



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Spur Cosner

SPECIES
 Canine

BREED
 Australian Cattle Dog/Blue Heeler Cross

SEX
 MN

AGE
 12 Years

INTERPRETED BY
 Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME
 Southern Oregon Veterinary Specialty Center

REFERRING VET
 Kimberly Winters

INVOICE
 56217

DATE
 1-17-23

Spur is here today for a mass in his cranial chest that was found on xrays taken last week. He has been coughing off and on for about a month. It is a deep hacking cough and will be followed by a spit up of a little fluid. Currently he has an event once or twice a day he has a violent loud hacking which produces a small amount of clear sputum. He is breathing well and is not experiencing exercise intolerance. He has a history of having a hemoabdomen due to a mass in his spleen which then had a splenectomy (2018/2019) - splenic mass was found to be benign. He takes denamarin for 1 tablet once daily in the AM since Spring of 2022. ALT was found to be high in April (seen for hind end weakness). It was lower in May 2022. No other labwork since that time. He has incontinence (~10 years) and take proin 25 mg once daily in PM. Spur has hind end weakness and take galliprant 30 mg once daily and gabapentin 200 mg twice daily. He is on adequan, cbd, interceptor and heartworm preventative. He does not have any vomiting or diarrhea. Eating and drinking normally. Still plays daily and has good energy. No breathing issues. Owners are interested in a ct scan of his chest to determine their next step for treatment. Other dogs at home are not showing the same signs. Travel history - moved from Northern Nevada about a year ago. No other travel history.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review. Study's right/left orientation is flipped.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

A 3.2 x 1.3 cm sized soft tissue attenuating heterogeneously enhancing mass is seen in the cranial mediastinum directly adjacent to the cardiac silhouette. The mass does not appear to connect with the cardiac silhouette.

The sternal and tracheobronchial lymph nodes present within normal limits.

The lung and bronchial tree present within age related normal limits.

No significant cardiovascular changes are seen.

The thoracic spine presents spondyloses from T4-T8 and between T12/13 and T13/L1. Moderate chronic intervertebral disc protrusion is seen between T12/13 and T13/L1 as well.

Moderate bilateral shoulder osteoarthritis is noted.

Abdomen

There are spondyloses between L1/2, L2/3, L3/4 with mild intervertebral disc protrusions.

Moderate intervertebral disc protrusion and spondylosis deformans are seen at the lumbosacral junction. Focal medullary sclerosis of the 7th lumbar vertebra is seen.

Patient has a history of splenectomy.

Mild generalized enlargement of the liver with a 5mm sized central divisional parenchymal cyst is



PATIENT seen.

Spur Cosner Both kidneys reveal a mildly heterogeneous nephrogram with small cortical renal infarcts.

SPECIES

The pancreas, gastrointestinal tract, adrenal glands, and urinary bladder present within normal limits.

Canine

The prostate is small and presents within the expected limits for a neutered male.

Inspissated fecal matter is seen within the descending colon and rectum.

BREED

COMPUTED TOMOGRAPHIC DIAGNOSIS

Australian Cattle
Dog/Blue Heeler
Cross

- Vascularized cranial mediastinal soft tissue mass.
- Mild generalized hepatomegaly with small central divisional parenchymal cyst.
- Bilateral chronic nephropathy
- History of splenectomy (benign)
- Bilateral shoulder osteoarthritis and multiple spondyloses as well as multifocal chronic intervertebral disc protrusion within the thoracolumbar spine and at the lumbosacral junction.

SEX

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 Years

The CT study reveals a soft tissue mass within the cranial mediastinum. Differential diagnosis includes thymoma, thymic lymphoma, cranial mediastinal lymphoma, ectopic thyroid or parathyroid neoplasia, and soft tissue sarcoma. The findings are not compatible with an abscess, granuloma, or hematoma and does not appear to be accessible for ultrasound guided sampling.

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No evidence of pulmonary metastases is seen.

Differential diagnosis for the hepatomegaly includes vacuolar, metabolic, endocrine hepatopathy as well as storage disease, hepatitis, or diffuse infiltrative disease, even though this is considered less likely. Parenchymal sampling could be considered for further definition, especially if indicated per the laboratory values.

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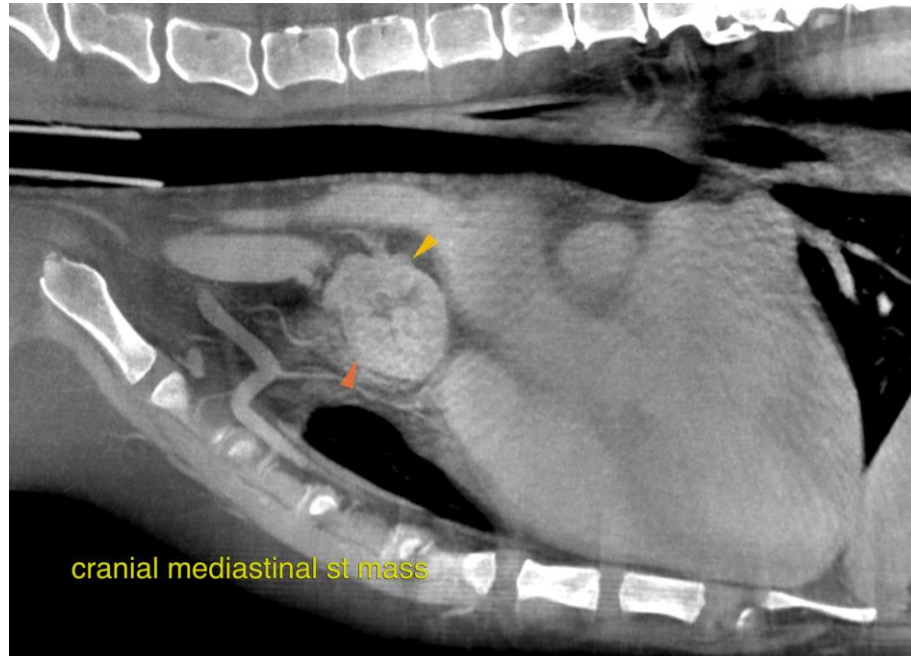
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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