



PATIENT PRESENTING CLINICAL SIGNS

Blacky Manning History: Has a chronic cough that is getting worse

Abnormal PE/Chem/CBC/UA Results: There is a mass effect in the caudal dorsal thorax. Mass vs consolidation vs other.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7/9 with an increase in fatty tissue on the left thoracic wall.

BREED

The bony structures appear physiological.

Chihuahua

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. On the lateral view splitting of the main stem bronchi is evident, on the VD both main stem bronchi are laterally displaced and on the right side an abrupt narrowing is visible at the first branching (level rib 8). The mass displaces both caudal lobes laterally; due to the compression the vessels are in closer proximity than usual.

SEX

Neutered Male

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel and close to the first three thoracic vertebrae, caudal to this it diverges from the thoracic vertebrae and the carina is located at T6. Both main stem bronchi are visible and thin. The caudal mediastinum is occupied by and spindle shaped soft tissue mass which extends from the tracheal bifurcation to T13 and from the ventral border of the thoracic vertebrae to the ventral aspect of the caudal vena cava. The aorta is obscured in the center of the mass between T8 and T10; the CVC is still visible despite the superimposition.

AGE

11 Years 8 Months

INTERPRETED BY

The cardiac silhouette occupies 85% of the chest height and 3.5 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

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Dr. med. Vet.,
DipECVDI DVR

No air is present in the fundus. Thus, the relationship between it and the mass remains unclear.

RADIOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Grove VC

- Caudal mediastinal mass
- Incidental finding
- Lipoma left chest wall

REFERRING VET

Dr. Luna

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A midline caudal mediastinal mass with bronchial compression could be due to mediastinal abscess, tumor or lymphadenomegaly and -opathy. The extension across the diaphragm could be due to an esophageal origin such as abscess, tumour or foreign body, and may be involving or originating from the stomach. Further imaging is recommended. Liquid Barium will allow the identification of the esophageal position in relation to the mass and also peri- or intraesophageal abnormalities. The cardia may also become visible. Abdominal ultrasound prior to the administration of barium, to avoid artefacts, will help identify thickening of the fundic wall +/- extension of a thickened wall towards the esophageal sphincter. Altering the recumbency of the dog may provide some information regarding the contents of the mass (e.g. liquid or solid). Alternatively, a CT examination can be carried out though

INVOICE

20690

DATE

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a contrast agent (e.g. air) may still have to be placed into the esophagus. Esophagoscopy will also allow the differentiation between mediastinal and esophageal mass, in case of the latter, a sample may be obtained.

SPECIES

Canine

BREED

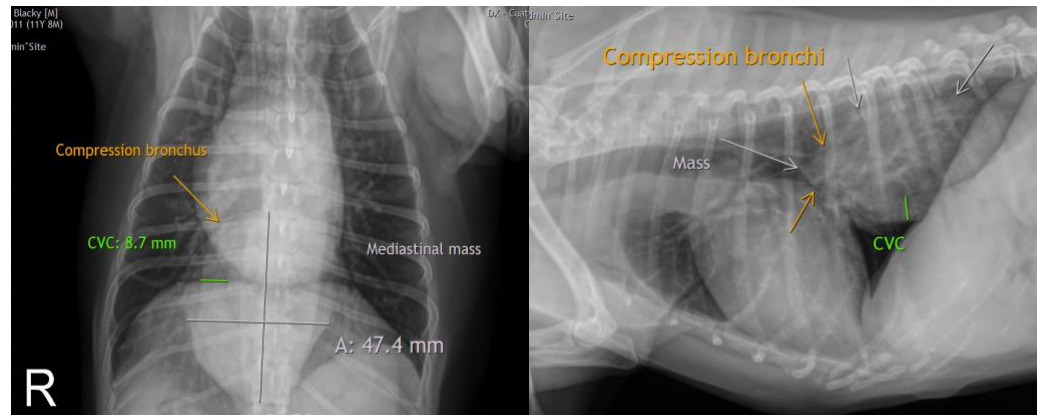
Chihuahua

SEX

Neutered Male

AGE

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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.

INTERPRETED BY

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