



PATIENT

Okami Stokes

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

MN

AGE

10Y

WEIGHT

17.4kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Mason/Megan

HOSPITAL NAME

Mountain West
Veterinary Specialists

REFERRING VET

Dr. David Mason

INVOICE

73258

DATE

1-8-26

PRESENTING CLINICAL SIGNS

3 week diffuse swelling through the sternum and ventral neck to the angle of the mandible. Hard to feel any structures

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Generalized subcutaneous edematous swelling of the skull is seen.

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are moderately prominent and present a heterogeneous attenuation pattern.

Originating from the left thyroid gland, a well-defined, ovoid shaped, uniform soft tissue attenuating and contrast enhancing mass is seen; measuring 2.0 cm in diameter and 2.7 cm in length.

Thorax

The subcutaneous tissue along the cranioventral aspect of the thorax is swollen and presents moderate fat-stranding.

Along the thoracic spine, multifocal spondylosis formation is seen.

In the cranioventral aspect of the mediastinum, an irregular shaped and ill-defined, uniform soft tissue attenuating and contrast enhancing mass is seen; measuring approximately 3.5 x 4.7 x 4.0 cm. The cranioventral mediastinal mass is blending with the cranial segment of the cranial vena cava & right brachiocephalic vein.

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.

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.



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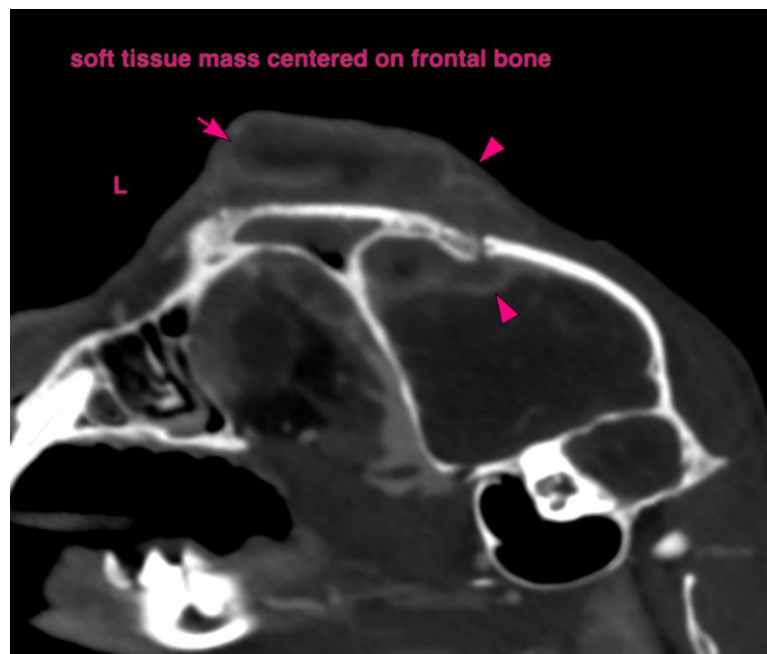
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal soft tissue mass with vascular invasion
- Secondary cranial vena cava syndrome
- Left thyroid soft tissue mass
- Lymphadenopathy mandibular lymph nodes and medial retropharyngeal lymph nodes – likely due to resorptive activity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the cranioventral mediastinal soft tissue mass invading the cranial vena cava – the subsequent cranial vena cava syndrome is explaining the clinically appreciated swelling of the skull and neck. Differentials for the cranioventral mediastinal mass include metastasis of a thyroid carcinoma of the left thyroid gland or primary soft tissue neoplasia of the thymus (e.g. thymoma, thymic sarcoma/carcinoma/lymphosarcoma). FNA sampling of the cranioventral mediastinal mass may be used for specification.





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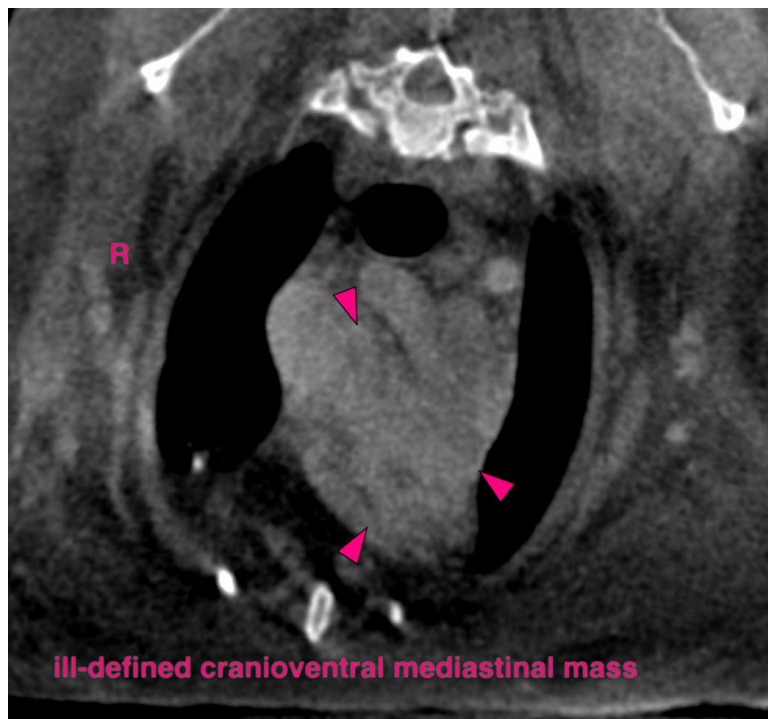
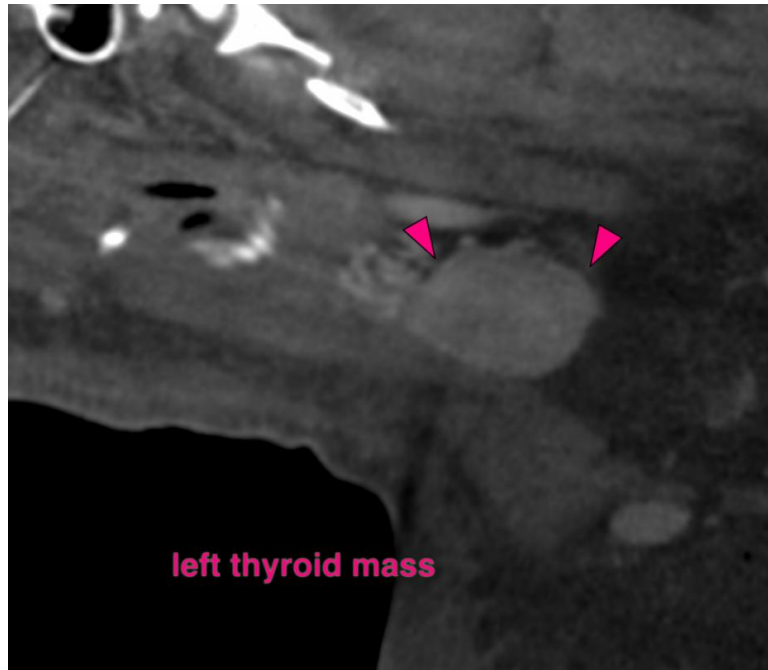
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Teleradiology

Educational Teleconsultation Services™

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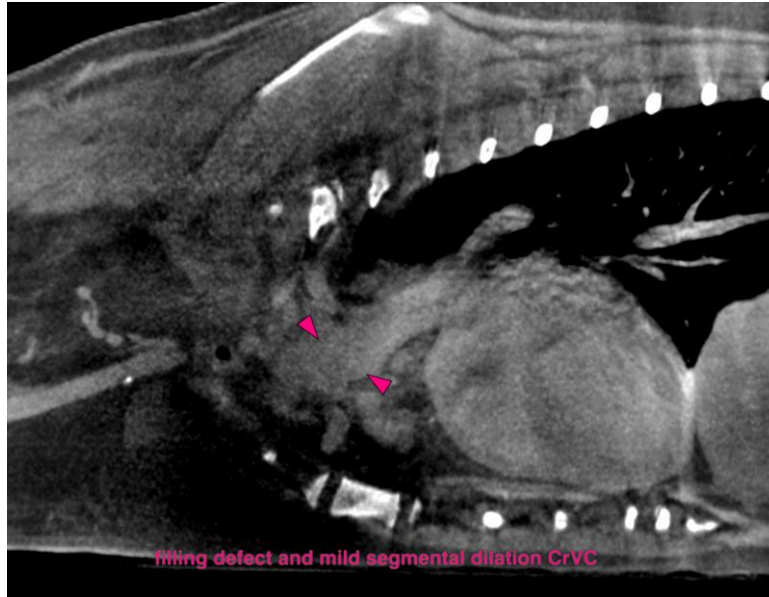
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com