



PATIENT

Sasha Torres Short

SPECIES

Canine

BREED

German Shepherd

SEX

SF

AGE

5Y

WEIGHT

75.6lbs

INTERPRETED BY

Dr. Mauro Caldas MV,
CBRV

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Carlos Mongil, DVM, MS,
DACVS/Ahmira Torres,
DVM, DACVIM (Small
Animal)

INVOICE

75337

DATE

6-8-26

PRESENTING CLINICAL SIGNS

Sasha presented to CEVET for a mass in the mediastinum in June 2025. A CT scan was performed and a median sternotomy was then performed in July, 2025. The mass could not be removed and samples were taken for histopathology. The histopathology results came back as Pythium and has been treated medically by Dr. Torres ever since. Radiographs taken on September, 2025 and consulted (Dr. Wright). He mentioned that the mass had not recurred. The mass was never removed so not having a mass in the mediastinum would be more indicative of successful medical therapy and want to confirm that the mass is not visible. Thoracic CT study on 10/30/2025 (compared to the initial 6.6.25 CT exam) documenting significant reduction in size of the initially diagnosed large, heterogeneous contrast-enhancing, cavitated cranial mediastinal mass. The residual soft tissue mass still widens the cranial mediastinum (4.5 cm width) and contrast-enhancing soft tissue/residual lymphadenopathy does extending to the thoracic inlet.

Today Sasha presented for recheck CT.

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Survey and post contrast CT images provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax:

Mild pleural effusion is noted in the right hemithorax.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth.

The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents mild atelectasis on the right caudal lobe. No mass or nodules seen.

No mass is seen within the mediastinum.

Small metallic clips are seen.

Cranial mediastinal lymph node enlargement is seen measuring 0,8 cm wide. No sternal lymphadenomegaly seen.

Thoracic wall musculature presents symmetrical.

A metallic cerclage is seen is the sternum (surgical access).

The thoracic spine is aligned. No vertebral lysis or medullary compression are seen.

Abdomen:

The liver presents with normal size. No obvious nodule or mass seen. The gallbladder is full with small stone at the fundus.



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Stomach and small Intestines appear normal.

Feces with normal density and volume are seen in the colon and rectum.

The pancreas presents with a normal size and shape.

No obvious peritoneal effusion seen.

The spleen presents moderate enlargement in size with normal shape. No mass or nodules seen.

The adrenal glands appear normal.

Both kidneys present with normal size and shape. Normal contrast excretion on both sides.

The medial iliac lymph nodes are symmetrical and normal size.

The urinary bladder presents with normal thin walls. No stones seen.

Lumbar and sacral spine are aligned. No vertebral lysis or medullary compression are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild right sided pleural effusion.
- No mediastinal mass seen
- Normal abdomen

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The mass previously related appears to be in a complete remission. The pleural effusion can suggest a pleuritis reminiscent from the infection or the surgical approach. US guided pleural tap and analyses may help to evaluate.





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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.

Dr. Mauro Caldas MV, CBRV

info@sonopath.com