



**PATIENT PRESENTING CLINICAL SIGNS**

**Bill Minton** Patient presented for increased labored breathing. Patient has history of chylothorax 2 years ago and was hospitalized for several days with chest tubes. No advanced imaging was done at the time, no fluid analysis available from event 2 yrs ago. Patient seemed to resolve with steroids and has been fine since. On presentation increased respiratory rate with audible harsh lungs however no open mouth breathing.

**SPECIES**

**Feline** Abnormal PE/Chem/CBC/UA Results: Chest rads on 8/11/2021 showed mild pleural effusion with nodular/miliary nodules and pleural fissure line on the right. CBC/Chem/Lytes/SDMA WNL. FELV/FIV/HWT Neg. ProBNP Normal. Chest tapped and fluid sent for fluid analysis and confirmed lymphoid effusion no component of chyle present, C/S still pending.

**BREED**

**Domestic Shorthair**

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

**SEX**

**Neutered Male**

**COMPUTED TOMOGRAPHIC FINDINGS**

The bony and surrounding soft tissue structures are within normal limits.

**AGE**

**5 Years**

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

**INTERPRETED BY**

**Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI**

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

**HOSPITAL NAME**

**Neel Veterinary  
Hospital**

A mild to moderate amount of gravity dependent, non-contrast enhancing soft tissue material is seen in the pleural cavity bilaterally, the lung lobes are retracted from the thoracic wall and pleural fissure lines are visible. The pulmonary margins are rounded. Post contrast administration, the pleural lining is moderately thickened. The caudal lung lobes present bilaterally a consolidated subpleural region. Multiple interstitial bands are extending from the periphery into the lung parenchyma. Moderate thickening of the bronchial wall is seen, most accentuated level with the caudal lung lobes bilaterally.

**REFERRING VET**

**Dr. Dinisi**

The volume of the right middle lung lobe is markedly decreased, and the respective lung lobe is consolidated.

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

**INVOICE**

**46970**

**DATE**

**8-15-21**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Moderate pleural effusion
- Moderate pleural thickening
- Suspect early stage of restrictive pleuritis
- Regions with pulmonary atelectasis
- Bronchial lung pattern
- Consolidated right middle lung lobe
- Mild interstitial pulmonary scarring



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings in conjunction with the given history are suggestive for chronic chylothorax with secondary pleuritis and potential mild restrictive pleuritis encompassing the lung lobes. The consolidated regions of the lung are most consistent with secondary atelectasis, the changes seen are atypical for pulmonary neoplasia. No other abnormality is appreciated explaining the pleural effusion and the presumptive diagnosis is idiopathic chylothorax.

The bronchial lung pattern indicates feline chronic inflammatory lower airway disease with consolidation of the right middle lung lobe – consolidation of the right middle lung lobe due to the unfavorable surface to volume ratio is a potential as well.





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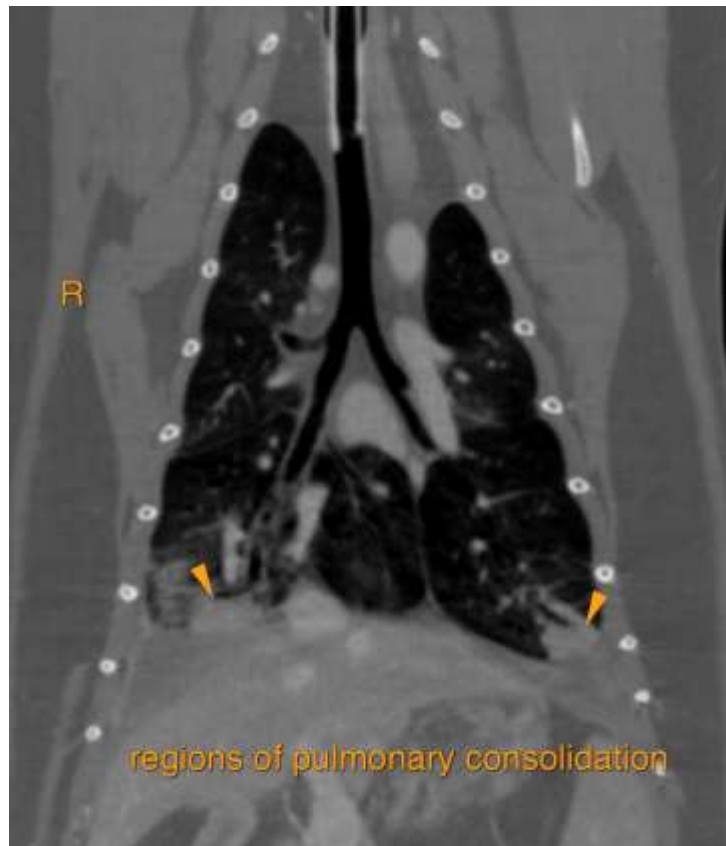
Neutered Male

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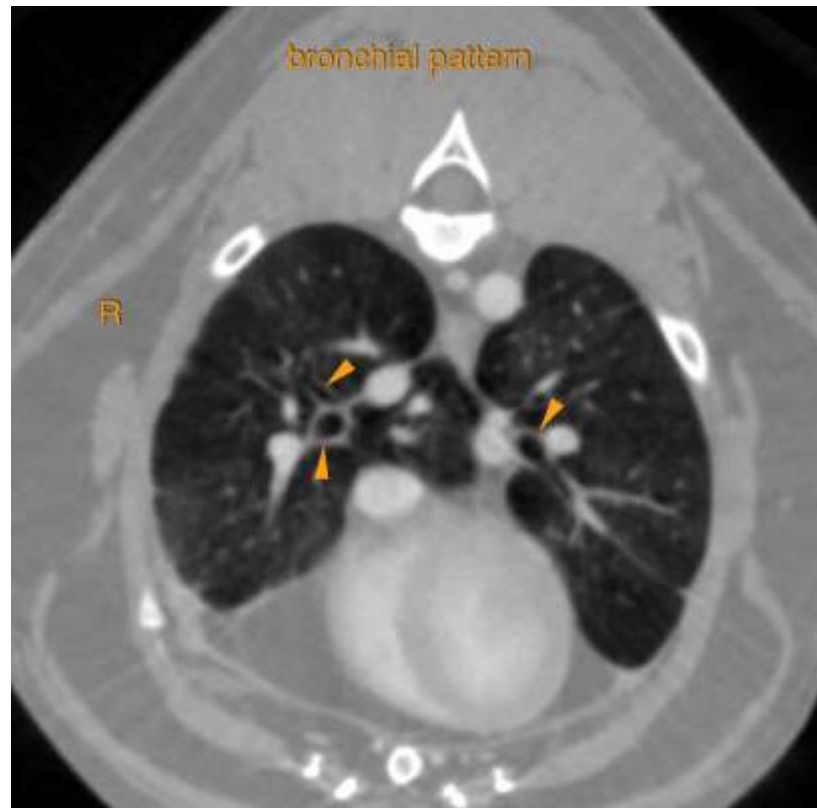
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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