



**PATIENT**

Zoey Rowat

**PRESENTING CLINICAL SIGNS**

Large cranial mediastinal mass. Presented to RDVM late December for vomiting/diarrhea and large chest mass found on survey radiographs. Presented to ER last week for prolonged coughing episode. Hx chronic cough, neutrophilia, heart murmur.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen in a lung, bone and soft tissue reconstruction are provided for review.

**BREED**

Chihuahua X

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

**SEX**

FS

A moderate amount of gravity dependent, non-contrast enhancing soft tissue material is visible in the ventral aspect of the pleural cavity. The lung lobes are retracted from the thoracic wall, present a moderately decreased volume and pleural fissure lines are visible.

**AGE**

5 Years

The cranial third of the thoracic cavity is occupied, by a large, roundish, mild heterogeneous soft tissue attenuating and irregular contrast enhancing mass. The cranioventral mediastinal mass is measuring approximately 6.2 x 7.6 x 8.7 cm in size. The large cranial mediastinal vessels are displaced dorsally, and the cranial vena cava is compressed. Post contrast administration multiple small feeding and draining vessels are seen in the periphery and the parenchyma of the mass. The heart is displaced caudally and elevated by the mass effect.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lung lobes present multiple regions of dystelectasis.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**REFERRING VET**

Shannow Westgarth

The gastric, splenic and right renal lymph node are prominent, uniform soft tissue attenuating and contrast enhancing.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

**INVOICE**

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**DATE**

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within



**PATIENT** normal limits throughout.

Zoey Rowat The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Large cranioventral mediastinal mass without signs of vascular invasion
- Lymphadenopathy gastric, splenic and right renal lymph node
- Moderate pleural effusion
- Compression atelectasis of the lung, no evidence of pulmonary metastatic disease

**BREED**

Chihuahua X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with the history of a cranioventral mediastinal mass, differentials include thymoma, thymic lymphosarcoma, thymic carcinoma/sarcoma, hemangiosarcoma, other. The prominent abdominal lymph nodes may increase the odds for underlying round cell neoplasia. If not done so yet, recommend FNA sampling/biopsy of the mass and the prominent abdominal lymph nodes.

**SEX**

FS

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Based on biopsy results, surgical intervention might be an option, be aware of potential adhesions and the overall good vascularization of the mass.

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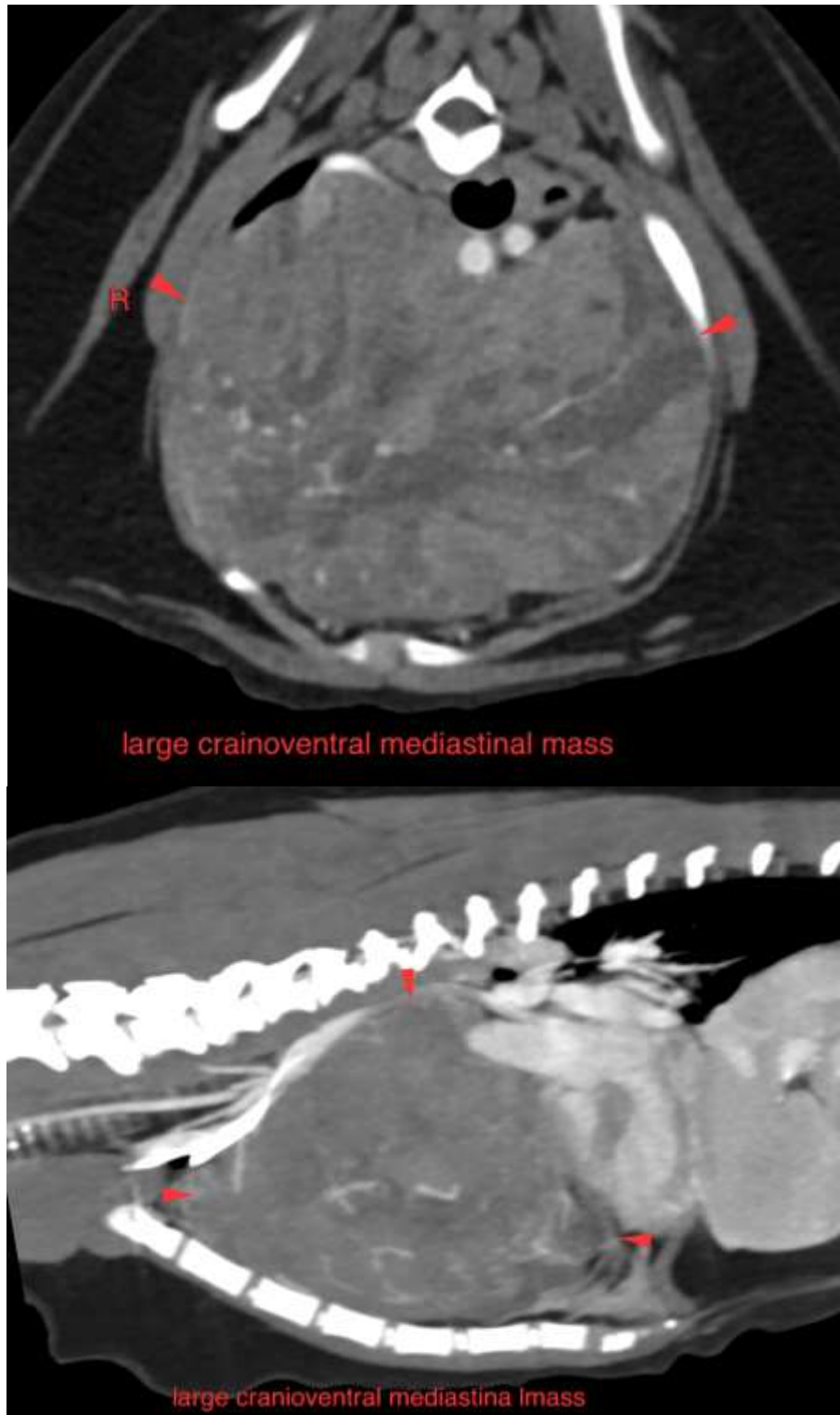
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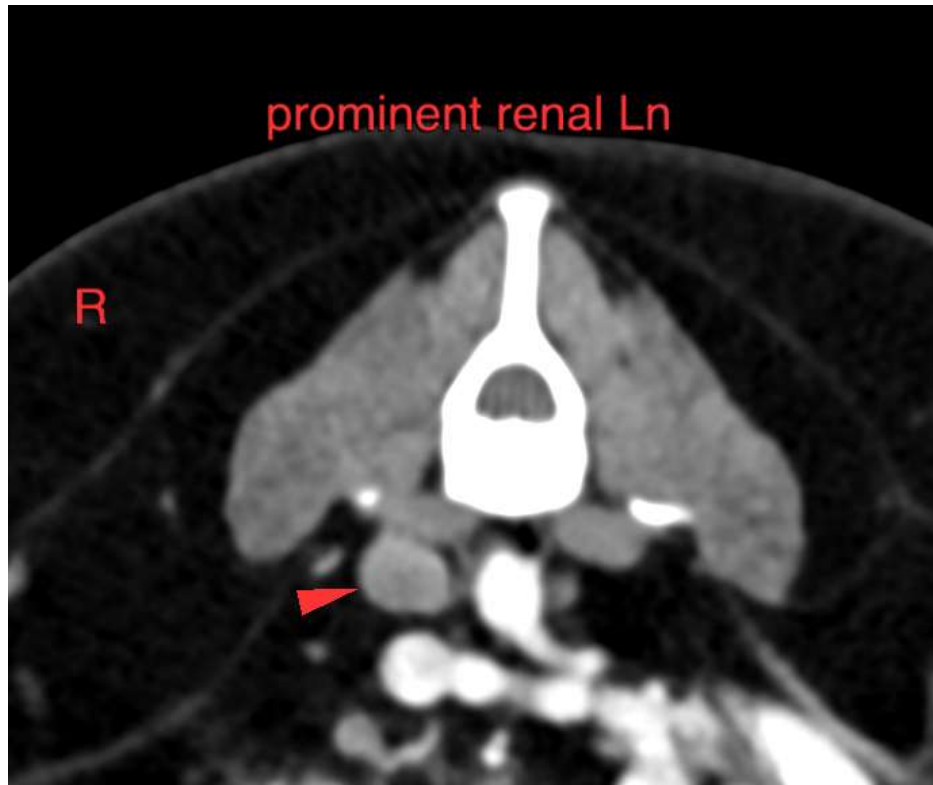
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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