



**PATIENT PRESENTING CLINICAL SIGNS**

Coal Bastone 3 days of decreased appetite, vomiting, and polyuria. no cough. tachycardia. lethargy. on IV fluids 2x mait saline. ampicillin. 0.1mg/kg dexamethasone oct 20.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: xrays reveal cranial thoracic mass 4dx negative. worsening thrombocytopenia (<20 at time of CT) worsening azotemia (CREA 306 up to 354) with 12 hours of IV fluids ionized calcium 1.87 USG 1.010 with active sediment (low numbers rbc, wbc, and cocci) cortisol adequate (rule out addisons)

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

Labrador Retriever **COMPUTED TOMOGRAPHIC FINDINGS**

The bony and surrounding soft tissue structures are within normal limits.

**SEX** In the cranioventral mediastinum, a soft tissue attenuating and heterogeneous contrast enhancing spherical mass is appreciated, measuring 5.2 x 5.3 x 7.7 cm in size. The cranioventral mediastinal mass is extending caudally along the left cranial aspect of the heart. The cranioventral mediastinal lymph and sternal nodes are moderately enlarged and rounded, uniform soft tissue attenuating and contrast enhancing.

MN

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

1.5 Years 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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The cranial part of the left cranial lung lobe, a region of plate like atelectasis is appreciated. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior.

An esophageal tube is seen in the esophagus.

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In the pictured parts of the abdomen, the splenic lymph nodes are enlarged and rounded.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Cranioventral mediastinal mass – suspect enlarged thymus
- Lymphadenopathy cranioventral, sternal and splenic lymph nodes
- Zones of dystelectasis of the lung parenchyma

**REFERRING VET**

Dr. M. Sra

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

54753

The cranioventral mediastinal mass is highly suggestive for a mass originating from the thymus and in combination with the enlarged cranial mediastinal, sternal and splenic lymph nodes the top differential is lymphosarcoma. If not done so yet, recommend complementing workup by ultrasound guided FNA sampling of the cranioventral mediastinal mass, sternal lymph nodes and the splenic lymph nodes ± the spleen is advised to confirm the diagnosis. Theoretically granulomatous or systemic infectious disease are potentials, but the odds are low.

**DATE**

10-21-22



**PATIENT**

Coal Bastone

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

1.5 Years

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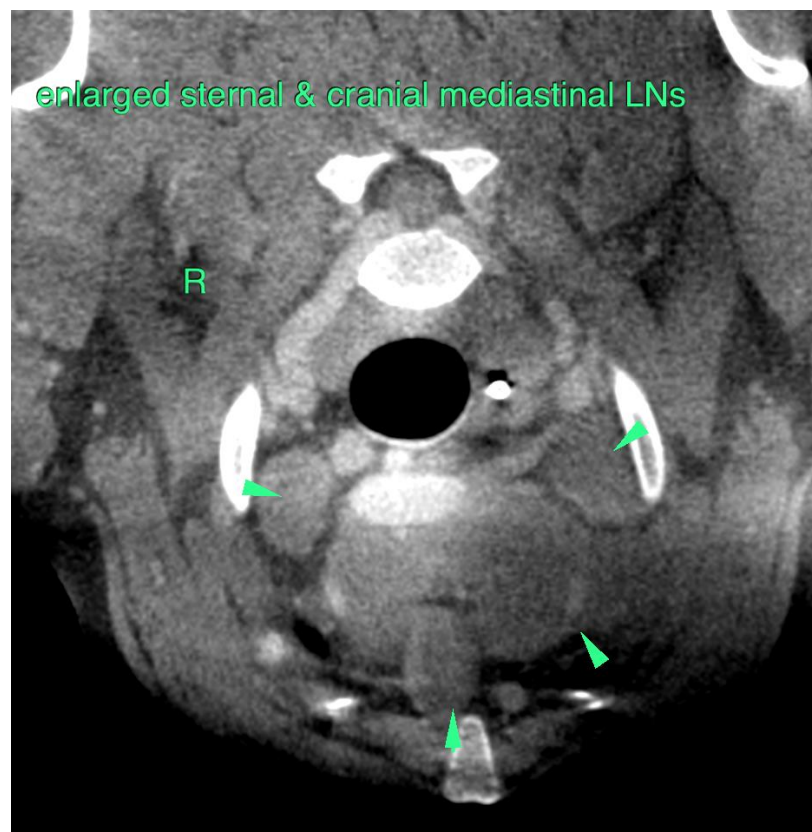
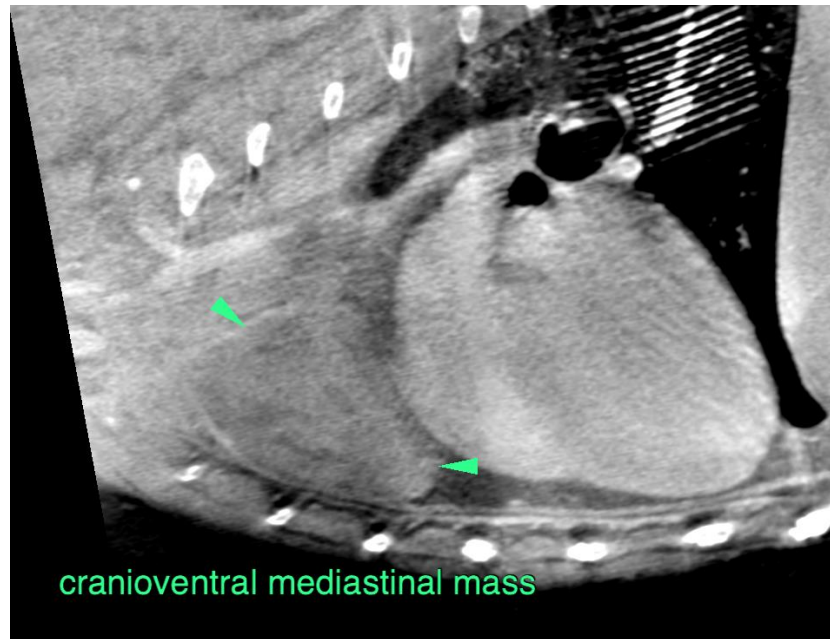
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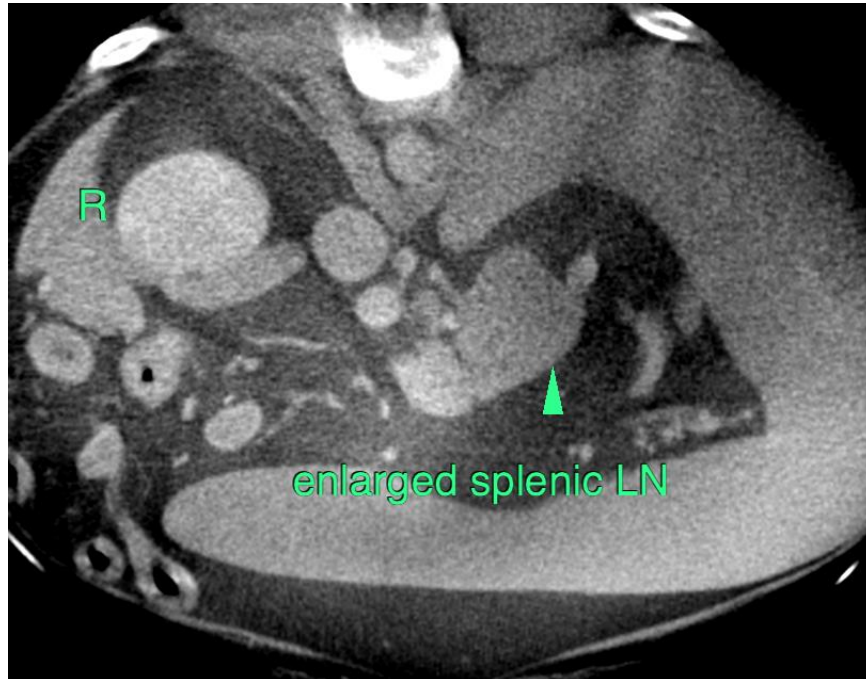
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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