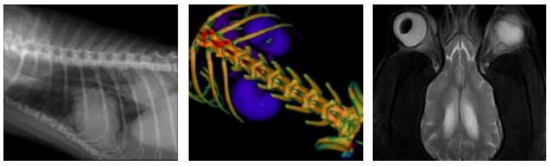

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1-800-838-4268 info@sonopath.com

PATIENT

Gryphon Cambareri

SPECIES

Canine

BREED

Australian Shepherd

SEX

Male

AGE

4 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Dr. Ravi Seshadri

INVOICE

52781

DATE

7-11-22

PRESENTING CLINICAL SIGNS

Patient presented to the ER for non productive cough for several days duration. Presenting Complaint: Cough / retch, uncomfortable. Significant PE Findings: Gas distended abdomen. Painful. Occasional cough/ retch. Fever. DIAGNOSTICS: Radiographs: Large gas dilated stomach with air and mineral debris present. No torsion. Right caudal lung lobe consolidation with distinct margins. Lactate 1.5 CBC: Mild neutrophilia Chemistry: Elevated amylase, otherwise normal. Client Discussion: Concern for lung lobe torsion vs foxtail fb and secondary abscess. Cannot rule out mass. Need advanced imaging and may need thoracotomy based on those results. Gastric distension is not a torsion at this point but is very uncomfortable and may be from swallowing air or primary GI upset. Recommend starting with hospitalization and advanced imaging. ASSESSMENT/Dx: Gastric Dilation (no torsion) Right caudal lung lobe consolidation Fever Radiology consult submitted - see attached report CT performed for surgical plan for today - sent STAT

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Minimal free pleural fluid is seen in the caudodorsal aspect of the right pleural cavity.

No structural pulmonary changes are seen other than hydrostatic and pressure related atelectasis.

A thin walled ovoid large cystic structure is seen in the caudal and dorsal mediastinum starting from the tracheal bifurcation and passing the diaphragm level with the esophageal hiatus to extend into the craniodorsal aspect of the abdomen. Total length of this structure is 15cm and width is approximately 10cm. The lesion content is uniformly fluid attenuating. The wall is thin. The lung and esophagus appear to be deviated and compressed to the periphery of the lesion. Compression of the pre- and post- diaphragmatic caudal vena cava is seen.

The stomach is dilated with a moderate amount of solid and fluid attenuating material as well as gas. Mineral attenuating structures are seen within the gastric content.

There is moderate generalized gallbladder wall edema.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large caudodorsal mediastinal cystic mass.
- Minimal right sided pleural effusion.
- Compression atelectasis of the lung.
- Gallbladder wall edema.
- Moderate gastric dilation with retention of solid and fluid ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large cystic lesion within the caudodorsal mediastinum with mass effect onto the neighboring anatomic structures including the lung, esophagus, and caudal vena cava. Part of the mass appears to be situated in the craniodorsal abdomen in a midline position.

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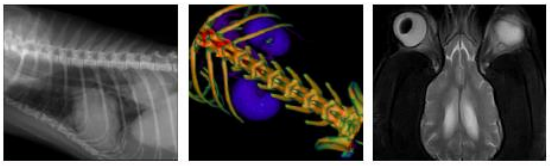

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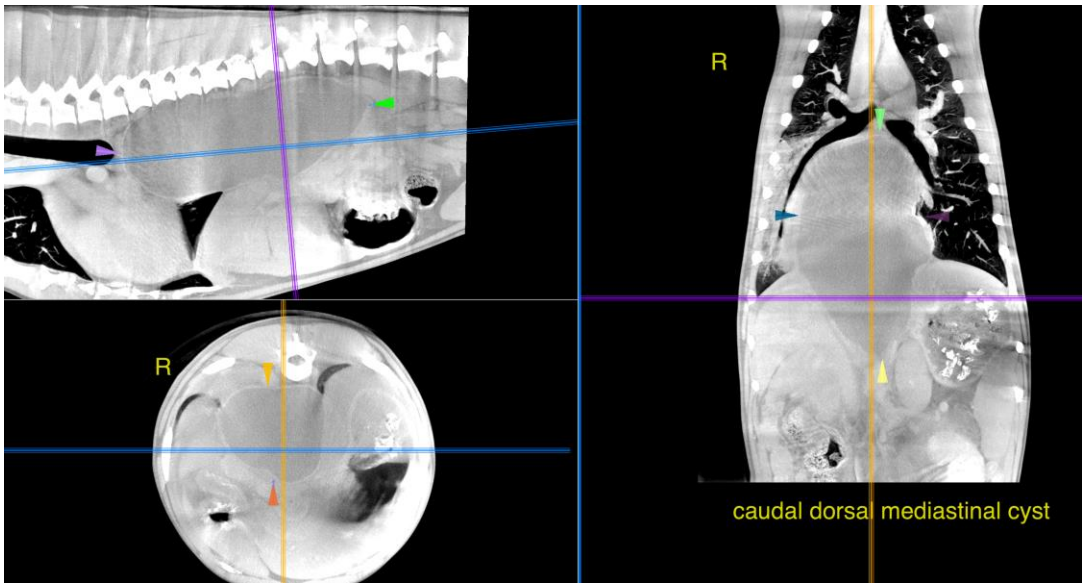
Differential diagnosis includes caudal mediastinal cyst such as bronchogenic thyroglossal duct or enteric cyst origin. Caudal mediastinal abscess is a potential but less likely differential diagnosis. Neoplasia with central tumoral necrosis is considered unlikely based on the imaging findings. The cyst appears to be in a paraesophageal position rather than to be derived from the esophageal wall; however, the mass effect and border effacement do not allow for a more definitive assessment of which. Consider surgical exploration with "cyst" removal. At this time, no evidence of structural pulmonary changes and no evidence of concurrent mediastinal lymphadenomegaly are seen.



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
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Nele.Eley@sonopath.com