

**PATIENT**

Maggie Magee

PRESENTING CLINICAL SIGNS

Patient presented 7/20/22 for ataxia and dysphagia, occasional vomiting
Abnormal PE/Chem/CBC/UA Results: Same-day ECG reports: sinus tachycardia w/left axis shift, poss suggested LV enlargement (R waves). No pathologic arrhythmias Blood work shows elevated RBCs, other wise renal, hepatic & WBC values WNL. Large ST mass in cranial thorax first seen 4/9/2020 when presented for gagging cough Medications: Endoblend, Curcuvet 150mg, Dasaquin Advanced, Prednisone (owner is giving 1.25mg SID), Soloxine 0.5mg BID, Omega Benefits, Adequan injection every other week and K9 Matrix Turkey Tail Body condition score 3/9

SPECIES

Canine

BREED

Akita

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

SEX

FS

RADIOGRAPHIC FINDINGS

A large ovoid soft tissue opaque cranioventral mediastinal mass effect with rounded margins is seen. There is no evidence of tracheal deviation.

AGE

13 Years, 10 Months

Course and width of the trachea are considered within normal limits.

There is no radiographic evidence of esophageal dilation.

The lungs are deeply inflated. There is no evidence of pulmonary nodules.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No evidence of tracheobronchial lymphadenomegaly is noted.

Multiple spondyloses are seen within the thoracic spine.

HOSPITAL NAME

POCONO PEAK
VETERINARY
CENTER

RADIOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal soft tissue mass.
- Multiple spondyloses.

REFERRING VET

Dr. Christine Coyle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis includes neoplasia such as thymoma, thymic lymphoma/cranial mediastinal lymphoma, ectopic thyroid, or parathyroid tumor, and less likely cyst, or granuloma. Consider further definition by means of ultrasound guided sampling using a cranial parasternal intercostal approach or approaching the mass through the cranial thoracic aperture.

INVOICE

53061

DATE

7-25-22



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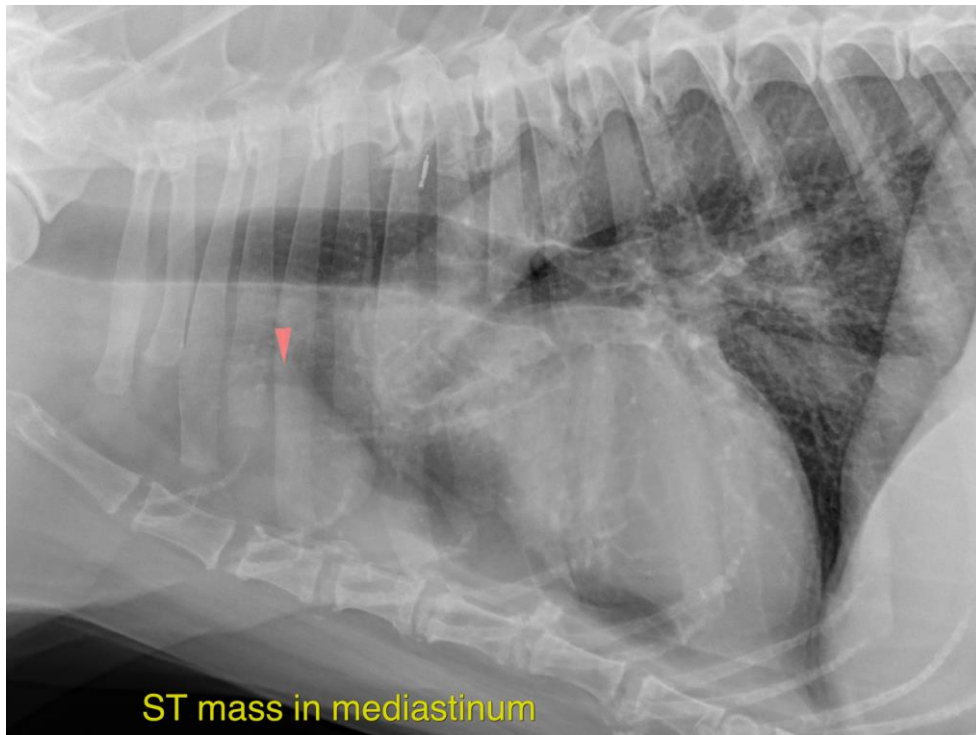
Akita

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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.

HOSPITAL NAME

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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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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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