



**PATIENT**

Roulette Thompson

**PRESENTING CLINICAL SIGNS**

Presented as a 3rd opinion for 6+-week history of progressive appetite loss. At first, bloodwork was normal, though at the end of the 6-week period, a mild elevation of SDMA was found. A mottled spleen was found on ultra-sound, although splenic aspirates were returned reactive. On chest x-ray, pleural effusion was found and Roulette sent to emergency for draining and repeat x-ray. At that time, steroids were started. After draining, x-ray still failed to show a mass, although the trachea could be appreciated to be dorsally displaced, suggestive of a mediastinal mass. Owners looking for more information re: possible mediastinal mass, whether operable, etc. CT requested by Great plains.

**SPECIES**

Canine

**BREED**

Shep X

Abnormal PE/Chem/CBC/UA Results: Decreased: phos 0.70 mmol/L, HCT 36.8% Increased: ALT 355 U/L, ALKP 438 U/L, Lipa 3426 U/L

**COMPUTED TOMOGRAPHY OF THE THORAX**

A high resolution pre- and post-contrast CT study of the thorax is provided for review.

**SEX**

FS

**COMPUTED TOMOGRAPHIC FINDINGS**

The periarticular bones of the right shoulder joint present mild osteophyte new bone formation.

A sternal lymph node is mildly prominent. The cranial mediastinal and the tracheobronchial lymph nodes are small, unremarkable.

**AGE**

9 Years, 6 Months

A prominent thymic remnant is appreciated in the cranioventral mediastinum, measuring 3.0 x 0.9 x 5.0 cm in size

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

In the pictured parts of the cranial abdomen, a filling defect is seen in a splenic vein of the caudal extremity of the spleen.

**REFERRING VET**

Dr. Perrault

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Prominent thymic remnant
- Mild lymphadenopathy sternal lymph node
- Thrombus splenic vein
- Mild degenerative osteoarthritis right shoulder joint
- Structural normal lung

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

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The thymic remnant is likely an incidental finding – in case of doubt, ultrasound guided FNA sampling of the thymic remnant can be tried. Follow up CT examination in 1-2 month can be considered alternatively to check if there is progressive growth of the thymic remnant.



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The prominent sternal lymph node is not specific, the odds for reactive hyperplasia are considered higher than for neoplastic transformation. Ultrasound guided FNA sampling of the sternal lymph node appears feasible as minimally invasive advanced diagnostic tool.

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The thrombus material in the splenic vein is suggestive for a ongoing/preceding hypercoagulable state (e.g. pancreatitis, hyperadrenocorticism, immune mediated thrombocytopenia, lymphosarcoma, other).

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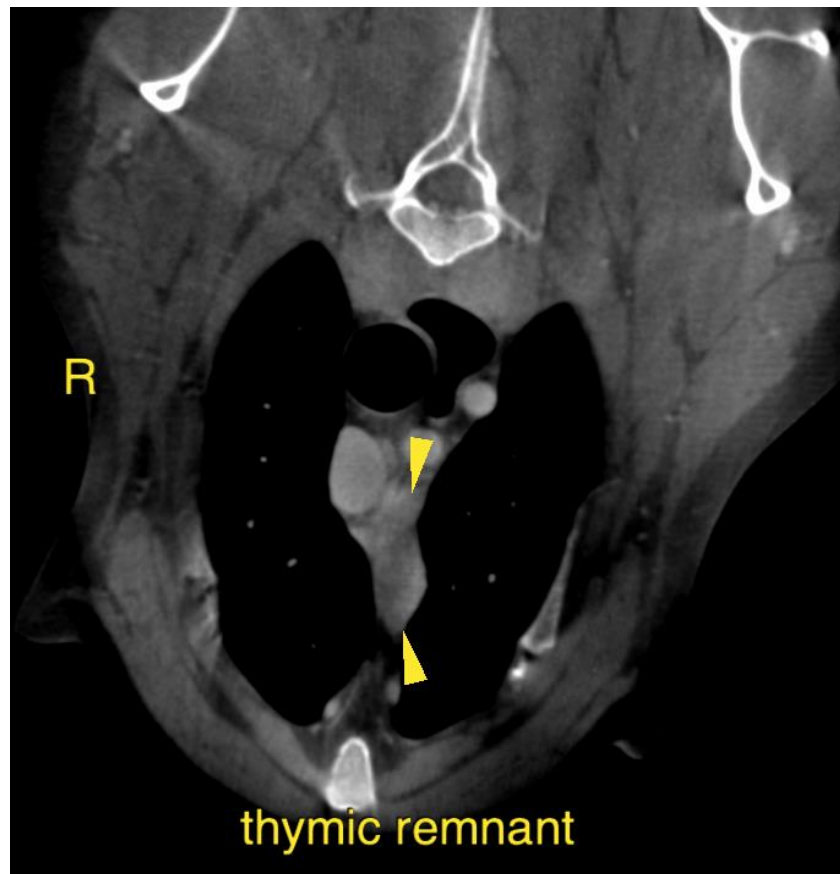
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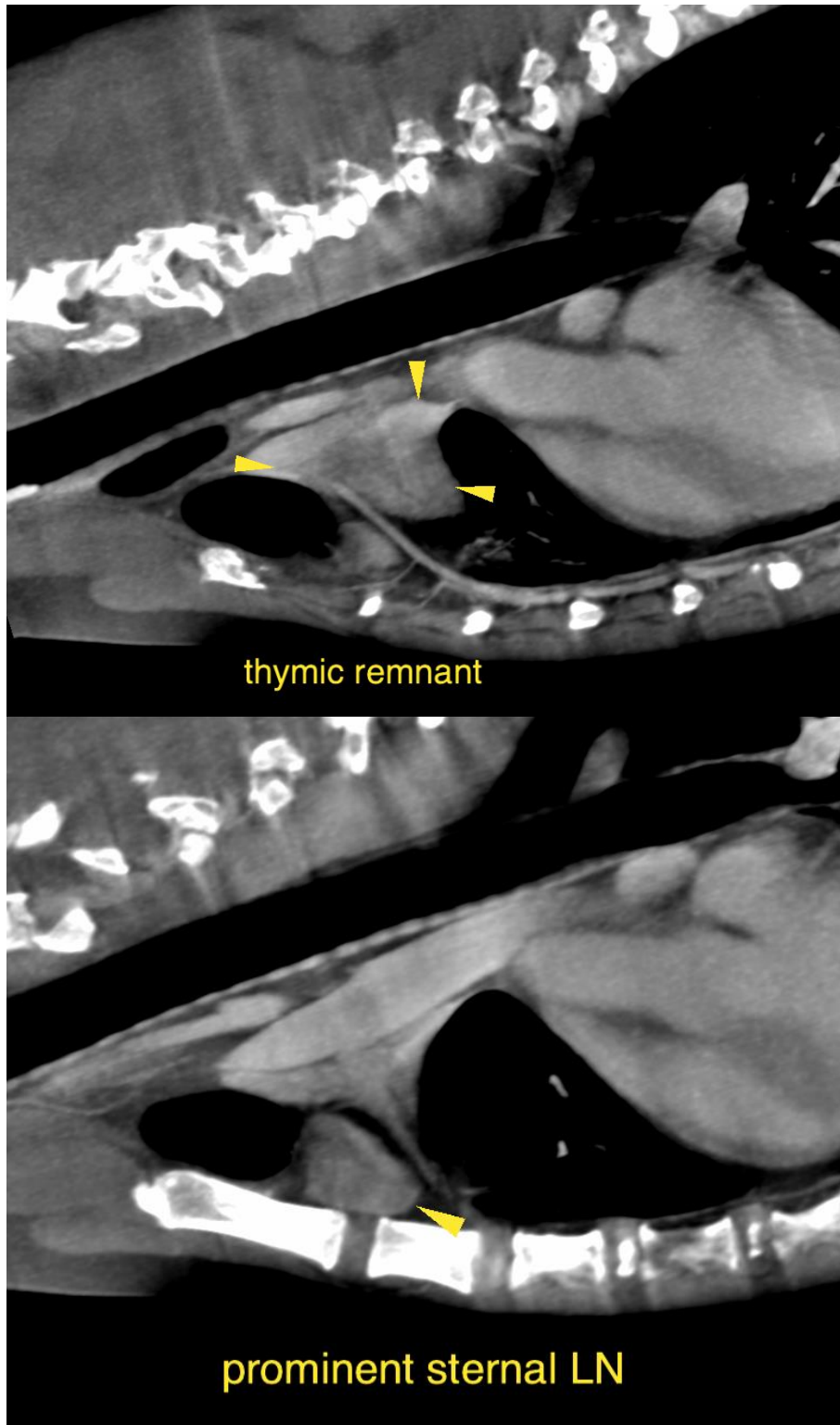
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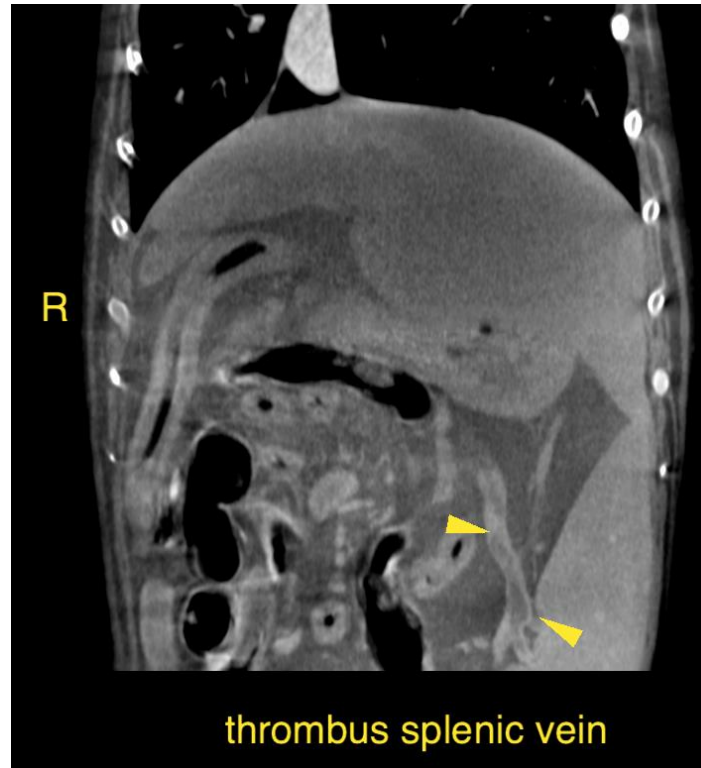
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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