



PATIENT

Neytiri Gonzalez

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

16Y

WEIGHT

6.5lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Carlos Mongil, DVM,
DACVS

INVOICE

74961

DATE

5-11-26

PRESENTING CLINICAL SIGNS

Patient was referred for CT thorax study for evaluation of thymoma and surgical planning. Abnormal PE/Chem/CBC/UA Results: CHEM --- CREA mild increased (2.7)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large, well-defined, soft tissue attenuating mass is present within the cranial to mid-ventral mediastinum adjacent to the heart measuring approximately 6 x 5 x 3 cm. The mass causes moderate regional mass effect upon the cardiac silhouette and adjacent lung. Margins are relatively well circumscribed. There is no CT evidence of major vascular invasion, pericardial invasion, or pulmonary invasion.

No pleural effusion is identified.

No pulmonary nodules or pulmonary metastatic lesions are detected.

There is no evidence of thoracic lymphadenopathy.

The esophagus presents mild generalized dilation with gas, likely related to general anesthesia.

Multiple small well-defined hypoattenuating cystic lesions are present within the liver. These are most compatible with benign biliary cyst adenomas. No aggressive hepatic features are definitively seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cranial and mid-ventral mediastinal soft tissue mass: imaging features most compatible with thymoma.
- No CT evidence of pulmonary or mediastinal metastasis.
- Incidental benign appearing cystic hepatic lesions: most likely biliary cyst adenomas.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging appearance and location of the mediastinal mass is strongly supportive of thymoma. Importantly, there is absence of vascular invasion, pulmonary metastatic disease, pleural effusion, and mediastinal lymphadenopathy which are all favorable features for potential surgical management. Differential diagnosis for cranial mediastinal mass includes thymoma, which is favored, mediastinal lymphoma, ectopic thyroid/parathyroid neoplasia, and less likely metastatic neoplasia. Surgical consultation and planning for mass excision are recommended.



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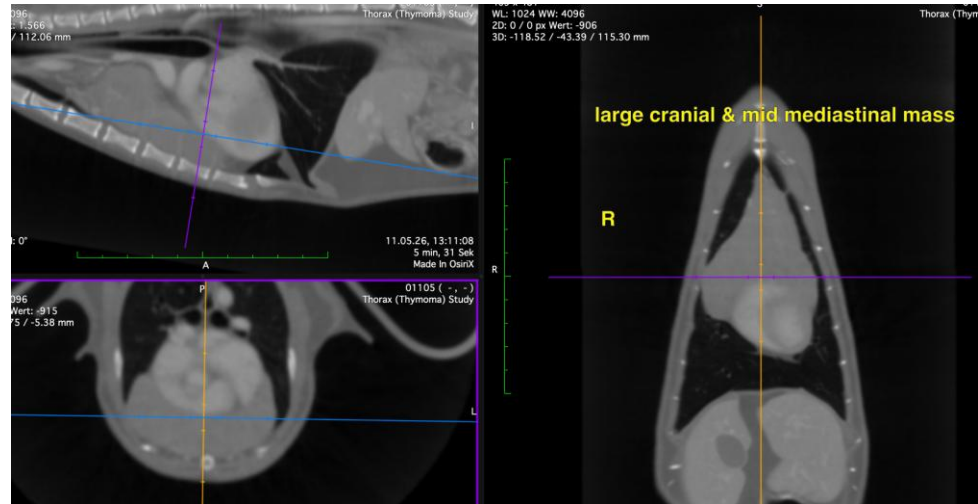
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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