



**PATIENT PRESENTING CLINICAL SIGNS**

Finn Pavone Recurrent chylothorax. Had thoracic duct ligation and partial lung lobectomy with Pleuroport placement in July 2021. There was evidence of changes in the right cranial lung lobe concerning for neoplasia although never found. Admitted today for CT scan due to recurrent pleural effusion - non chylous per report sent out Feb 21/23. Today 1,050mls of bloody pleural effusion removed via Pleuroport prior to CT

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Pleural effusion lab report: "no bacteria found. There is a population of poorly intact nucleated cells that are insufficiently preserved to be defined but contain multiple variably sized nucleoli. Although they could potentially represent reactive mesothelium, you may consider additional diagnostic testing to further define the origin of the hemorrhagic effusion (bleeding mass?)"

**BREED**

Bernese Mountain Dog

**COMPUTED TOMOGRAPHY OF THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

**SEX**

**COMPUTED TOMOGRAPHIC FINDINGS**

MN

Thorax

**AGE**

A thoracic catheter is entering the pleural cavity through the 8<sup>th</sup> right intercostal space and the port is in the subcutaneous tissue dorsal to T10/T11.

5 Years, 8 Months

In the pleural cavity, a moderate amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. Pleural fissure lines are appreciated. The lung lobes are retracted from the thoracic wall and present a generalized decreased volume. Multiple regions with dystelectasis of the lung parenchyma are visible. Post contrast administration, the pleural lining in the cranioventral aspects of the pleural cavity is mild to moderately thickened, R>>L. In the cranioventral aspect of the right pleural cavity, there are plaque like proliferations of the pleural lining.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

The right middle lung lobe is absent, and a row of surgical staplers is seen in the hilar region of the respective lung lobe.

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Level with T12, a surgical clip is seen at the right lateral aspect of the aorta.

**REFERRING VET**

The cranial mediastinal lymph nodes are prominent. A thymic remnant can be appreciated in the cranioventral mediastinum.

Dr. Debbie Reynolds

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

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

**INVOICE**

Abdomen

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

**DATE**

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.

2-27-23



**PATIENT**

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

Finn Pavone

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

**SPECIES**

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Canine

The antrum of the pylorus is in a relative dorsal and left sided position. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**BREED**

The lumbosacral intervertebral disc is mildly bulging into the vertebral canal, distorting the ventral epidural space at the same level.

Bernese Mountain  
Dog

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of surgical management of chylothorax and recurrent chylothorax and implantation of pleuroport system and lobectomy right middle lung lobe
- Plaque like pleural thickening cranioventral aspect right pleural cavity
- Lymphadenopathy cranial mediastinal lymph nodes
- Dystelectasis ventral aspects of the lung parenchyma
- Left sided and dorsal displacement pyloric antrum

**SEX**

MN

**AGE**

5 Years, 8 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The thickened pleura in the cranioventral aspect of the right pleural cavity is equivocal for pleuritis – possible secondary to chronic irritation by the chylus or pleural catheter – or neoplastic transformation (e.g. mesothelioma, carcinoma). Pleural biopsy would be ideal for further differentiation.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The prominent cranial mediastinal lymph nodes are considered as secondary to reactive hyperplasia due to the pleural effusion – ultrasound guided FNA sampling can be used as a minimally invasive diagnostic test to rule out malignant infiltration.

**HOSPITAL NAME**

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The displaced pyloric antrum might be an incidental finding, however, can present an early stage of gastric torsion.

**REFERRING VET**

Dr. Debbie Reynolds

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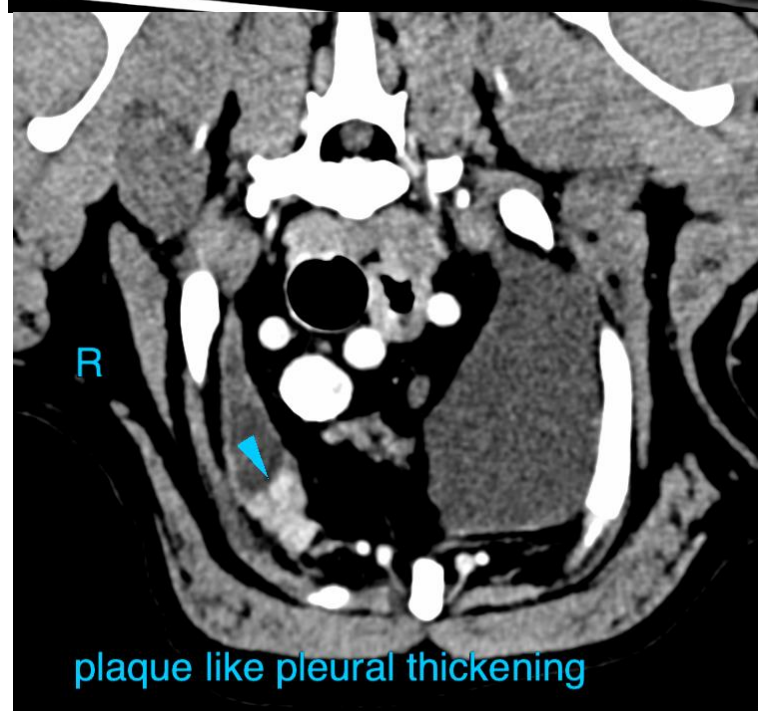
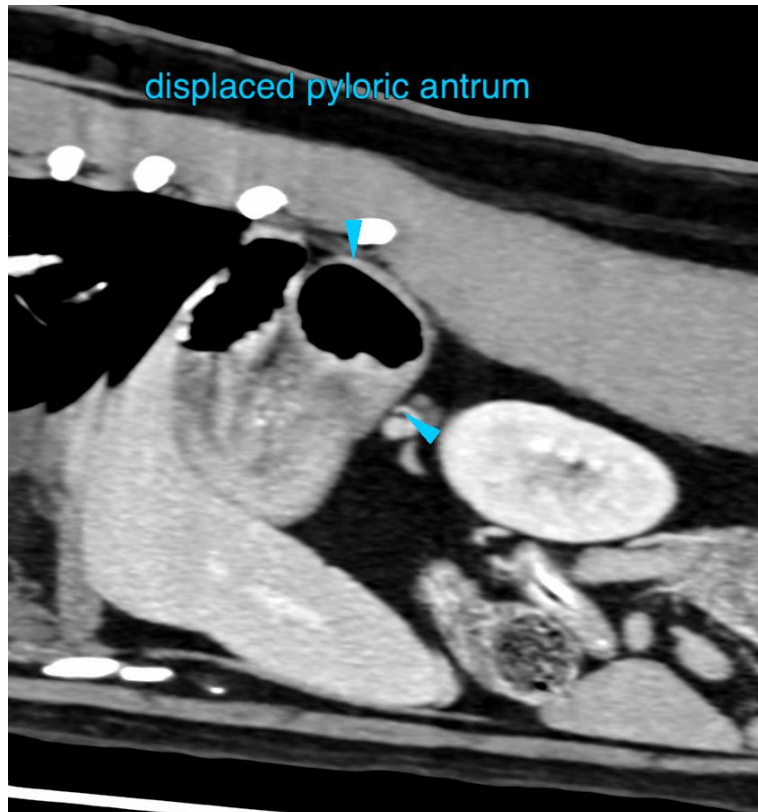
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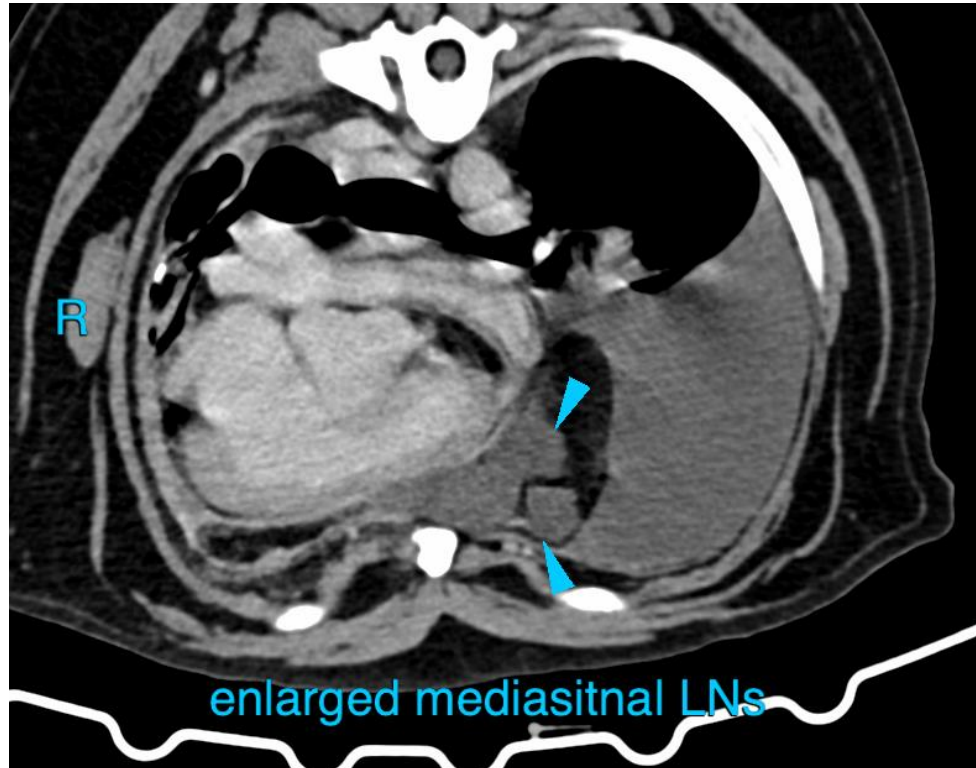
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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