



PATIENT PRESENTING CLINICAL SIGNS

Theo Higgins Patient presented to regular vet today, had distressed breathing, they thought possible tumor or fluid pushing against the heart based on their radiographs. Their recommendations were ultrasound or echocardiogram. P transferred to ER where short ultrasound of thorax was preformed and VOD saw what was believed to be the liver in the thorax, concern for diaphragmatic hernia. On PE at ER: muffled heart sounds on auscultation, muffled resp sounds with increased RR/RE., rest of TPR WNL.
 Abnormal PE/Chem/CBC/UA Results: mild phosphorus elevation, mild ALT elevation, and WBC count 28.16 (elevated)

BREED COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

DSH Plain and post contrast studies available for review. Assessment is limited due to the presence of breathing related motion artifacts.

SEX COMPUTED TOMOGRAPHIC FINDINGS

MN **Thorax**

AGE The diaphragm appears to be intact.

8 Years The liver and spleen are seen within the abdomen.

INTERPRETED BY Most of the thorax is occupied by a polygonal shaped large soft tissue attenuating mass with moderate uniform contrast enhancement and mildly lobulated appearance. The mass appears to be situated within the mediastinum. Most of the mass is located within the cranial and mid ventral mediastinum. Dorsal deviation of the trachea, esophagus, and large mediastinal vessels is seen. The cardiac silhouette and lung are displaced caudally and dorsally. The mass measures approximately 13.0 cm in length, 8.0 cm in width, and 5.0 cm in height.

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME The sternal lymph nodes appear to be enlarged; however, they are not clearly separated from the mass.

Animal Emergency
 Hospital Volusia

Extensive pressure related atelectasis of the lung is seen. The aerated lung presents within age related normal limits except for dystelectasis.

REFERRING VET Abdomen

CVN The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

INVOICE The size, shape, and architecture of both kidneys are considered within normal limits. The nephrogram is mildly heterogeneous. Occasional cortical renal infarcts are seen. There is no evidence of pyelectasia.

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The adrenal glands are within normal limits for size, shape and organ architecture.

DATE Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

3-23-22



PATIENT

Theo Higgins

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

SPECIES

Feline

The bony structures reveal no abnormalities.

Head

BREED

DSH

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

SEX

MN

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE

8 Years

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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The salivary glands present within normal limits.

The visible dentition is within normal limits.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large mediastinal soft tissue mass meeting neoplastic criteria.
- Pressure related atelectasis and dystelectasis of the lung.
- Sternal lymphadenomegaly.
- No evidence of pleural effusion or diaphragmatic hernia.

REFERRING VET

CVN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large mediastinal soft tissue mass that occupies most of the thoracic cavity and spans the entire length of the mediastinum.

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Extensive atelectasis and dystelectasis of the lung owing to its deviation and compression are seen.

The sternal lymph nodes are enlarged.

DATE

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Differential diagnosis includes thymoma, thymic lymphoma, and cranial mediastinal lymphoma. Ectopic thyroid carcinoma and other soft tissue neoplasia cannot be ruled out entirely but is by far less likely. Final diagnosis will require sampling which could be obtained under



PATIENT ultrasonographic guidance.

Theo Higgins

The sternal lymphadenomegaly may represent neoplastic infiltrate such as metastatic disease or lymphomatous infiltrate as well as reactive hyperplasia. Consider ultrasound guided sampling of the sternal lymph nodes as well.

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REFERRING VET

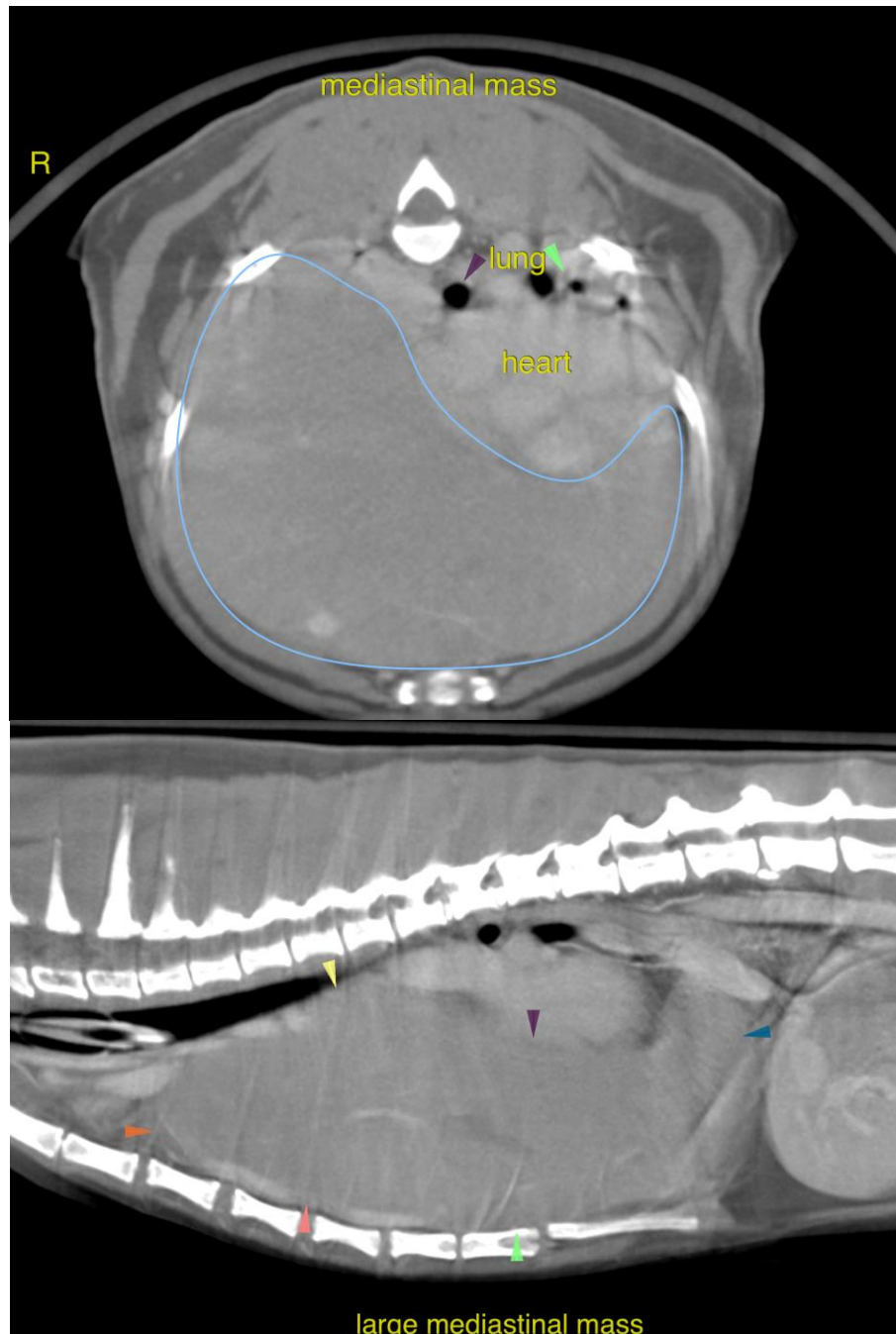
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

BREED

DSH

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