



**PATIENT PRESENTING CLINICAL SIGNS**

Hunter Webb  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Neutered Male

Thoracic radiographs revealed severe pleural effusion +/- mass effect deviating the trachea craniodorsal to the heart. Performed TFAST and confirmed the presence of pleural effusion. Does not appear to be any pericardial effusion. Thoracocentesis removed 300mL of milky white fluid from the chest (150 mLs from both sides.) Left side aspiration did not drain the right side so suspect mass or fibrin clotting the mediastinum perforations. On recheck radiographs after centesis the thorax looks much better but still suspicious of mass effect in cranial thorax obscuring margins of the heart. Other differential could be lymph node enlargement. Thoracic fluid analysis revealed 2,520 TNCC with 74.6% being granulocytes. TP of the fluid was 4.8 g/dL, Glucose 114 mg/dL, Cholesterol 105 mg/dL, and Lipase 1092 U/L. Cytology revealed numerous neutrophils and lymphocytes. Numerous unknown cells are also present as well. Bloodwork reveals leukocytosis, neutrophilia, lymphopenia, stress hypoglycemia, increased lactate and lipase. Urinalysis was dilute (1.012) but otherwise normal. When cat was placed on the table for thoracocentesis, he posturated to urinate but nothing came out. Could not express bladder prior to anesthesia. Could not express bladder during anesthesia. Discussed catheterization with O and she approved. Placed urinary catheter to watch in's and outs. Head of the penis looked inflamed, but urine looked normal and was not bloody or dark.

Abnormal PE/Chem/CBC/UA Results:

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

**AGE** 12 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

In the most caudal aspect of the right jugular vein, just cranial to the junction with the right brachial vein, an intraluminal filling defect is visible, occupying approximately 30% of the cross-sectional area.

A moderate amount of gravity dependent, non-contrast enhancing material is seen. The lung lobes are retracted from the thoracic wall and present a mild reduced volume, pleural fissure lines. Multiple regions with compression atelectasis are visible. Post contrast administration a moderate thickening of the pleural lining is visible. A mild amount of trapped gas is seen in the pleural recess of the accessory lung lobe.

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.

Abdomen

A moderate amount of gravity dependent, non-contrast enhancing material is visible in the peritoneal cavity and the mesenteric fat presents moderate fat-stranding.

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. A urinary

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**PATIENT** catheter is visible extending up into the bladder.

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

**SPECIES** The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Feline The left lateral liver lobe presents a convex bulging of the surface and post contrast administration a two heterogeneous contrast enhancing ill-defined regions are visible within the hepatic parenchyma, measuring between 1.6 and 2.2 cm in size. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing. Multiple mineral attenuating calculi are visible within the gallbladder.

**BREED**

DSH The pancreas is prominent and presents an undulating surface with mild heterogeneous contrast enhancement pattern.

**SEX**

Neutered Male Multiple streak artifacts are emanating from the gastrointestinal tract, limiting the diagnostic value.

**AGE**

12 Years The lumbosacral intervertebral disc space is collapsed, and the subchondral bone of the respective endplates presents moderate sclerosis and spondylosis formation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Hepatic parenchymal mass left lateral liver lobe
- Bicavitary effusion – pleural & peritoneal effusion
- Thickened pleural lining
- Small thrombus in caudal aspect of right jugular vein – preceding venipuncture versus procoagulatory state
- Prominent pancreas.
- Mild lymphadenopathy sternal lymph nodes
- Cholecystolithiasis
- Chronic discopathy L7/S1
- Regions of dystelectasis of the lung

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The hepatic parenchymal mass is concerning for neoplastic transformation, such as carcinoma or round cell neoplasia of the left lateral liver lobe. Nodular hyperplasia, hepatocellular adenoma, biliary adenoma are potentials as well. Recommend ultrasound guided FNA sampling for further definition and to rule in/out primary neoplastic disease as source for the bicavitary effusion. Ultrasound guided FNA sampling of the enlarged sternal lymph nodes, using the pleural effusion as an acoustic windows might be feasible as well.

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Other potentials for the bicavitary effusion include cardiac disease, infection (e.g., FIP), pancreatitis, inflammation (e.g., vasculitis), hypoproteinemia, trauma, coagulopathy.

The thickened pleural lining indicates chronicity of the pleural effusion with secondary pleuritis. As evaluation of the gastrointestinal tract and mesenteric lymph nodes is limited by the streak artefacts, consider an abdominal ultrasound examination.



**PATIENT**

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The odds for chronic pancreatitis ± nodular hyperplasia of the pancreas are considered high.

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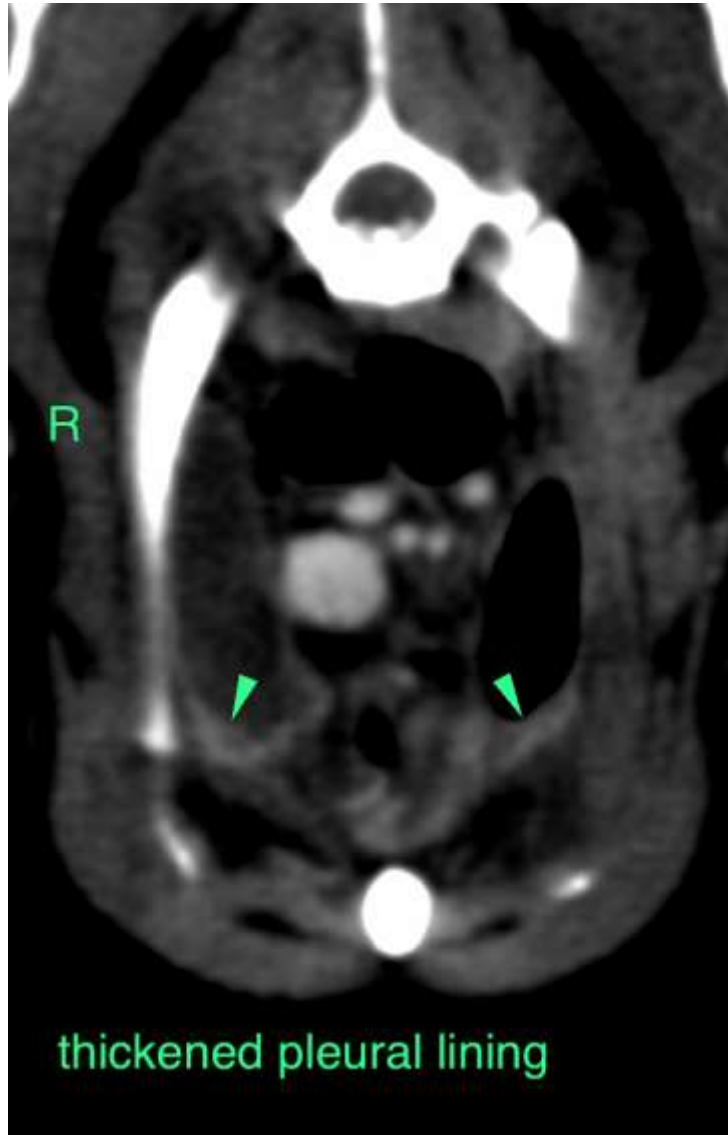
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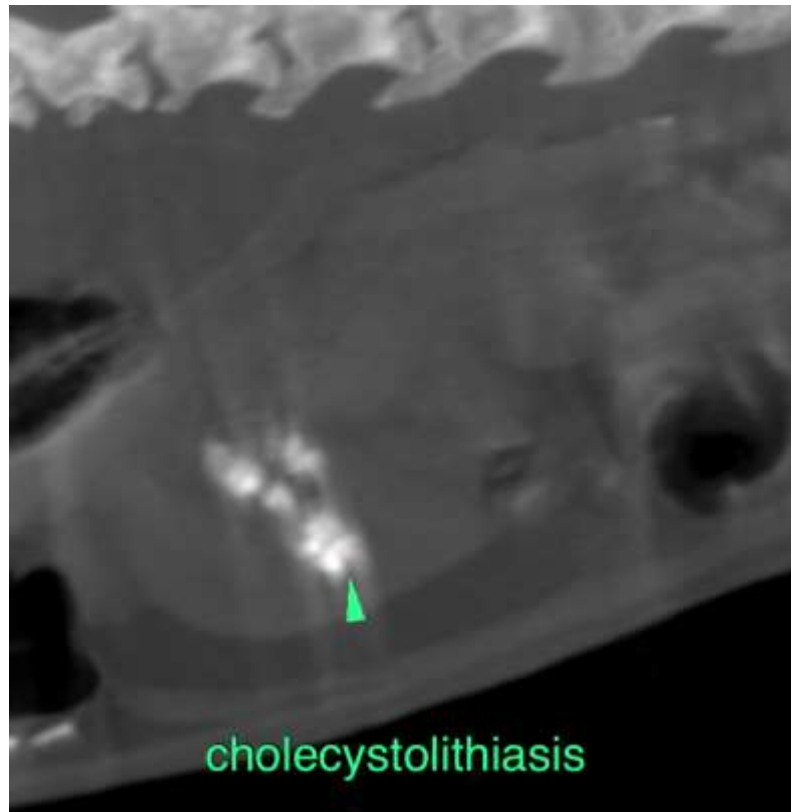
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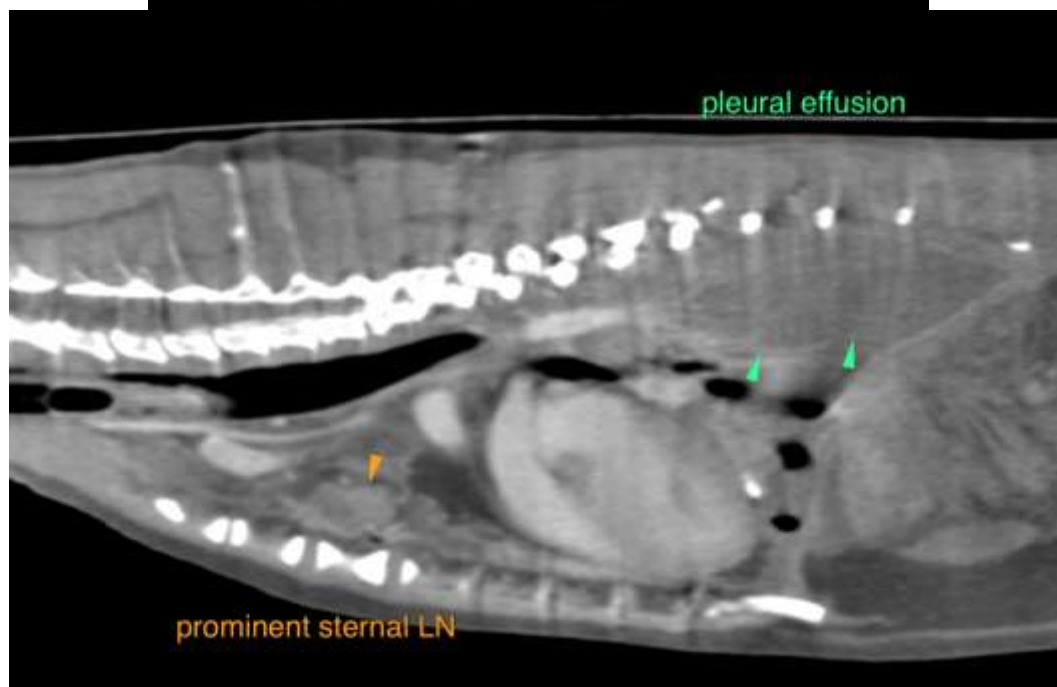
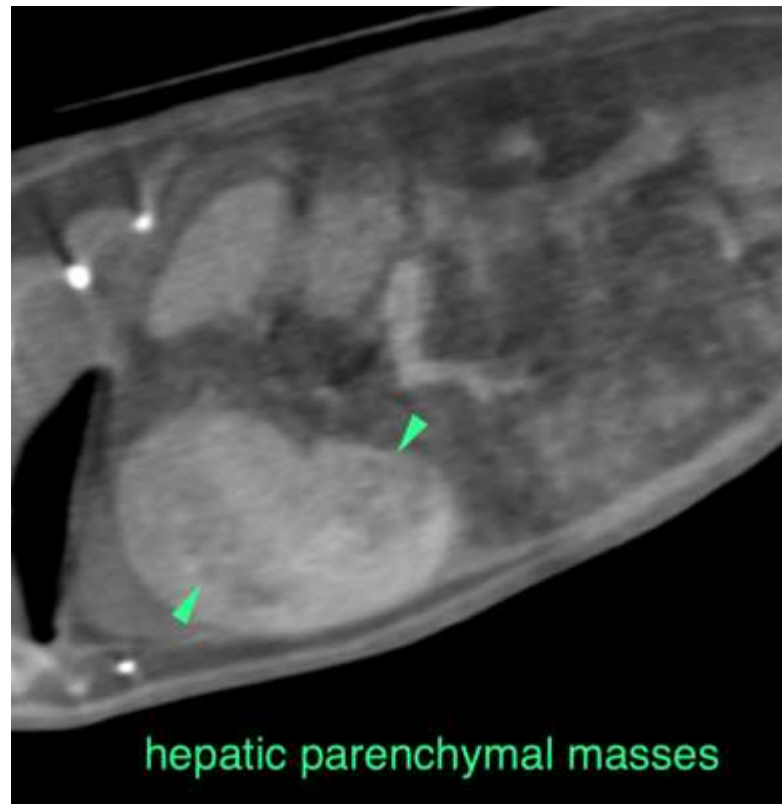
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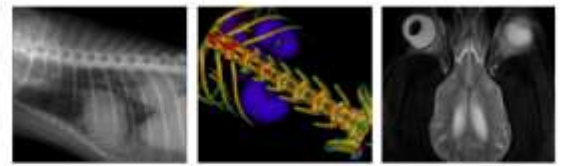
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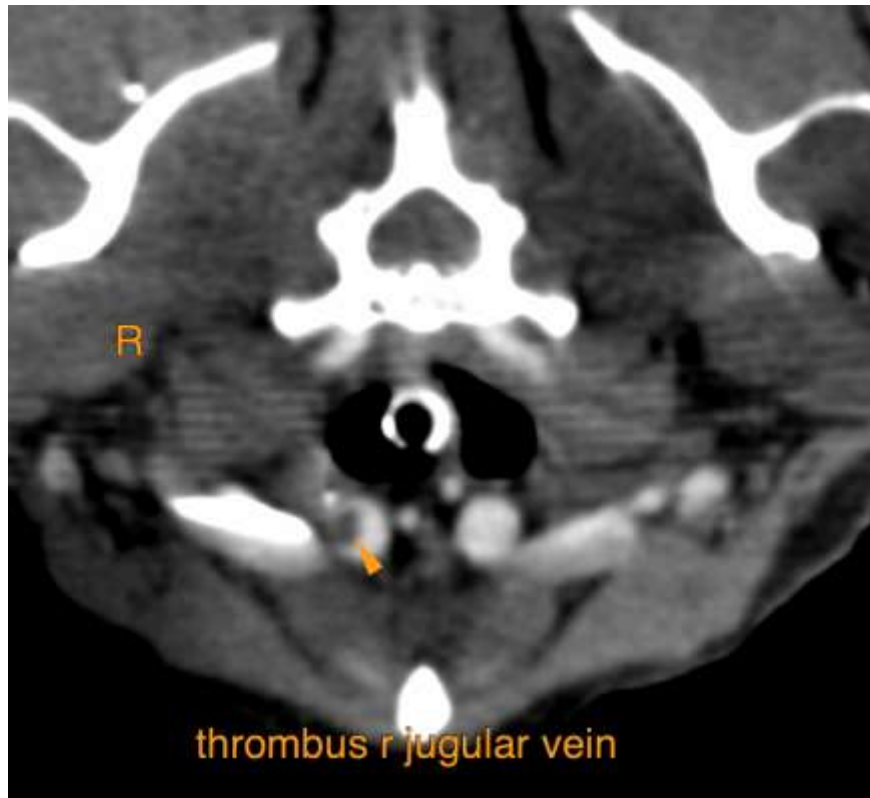
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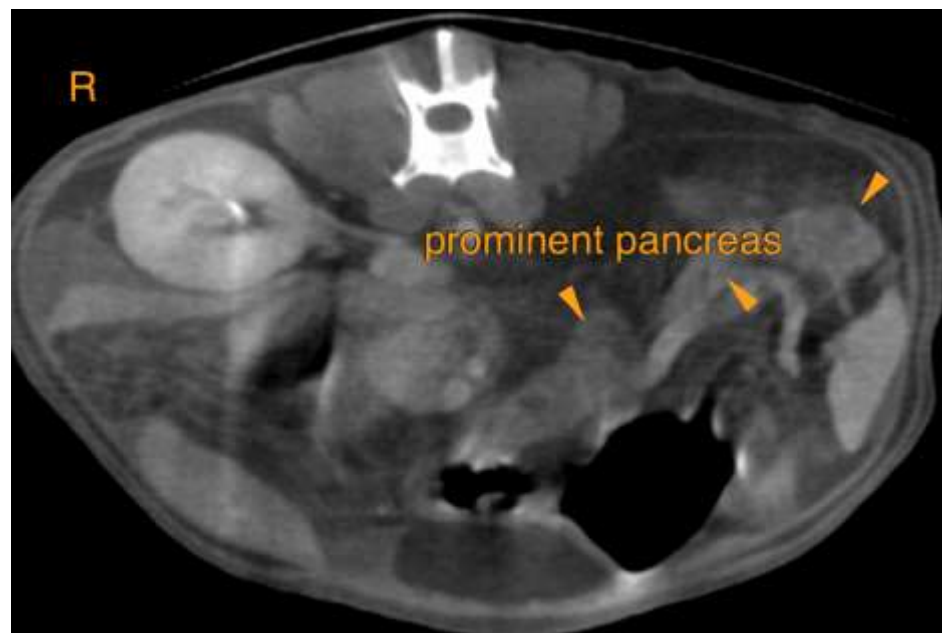
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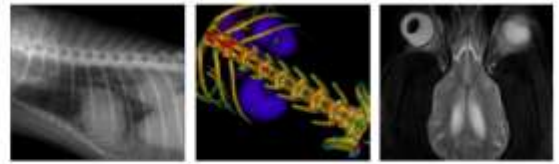
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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

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