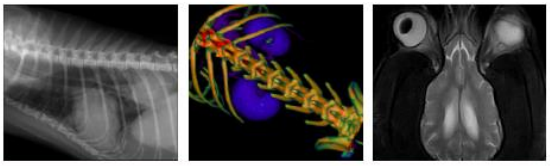
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Willie Lewis

SPECIES

Canine

BREED

Labrador Ret.

SEX

MN

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Medical Center of Mt. Pleasant

REFERRING VET

Anne Briley, DVM

INVOICE

52048

DATE

5-11-22

PRESENTING CLINICAL SIGNS

Coughing. Concern for possible mass on radiographs.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post IV contrast studies of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A mild amount of pleural effusion is seen in the dorsal dependent aspect of both pleural cavities with symmetric distribution between the right and left side.

The lung lobe margins are retracted from the thoracic wall and rounded. Multiple interstitial pulmonary nodules are seen in the left and right lung. Assessment of the lung is limited owing to motion related streak artifacts.

A large cranioventral mediastinal mass with lobulated appearance and low contrast enhancement is seen. The mass measures approximately 10 cm in length, 10 cm in height, and 6 cm in width and fills the entire cranial thoracic cavity. Caudal and dorsal displacement of the trachea, carina, heart, and lung are noted. The sternal and cranial mediastinal lymph nodes cannot be seen separate from this mass.

A second irregular shaped 4 x 4.5 cm sized mass with similar lobulated and hypoattenuating appearance is seen in the heart base to the left of the midline in the position of the left tracheobronchial lymph node.

There is mild dorsoventral flattening of the thoracic trachea.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large poorly enhancing cranioventral mediastinal mass with lobulated appearance.
- Severe left tracheobronchial lymphadenomegaly.
- Multiple interstitial pulmonary nodules.
- Mild bilateral pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a cranioventral mediastinal mass as well as severe tracheobronchial lymphadenomegaly. Differential diagnosis includes mediastinal lymphoma and less likely thymic lymphoma. Ectopic thyroid carcinoma, thymoma, and other soft tissue neoplasia all are thought less likely based on the CT appearance. Final diagnosis, however, will require sampling which can be obtained under ultrasonographic guidance using a parasternal intercostal approach or through the cranial thoracic aperture.

The presence of soft tissue nodules within the pulmonary interstitium is highly suggestive for metastatic disease and should be considered so until proven otherwise.

Paraneoplastic effusion, carcinomatosis, or hemorrhage are thought the most likely underlying causes of the pleural effusion. Further definition by means of aspiration and analysis of the pleural fluid could be considered if not performed already.

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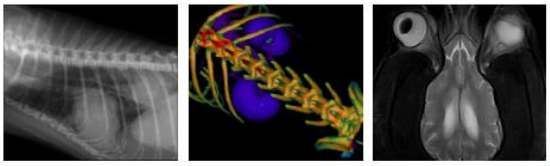

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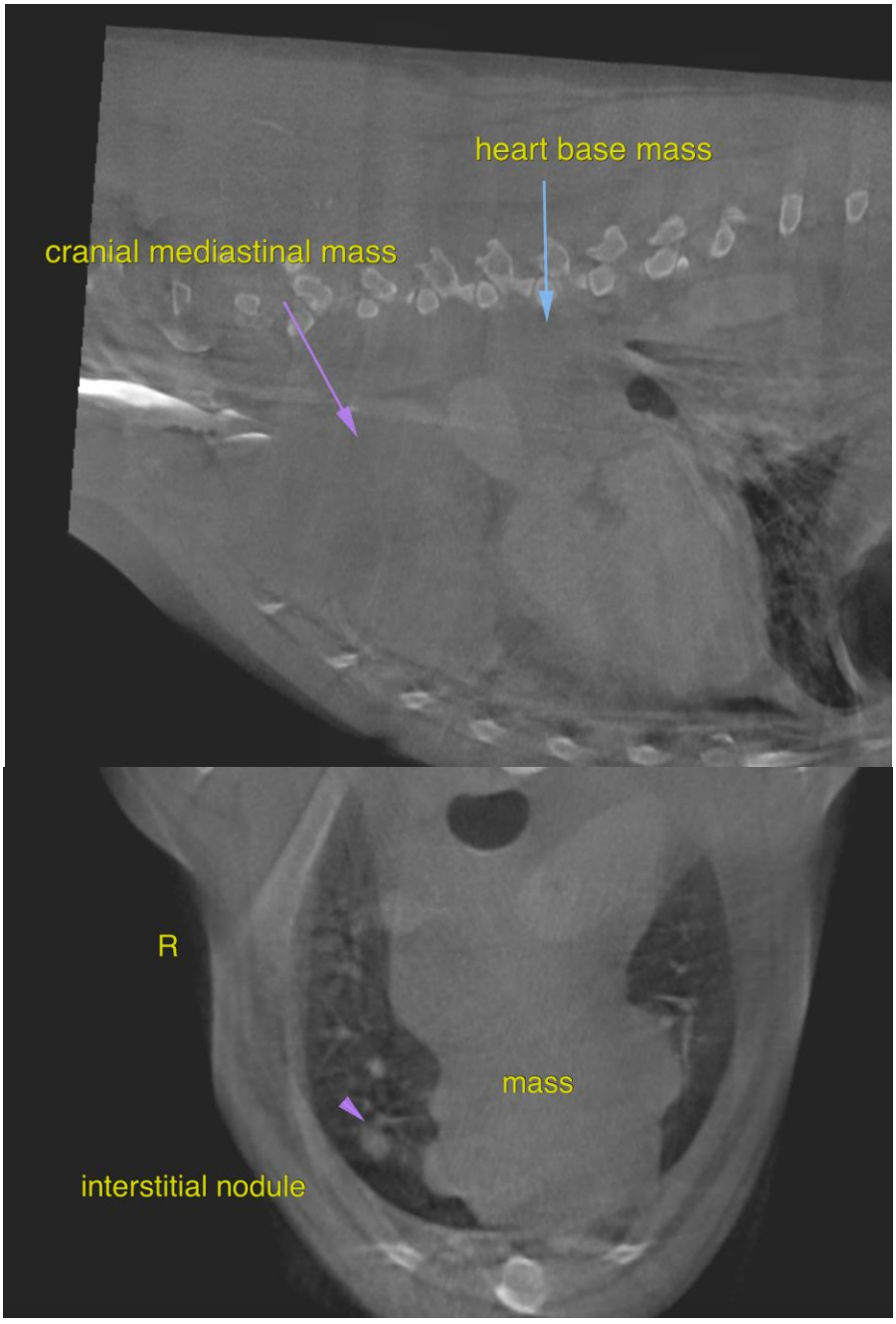

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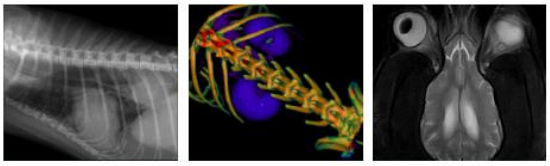

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com