



PATIENT

Murdoc #26730Z-CT
Steffen Yankee Hill
Veterinary

PRESENTING CLINICAL SIGNS

Suspect mass of the chest - recently evaluated with Iowa State University - Ultrasound guided biopsy of mass - suspect lymph node reactive vs neoplastic. RDVM referred for thorax CT to monitor size and assess mets possibility
Abnormal PE/Chem/CBC/UA Results: Attached - minor alteration of CBC with normal WBC
ISU cytology - reactive lymphnode vs neoplasia

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX

A post-contrast CT study of the thorax is provided for review.

BREED

DMH

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral endplates T11/T12 present mild spondylosis formation.

In the cranioventral mediastinum, a well-defined, uniform soft tissue attenuating and mild heterogeneous contrast enhancing ovoidal shaped mass is appreciated, measuring 2.0 x 1.6 x 4.4 cm in size.

SEX

MN

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

AGE

11 Years

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

The cranial part of the left cranial lung lobe presents segmental thickening of the bronchial walls with smooth margins. The remainder of the bronchial tree are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Gentle Doctor Animal
Hospital

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal soft tissue mass without signs of vascular invasion
- Segmental bronchial pattern left cranial lung lobe
- No evidence of pulmonary metastatic disease

REFERRING VET

Pete Bashara, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with the history of a cranioventral mediastinal mass which is most likely originating from a cranioventral mediastinal lymph node or the thymus – such as thymoma, thymic sarcoma/carcinoma, round cell tumor. Overall, the odds for neoplastic transformation are considered higher than for reactive hyperplasia of lymphatic tissue. Although the mass is in contact with the large cranial mediastinal vessels, complete surgical excision of the mass appears feasible.

INVOICE

54962

The segmental bronchial pattern of the left cranial lung lobe is suggestive for bronchitis limited to the respective lung lobe.

DATE

11-3-22



PATIENT

Murdoc #26730Z-CT
Steffen Yankee Hill
Veterinary

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

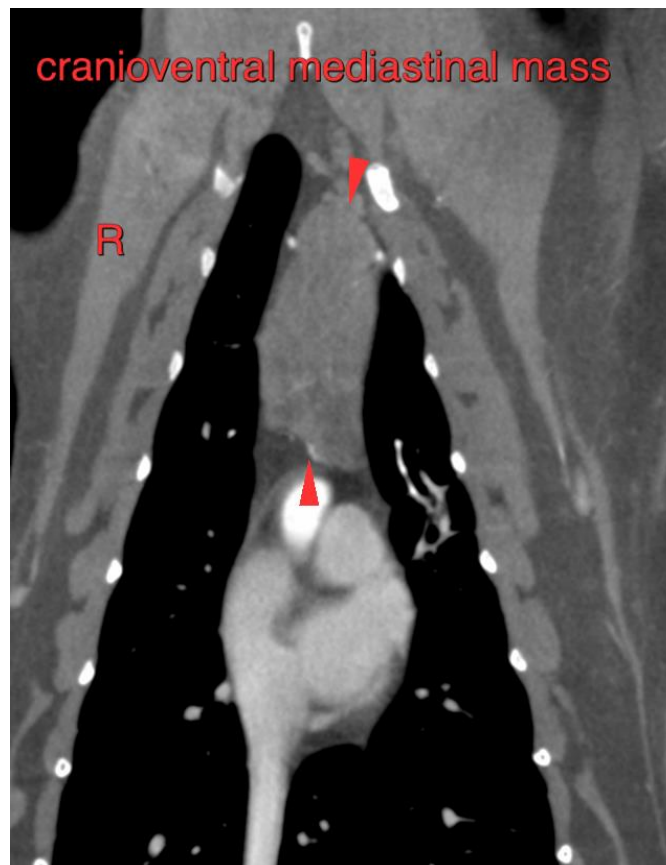
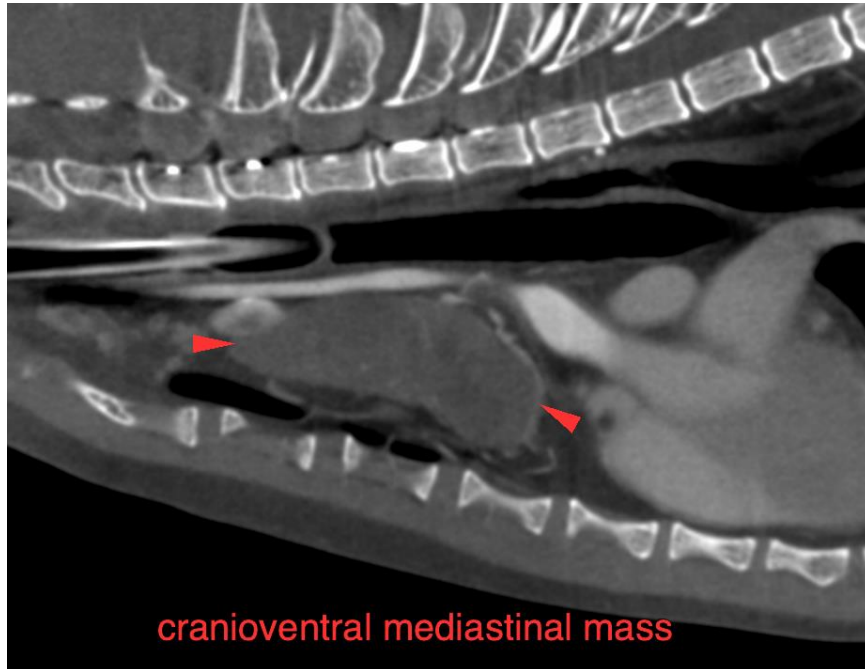
Pete Bashara, DVM

INVOICE

54962

DATE

11-3-22





PATIENT

Murdoc #26730Z-CT
Steffen Yankee Hill
Veterinary

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

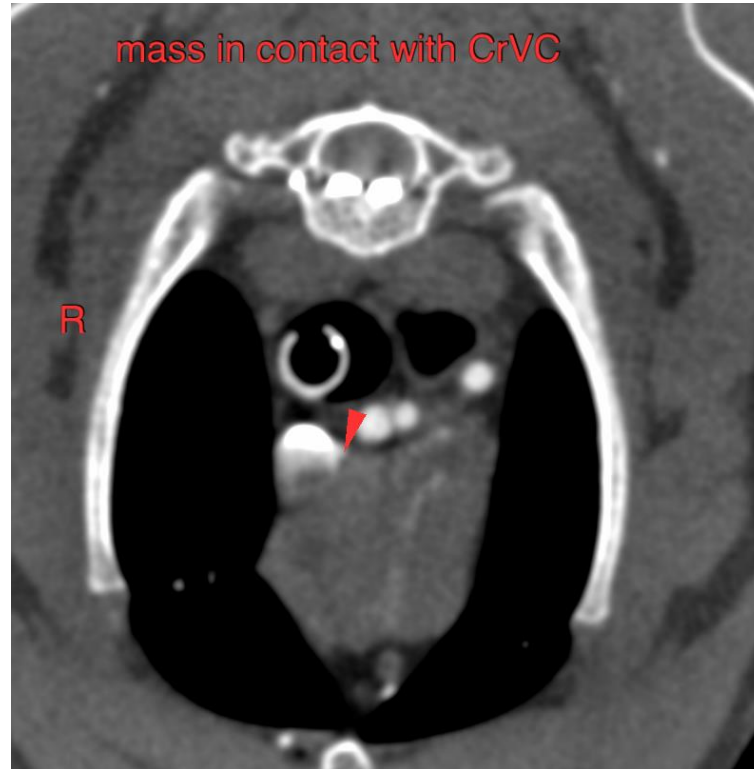
Pete Bashara, DVM

INVOICE

54962

DATE

11-3-22



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
sebast.schaub@gmail.com