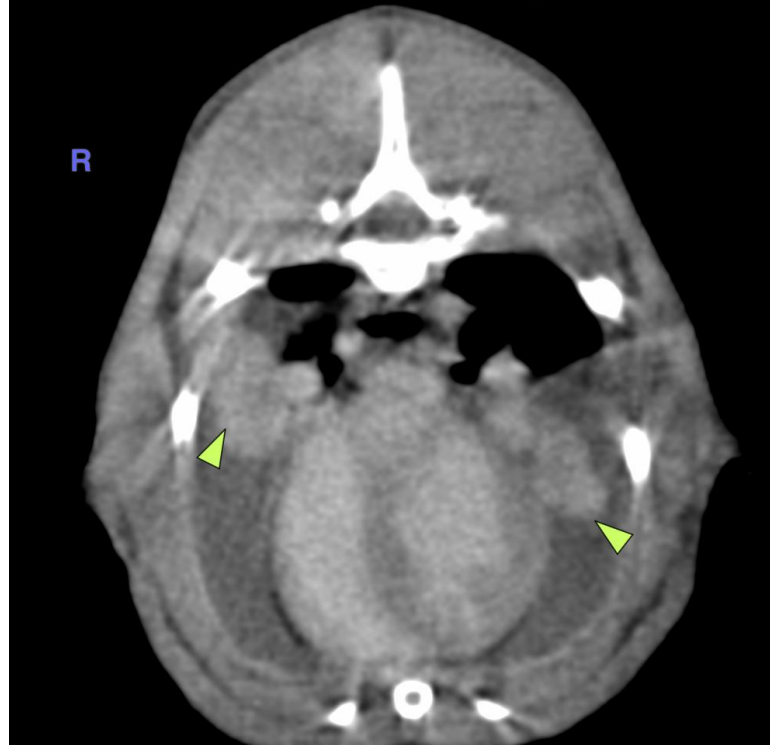
DATE

12-9-25



enlarged sternal LNs

collapsed and rounded cran lung lobes





PATIENT

Theodore Malik

SPECIES

Feline

BREED

Domestic Short Hair

SEX

MN

AGE

5Y, 8M

WEIGHT

3.5kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Brandan

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Leanna Jansen

INVOICE

72892

DATE

12-9-25



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