



**PATIENT PRESENTING CLINICAL SIGNS**

Leia Cottrell History of labored breathing, fractured ribs, unknown trauma. Two hypoxic episodes earlier today. Chylothorax, last fluid pull was serosanguinous.

**SPECIES COMPUTED TOMOGRAPHY OF THE THORAX**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

DSH A thoracic catheter is entering the right & left thoracic cavity by the 8<sup>th</sup> intercostal space respectively. A moderate amount of free gas is seen in the right pleural cavity as well as a moderate amount of free mediastinal gas – accentuating the margins of the mediastinal structures. A very mild amount of gravity dependent fluid attenuating material is visible in the pleural cavity bilaterally. The 8<sup>th</sup> 10 10<sup>th</sup> right rib present with a transverse moderately displaced fracture in the distal osseous segment – partially with moderate callus formation. The costal cartilages of the 11<sup>th</sup> to 13<sup>th</sup> rib are fractured.

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The parietal and visceral pleural lining is moderately thickened and multiple soft tissue bands are extending between the parietal and visceral pleura in the right pleural cavity. The lung lobes present rounded margins and a decreased volume. The volume of the lung lobes is moderately to markedly decreased, L>R, and the cranial part of the left cranial lung lobe and a region of the left & right caudal lung lobe are consolidated with air-bronchograms and fluid containing bronchi. A mediastinal shift to the left is seen.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The accessory lung lobe presents with a nodular intraparenchymal lesion with central mineralization, measuring 6 mm in diameter.

The sternal, cranial mediastinal lymph nodes are prominent.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

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- History of chylothorax
- Moderate pneumomediastinum and moderate right sided pneumothorax
- Significant generalized chronic restrictive pleuritis
- Regions with pulmonary consolidation and bronchi obliterated by hypoattenuating material
- Nodular pulmonary lesion accessory lung lobe with central mineralization
- Chronic distal serial costal fracture 8<sup>th</sup> to 10<sup>th</sup> right rib and fractured costal cartilages 11<sup>th</sup> to 13<sup>th</sup> right rib

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No abnormality is appreciated, explaining the chylothorax and the presumptive diagnosis is idiopathic chylothorax.

The chronic pleuritis is likely a sequela to chronic pleural effusion, resulting in restrictive pleuritis. The regions of pulmonary consolidation are likely a sequela to the fibrosing pleuritis and



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cicatrization atelectasis, the fluid filled bronchi of the respective areas of the lung are concerning for accompanying pneumonia. The pulmonary nodule in the accessory lung lobe is considered as granuloma, although bronchogenic carcinoma cannot be ruled out entirely.

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The pneumomediastinum might be iatrogenic, due to positive pressure ventilation and the decreased compliance of the lung causing rupture of alveoli with gas dissecting along the broncho-vascular sheaths into the mediastinum – recheck with potential radiographs if pneumomediastinum has been present prior to the CT study.

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Reactive hyperplasia of the sternal & cranial mediastinal lymph nodes, due to pleural effusion.

Surgical management of the chylothorax is a potential treatment option, but the pneumonia and fibrosing pleuritis are deteriorating the overall prognosis.

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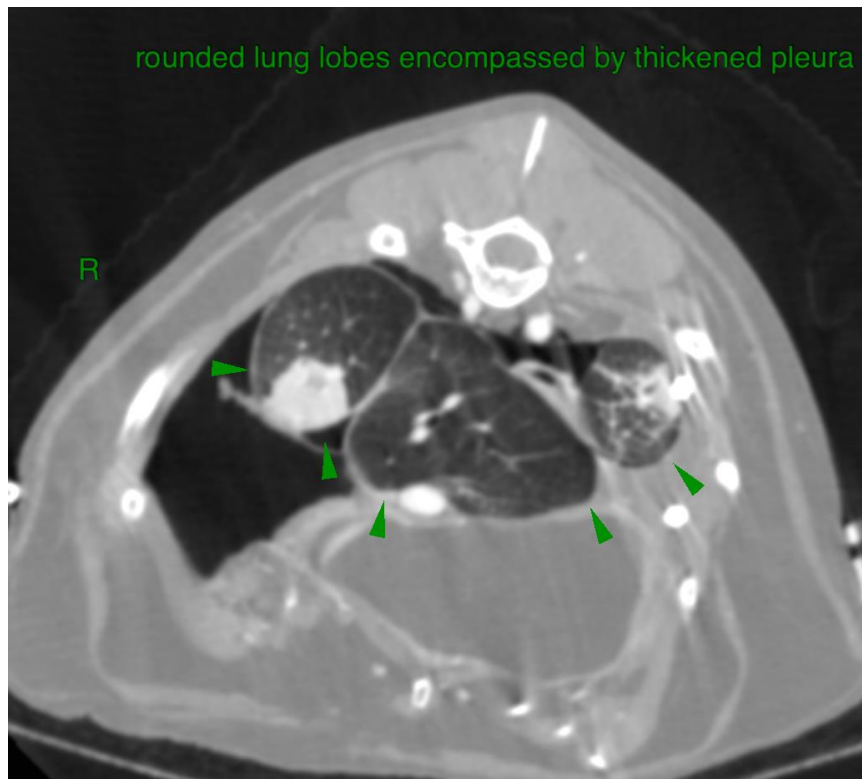
Dr. Tommet

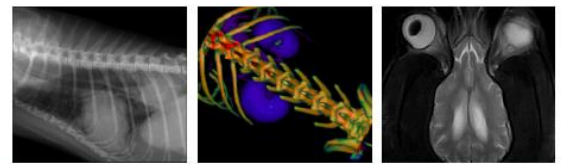
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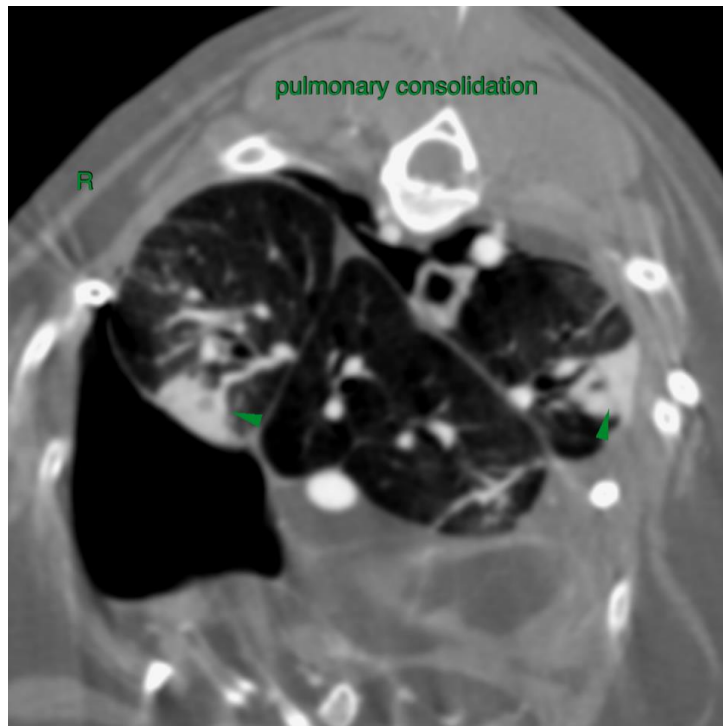
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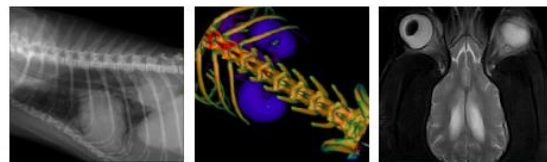
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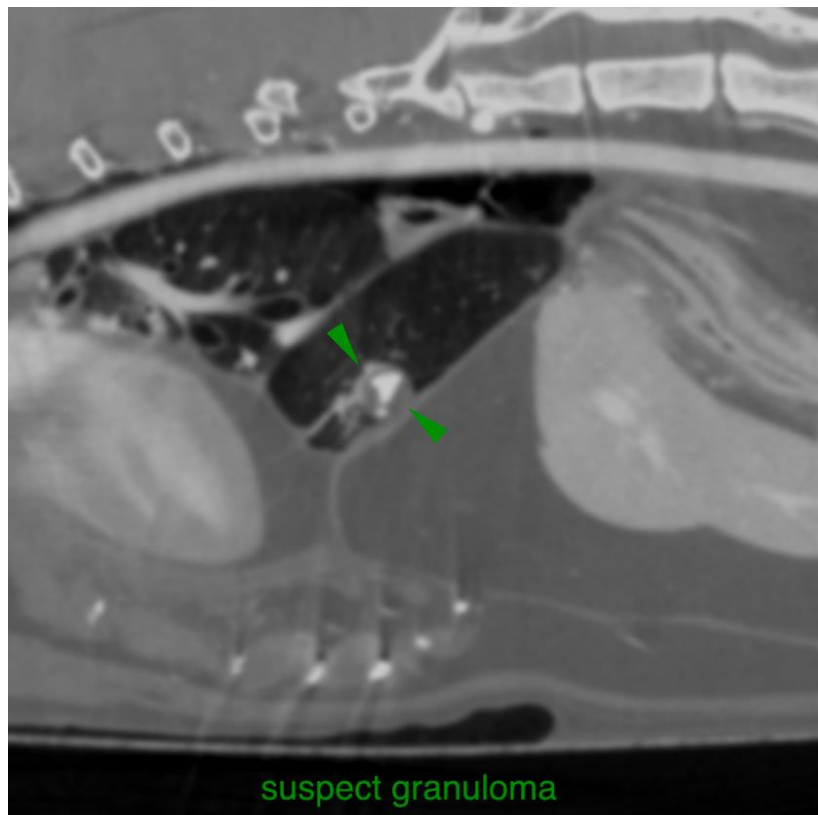
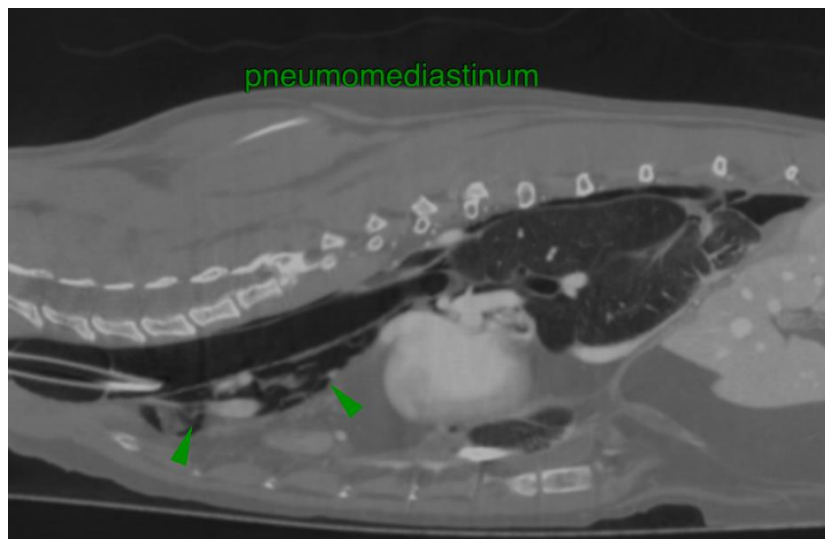
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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