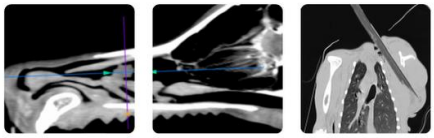

PATIENT

Onyx Velez

SPECIES

Canine

BREED

Lab

SEX

MC

AGE

12.5Y

WEIGHT

31.3kg

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

BH

HOSPITAL NAME

Crown Veterinary Specialists and Associates

REFERRING VET

Schlag

INVOICE

72849

DATE

12-3-25

PRESENTING CLINICAL SIGNS

Presented to ER at Crown for vomiting and diarrhea late Sept. 2025. Thoracic rads revealed incidental cranial mediastinal mass. Focal pulmonary infiltrate in right middle? lung lobe and similar lesion (or focal pleural effusion) in left lung lobes. Lymph Nodes: Mild to moderate bilateral mandibular lymphadenopathy, moderate to marked bilateral superficial cervical lymphadenopathy (R > L), moderate bilateral popliteal lymphadenopathy. EENT: SNS OU. No ocular, aural, or nasal discharge. Normal airflow through nares. No cough on tracheal palpation. Laryngeal stridor. Cardiovascular: Oral MM pink, moist. CRT 1-2 sec. No murmurs or arrhythmias noted. Heart sounds muffled at heart base and in cranioventral thorax . FPSS. Respiratory: Normal BV sounds x4. Polypneic with slightly increased inspiratory effort. -Proprioception – Delayed proprioceptive paw placement in pelvic limbs (left worse than right). Thymoma and suspect GOLPP.
Abnormal PE/Chem/CBC/UA Results: Lymph node cytology and PARR consistent with B-cell LSA. FNA of cranial mediastinal mass consistent with thymoma. Also has T-zone LSA. - abdominal ultrasound = benign appearing splenic nodule otherwise normal abdomen; see ultrasound report (Bloom) - CMM cytology = mixed lymphoid tissue, probable thymoma (Lacuna) - flow cytometry (CMM) = CD4+CD8+ lymphocytosis consistent with thymoma (CSU) - flow cytometry (peripheral LN) = CD4-CD8- T cells with loss of CD45 consistent with peripheral T zone lymphoma; minor population of larger B cell (8% of total cells) consistent with B cell neoplasia and suspect emerging B cell lymphoma (CSU)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A 5 x 4 x 5.5 cm sized, well delineated, soft tissue attenuating mass is present in the cranioventral mediastinum. The mass shows moderate nonuniform contrast enhancement. No evidence of vascular invasion is seen. No other mediastinal or thoracic lymph nodes are enlarged.

No discrete pulmonary nodules are identified. Mild right cranioventral alveolar pattern is noted in combination with volume loss likely representing atelectasis. The findings are not consistent with metastatic disease. Occasional pulmonary osteomas are identified, incidental in appearance.

The cardiovascular structures are within normal limits.

There is no evidence of pleural effusion at the time of the examination.

Mild to moderate thoracic spondylosis is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal soft tissue mass most consistent with suspected thymoma.
- No evidence of pulmonary metastasis.
- Mild right cranioventral alveolar lung pattern – likely atelectasis.
- No thoracic lymphadenopathy.
- Multifocal spondylosis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a single large cranioventral mediastinal soft tissue mass. Differential diagnosis includes thymoma, which is most likely based on location, shape, and enhancement. Mediastinal

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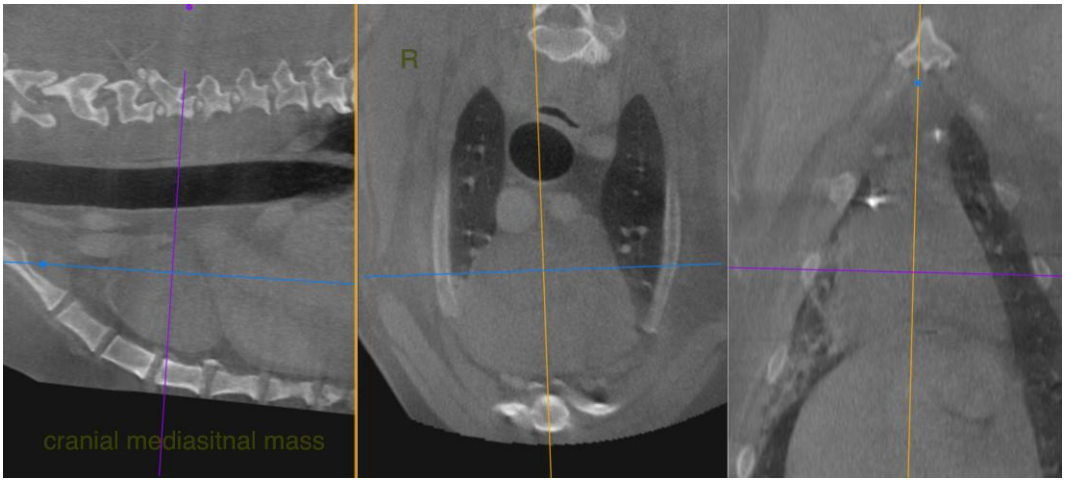
lymphoma, ectopic thyroid neoplasm, or other mediastinal tumors cannot be ruled out. Further definition may require sampling for histology. The mass is well defined and not invading adjacent structures which is favorable for surgical excision.

Evidence of pulmonary metastasis or regional lymphadenopathy is not seen at this point.

The mild alveolar changes in the right cranial lung lobe are very likely to represent uncomplicated transient atelectasis. Early pneumonic infiltrate cannot be ruled out entirely. Clinical correlation and monitoring are required.



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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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