



**PATIENT PRESENTING CLINICAL SIGNS**

Jake Buzzanca accute swelling. Possible metastatic disease

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

**SPECIES** A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

Canine

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** Skull

Mixed Breed Triadan 405 is absent.

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

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

MN

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.

**AGE** Along the ventral aspect of the skull, bilateral symmetric, a significant subcutaneous swelling with moderate fat-stranding of the subcutaneous fat is appreciated. The subcutaneous swelling is extending caudally along the cranioventral aspect of the neck

9 Years

**INTERPRETED BY** The mandibular lymph nodes are prominent.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Thorax

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

**HOSPITAL NAME** In the cranial mediastinum, cranial to the heart, a roundish, heterogeneous contrast enhancing mass, measuring 8.3 x 9.6 x 10.2 cm in size is visible. The heart is mildly deviated caudally by the mass effect.

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Multifocal throughout the lung parenchyma, variable sized, roundish, well-defined, soft tissue attenuating nodules measuring up to 2 cm in diameter are appreciated.

**REFERRING VET** 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.

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Both kidneys present within normal limits for size, shape and organ architecture.

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

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.



**PATIENT**

Jake Buzzanca

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Cranioventral mediastinal soft tissue mass
- Structured nodular interstitial lung pattern
- Subcutaneous edema along the ventral aspect of the skull and neck
- Lymphadenopathy mandibular lymph nodes
- Absent 405

**BREED**

Mixed Breed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a cranioventral mediastinal mass, compatible with primary neoplasia – such as thymoma, thymic sarcoma/carcinoma/lymphosarcoma, ectopic thyroid carcinoma, other. The nodular lung pattern is consistent with pulmonary metastatic disease. Unfortunately, there is limited contrast enhancement of the large cranial mediastinal vessels, however invasion/thrombus formation of the cranial vena cava can be a source for the edema along the skull and neck. FNA sampling of the cranioventral mediastinal mass might be used for further definition and potential decision making for possible palliative treatment options.

**SEX**

MN

**AGE**

9 Years

The prominent mandibular lymph nodes can be a sequela to increased resorptive activity due to the edema, neoplastic transformation is considered less likely. However, FNA sampling is warranted for differentiation.

**INTERPRETED BY**

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**PATIENT**

Jake Buzzanca

**SPECIES**

Canine

**BREED**

Mixed Breed

**SEX**

MN

**AGE**

9 Years

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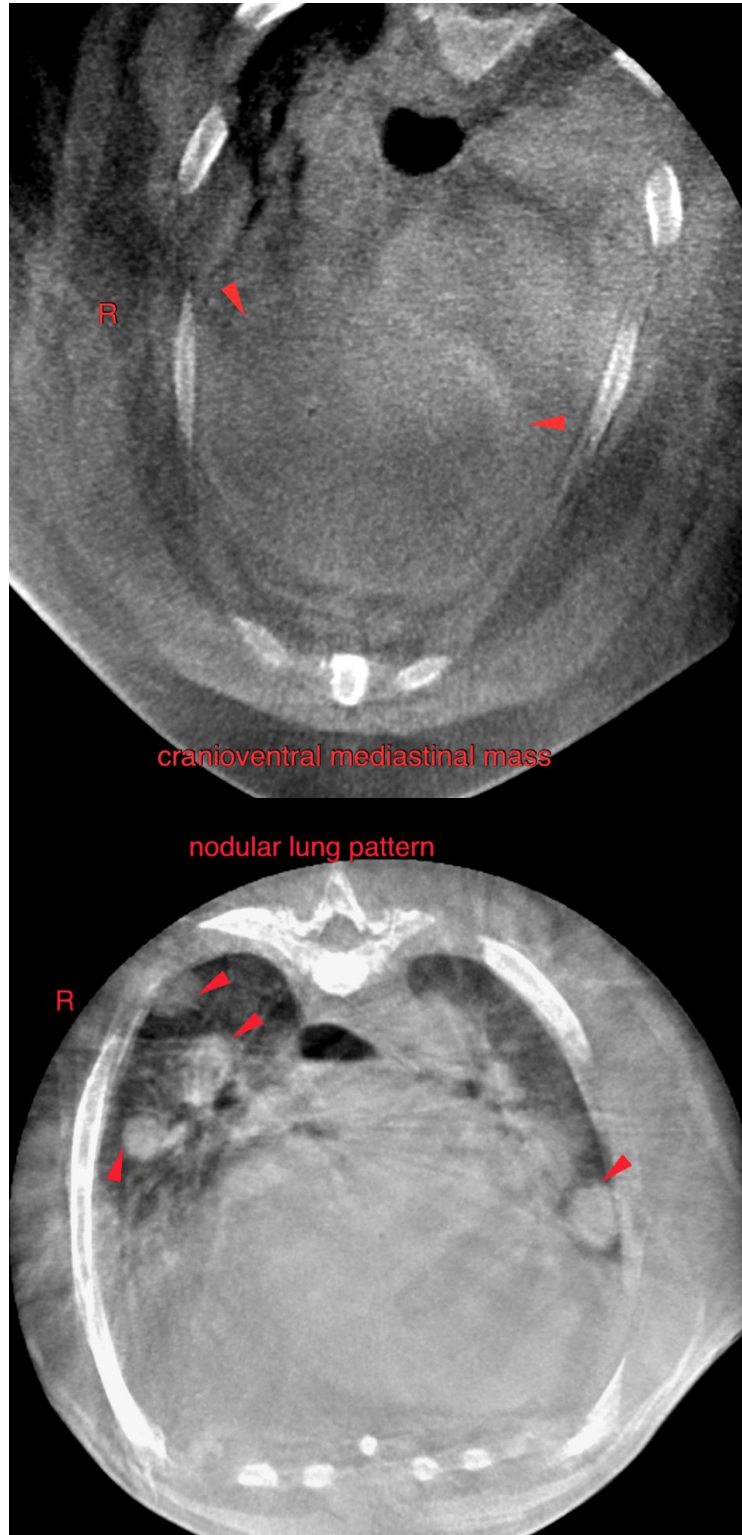
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cranioventral mediastinal mass

nodular lung pattern



**PATIENT**

Jake Buzzanca

**SPECIES**

Canine

**BREED**

Mixed Breed

**SEX**

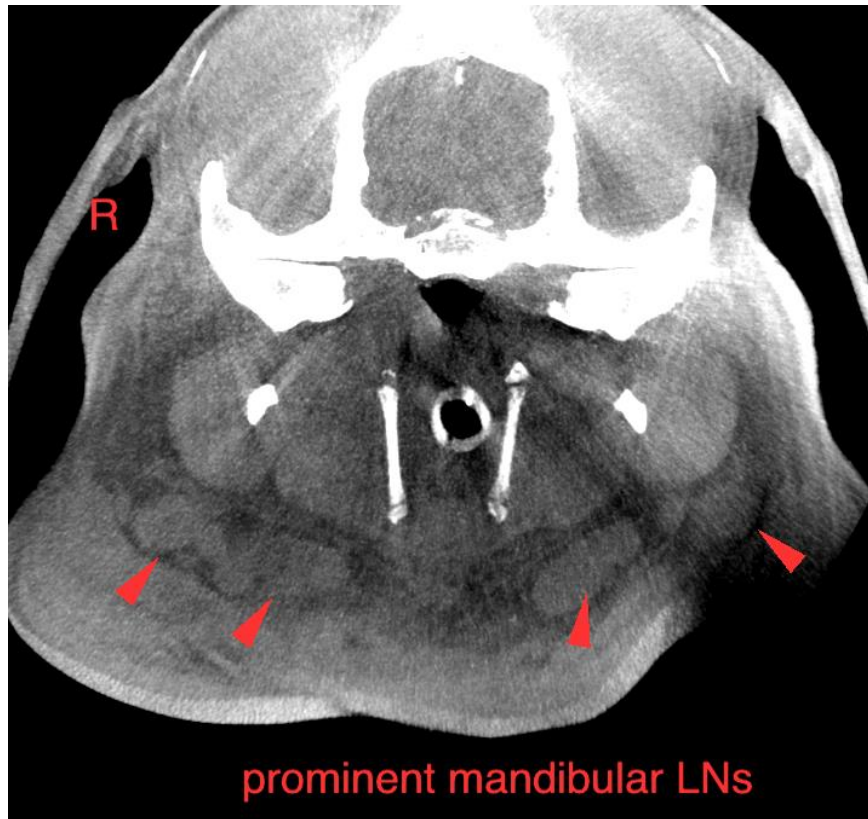
MN

**AGE**

9 Years

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prominent mandibular LNs

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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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