



PATIENT PRESENTING CLINICAL SIGNS

Hank Wagner
SPECIES Canine
BREED Lab
SEX Male
AGE 10 Months

Symptoms initially started 8/22- pet was seen at ER clinic for acute V+ and acting generally painful. Pet was treated symptomatically for gastroenteritis. Improved, but symptoms returned 8/24. Abdominal x-rays unremarkable, but possible mass effect noted in cranial mediastinum on thoracic films. Ultrasound of the area revealed a possible mottled mass. Ultrasound guided FNA of mass was attempted- showed only macrophagic inflammation, but low cellularity limited interpretation. GI signs improved, and pet was sent home on antibiotics. Chest films were repeated 8/30- no change in the area, so a CT was recommended. Concern for possible migrating/ penetrating FB vs mass.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large 12 x 7 x 5cm sized ovoid cavitory lesion is seen in the cranial and mid dorsal mediastinum. Ventral deviation of the trachea and esophagus as well as of the brachycephalic trunk is seen. The dorsal mediastinum is significantly widened by this cavitory lesion which contains fluid attenuating contrast negative material with a contrast enhancing rim of variable thickness and mild compartmentalization. Most of the lesion is thin walled and well delineated. No evidence of aggressive osteolytic changes is seen.

There is mild cranial mediastinal lymphadenomegaly.

A thymic remnant is seen in the cranial and ventral mediastinum.

The lung and bronchial tree present within normal limits.

The cardiovascular structures present within normal limits except for the mass effect due to the cavitory lesion in the dorsal mediastinum.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large fluid filled cavitory lesion in the cranial and mid dorsal mediastinum.
- Mild cranial mediastinal lymphadenomegaly.
- Thymic remnant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large thin walled cavitory lesion within the dorsal mediastinum. Differential diagnosis includes organizing dorsal mediastinal hemorrhage as a primary differential diagnosis. Mediastinal abscess due to perforating esophageal injury or migrating foreign material and tumor with central tumoral necrosis such as mediastinal lymphoma cannot be ruled out entirely but are thought by far less likely.

The mild enlargement of the cranial mediastinal lymph nodes may represent juvenile hyperplasia. A lymphomatous or other neoplastic infiltrate cannot be ruled out entirely.

Further definition by means of ultrasound guided sampling using a craniodorsal parasternal

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intercostal approach or through the cranial thoracic aperture could be considered.

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Dorsal mediastinal hemorrhage is often idiopathic in cause and has been described in dogs. The management is typically conservative and further clinical monitoring as well as monitoring with imaging such as serial radiographic or CT rechecks could be considered.

SPECIES

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Fine needle aspiration of the cranial mediastinal lymph nodes could be performed under ultrasonographic guidance as well.

BREED

Lab

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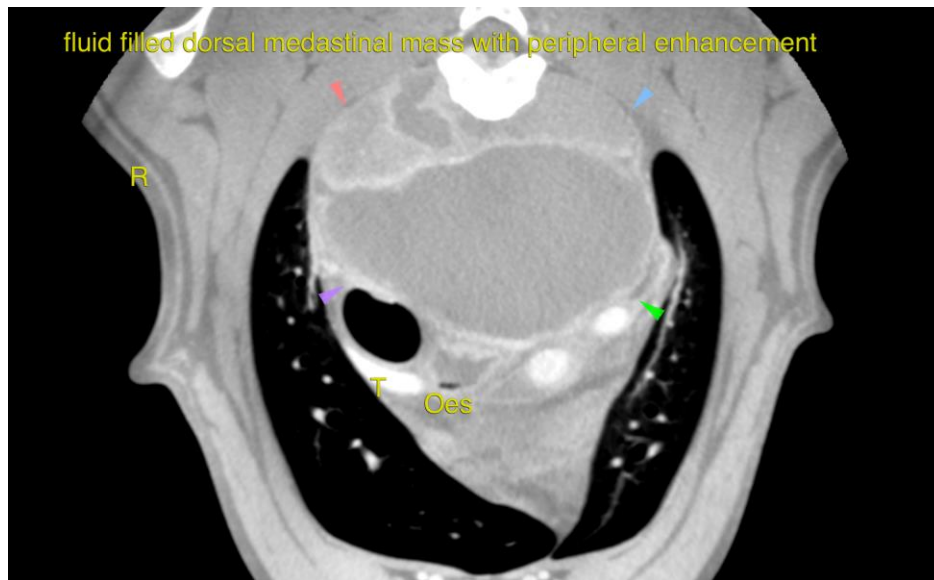
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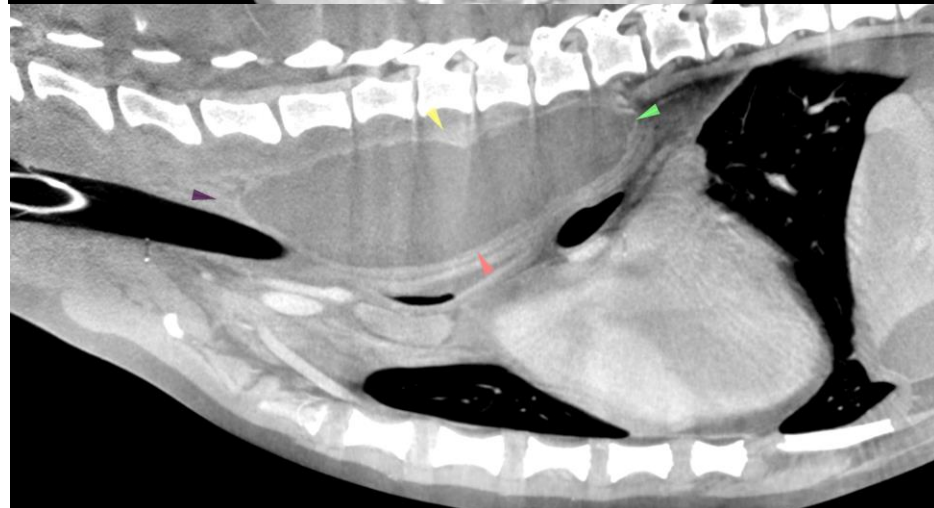


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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