



PATIENT PRESENTING CLINICAL SIGNS

Angelina Luda Labored breathing. Large cranial mediastinal mass. FNA performed yesterday (results pending).

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

SPECIES

Plain and post contrast studies available for review.

Canine

COMPUTED TOMOGRAPHIC FINDINGS

BREED

Yorkshire Terrier

The ventral mediastinum is occupied by a large soft tissue attenuating mass. The mass extends from the cranial thoracic aperture throughout the entire length of the thoracic cavity. The entire width of the thoracic cavity is occupied by the mass. Severe dorsal and caudal deviation of the heart and lung is seen. The trachea, esophagus, and large mediastinal vessels are deviated dorsally. Total measurements of the mass are approximately 9.5 cm in length, 6.5 cm in width, and 5.5 cm in height. The mass presents moderate nonuniform contrast enhancement. No overt vascular invasion or peripheral tissue invasion is seen.

SEX

Female Spayed

The trachea presents moderate collapse. Moderate mainstem bronchi collapse, left more than right, is noted as well.

AGE

8 Years

Extensive dystelectasis of the lung is seen secondary to the deviation and compression of the lung.

Mild generalized hepatomegaly is noted.

INTERPRETED BY

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large mediastinal soft tissue mass meeting neoplastic criteria.
- Extensive compression dystelectasis of the lung.
- No evidence of pulmonary metastatic disease.
- Tracheal and bronchial collapse.
- Hepatomegaly.

HOSPITAL NAME

Mobile Pet Imaging

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis for the mediastinal mass includes thymoma, thymic lymphoma, cranial mediastinal lymphoma, and less likely ectopic thyroid carcinoma or other soft tissue neoplasia. Final diagnosis will require sampling. Sampling can be obtained under ultrasonographic guidance using a parasternal intercostal approach or through the cranial thoracic aperture. Resectability of the mass may be limited by its large size and anatomic extension; however, no overt vascular invasion or peripheral tissue infiltration is seen.

REFERRING VET

Meaux

There is no evidence of tracheobronchial lymphadenomegaly or pulmonary metastatic disease.

INVOICE

51117

Note the presence of tracheal and bronchial collapse most likely secondary to degenerative bronchomalacia.

DATE

3-23-22

Differential diagnosis for the hepatomegaly includes metabolic/endocrine hepatopathy and less likely diffuse neoplastic or inflammatory/infectious infiltrate. Correlate with the laboratory values and consider parenchymal sampling and ultrasound for further definition if indicated.



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REFERRING VET

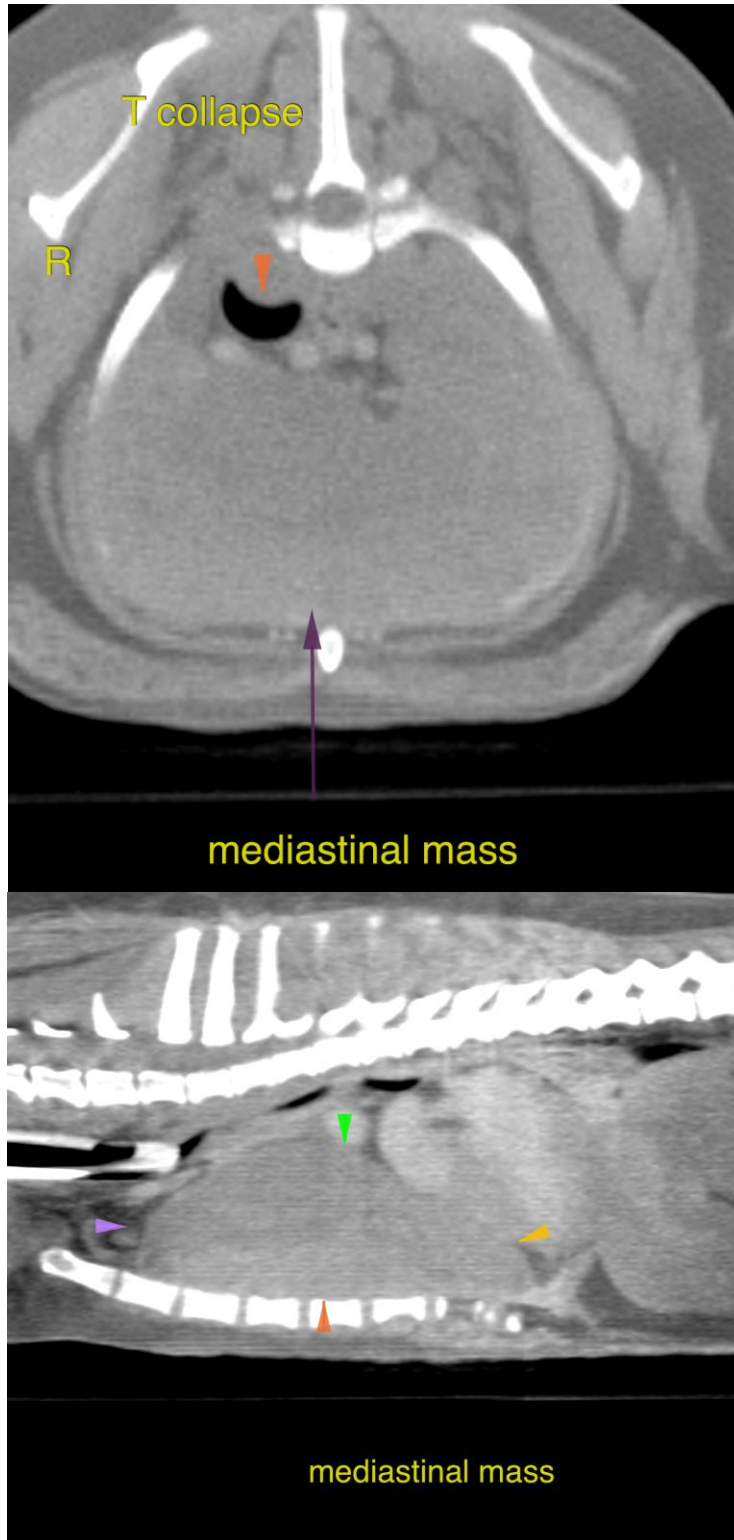
Meaux

INVOICE

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**PATIENT**

Angelina Luda

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

Canine

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.

BREED

Yorkshire Terrier

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