



**PATIENT**

Jean Paul Rescue

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**SEX**

Male (Intact)

**AGE**

2 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Wilson Veterinary  
Hospital

**REFERRING VET**

Dr. Amy Hawkins

**INVOICE**

51900

**DATE**

5-4-22

**PRESENTING CLINICAL SIGNS**

Pet is a rescue so longer term history is limited. Presented for evaluation of possible diaphragmatic hernia. Pet was noted to have a pleural effusion, and edema of reat legs and testicles. Fluid analysis revealed a chylothorax. C/S showed staph aureus and pet is currently on Baytril. An echocardiogram was done which revealed normal cardiac function. Abnormal PE/Chem/CBC/UA Results: attached below

**COMPUTED TOMOGRAPHY OF THE THORAX**

A high resolution pre- and post-contrast (lymphangiogram) 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 dorsal aspect of the pleural cavity bilaterally, a moderate amount of gravity dependent, fluid attenuating material is noted. The lung lobes are retracted from the thoracic wall and present a decreased volume. Pleural fissure lines are seen. Small regions of dystelectasis of the lung parenchyma are appreciated, the remainder of the lung parenchyma present the expected architecture and attenuation behavior. Post contrast administration, the pleural lining is mildly thickened.

The thoracic duct presents as a single vessel ventral to T12&T13 and is dividing into three branches level with T11/T12.

The sternal and axillary lymph nodes are prominent; the short-to-long-axis ratio is maintained normal <0.5.

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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of chylothorax
- Secondary pleuritis
- Lymphadenopathy sternal and axillary lymph nodes
- Regions of mild dystelectasis of the lung parenchyma

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is consistent with the history of chylothorax, and no specific underlying cause can be identified, supporting the diagnosis of idiopathic chylothorax. The prominent regional lymph nodes are considered as secondary reactive hyperplasia and pleuritis secondary to the pleural effusion.



**PATIENT**

Jean Paul Rescue

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**SEX**

Male (Intact)

**AGE**

2 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Wilson Veterinary  
Hospital

**REFERRING VET**

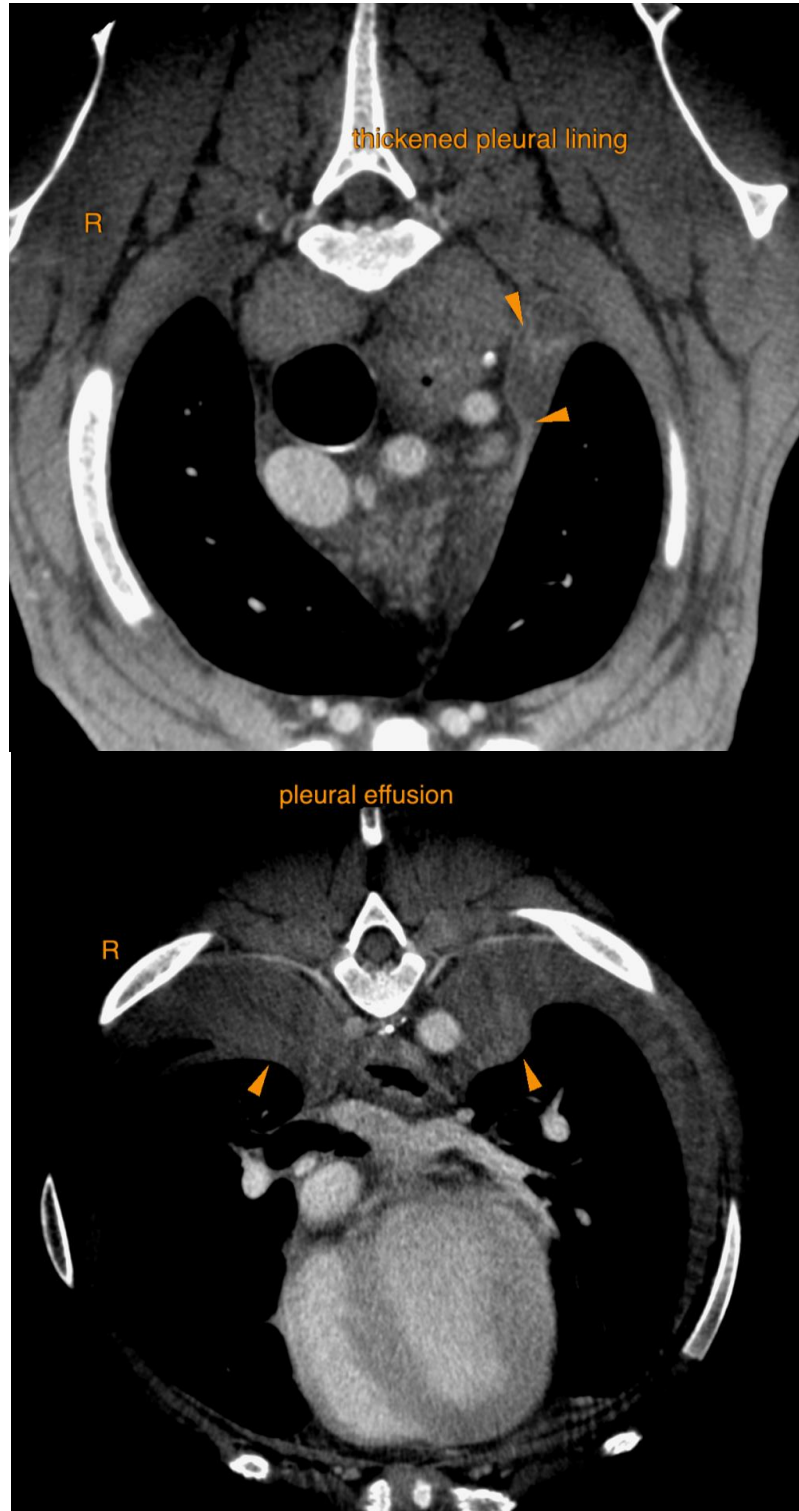
Dr. Amy Hawkins

**INVOICE**

51900

**DATE**

5-4-22





**PATIENT**

Jean Paul Rescue

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**SEX**

Male (Intact)

**AGE**

2 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Wilson Veterinary  
Hospital

**REFERRING VET**

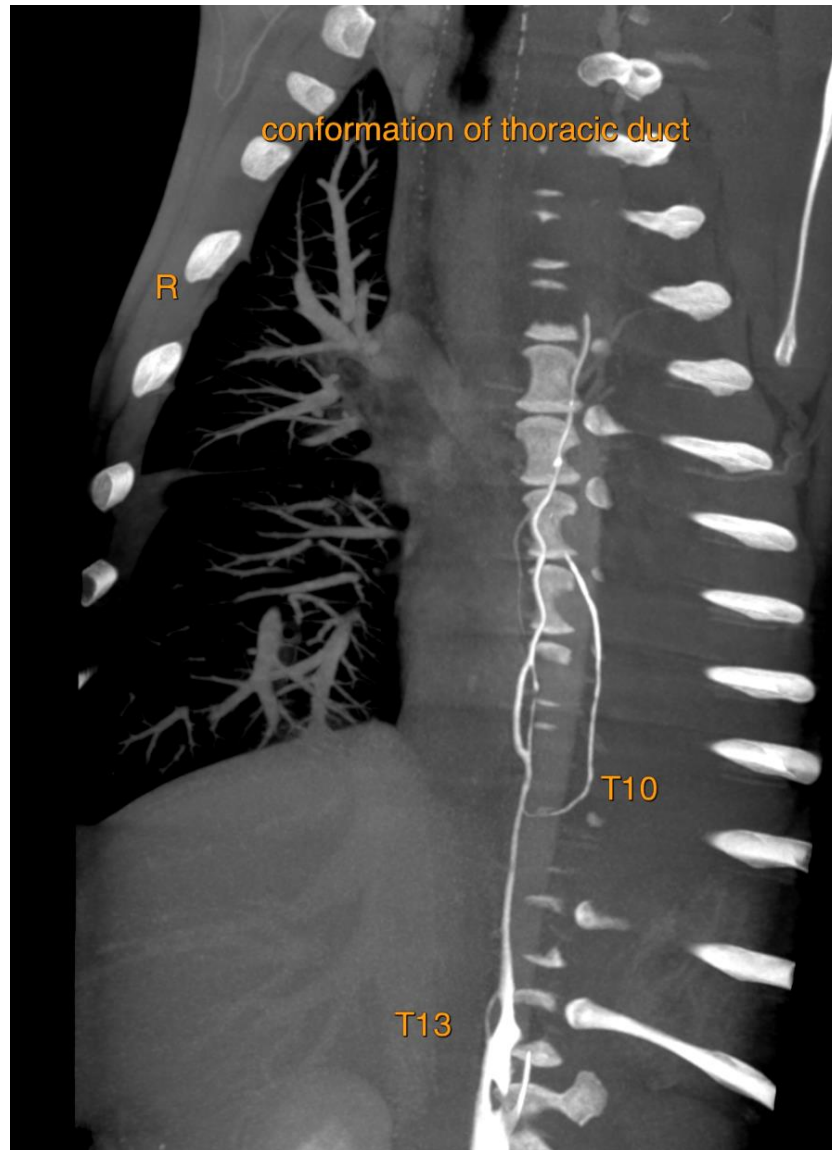
Dr. Amy Hawkins

**INVOICE**

51900

**DATE**

5-4-22



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  
sebast.schaub@gmail.com