



PATIENT

Rosabelle Chenery

PRESENTING CLINICAL SIGNS

POSSIBLE METASTATIC DISEASE

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

BREED

Coonhound

RADIOGRAPHIC FINDINGS

Mild spondylosis formation is seen along the thoracic spine.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

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The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

AGE

13 Years

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The right lung lobes present a moderately decreased volume and a midline shift of the heart to the right is appreciated. In both lateral projections an ovoidal shaped soft tissue opacification of the cranial mediastinum is appreciated and in the VD view the cranial mediastinum is presents a convex shaped right lateral border. In the right lateral projection, a well-defined soft tissue nodule is superimposed on the cardiac silhouette level with the 5th intercostal space.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Suspect cranioventral mediastinal mass
- Solitary pulmonary soft tissue nodule
- Atelectasis right lung lobes
- Spondylosis deformans

HOSPITAL NAME

Animal Surgical
Center

REFERRING VET

Animal Medical
Center of Centereach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ovoidal shaped soft tissue opacification and potential widening of the cranial mediastinum is suggestive for a cranioventral mediastinal mass and neoplasia is the top differential (e.g. round cell tumor, thymoma, thymic sarcoma/carcinoma). A cranioventral mediastinal cyst or granuloma are potentials.

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The solitary pulmonary nodule is not specific, however in combination with the suspected cranioventral mediastinal mass pulmonary metastasis is considered likely. Potentials include granuloma, fibrosis, round pneumonia, cyst.

DATE

11-3-22

Ultrasound can be tried to evaluate the cranial mediastinum and will allow FNA sampling if applicable. A CT study of the thorax can be considered alternatively.



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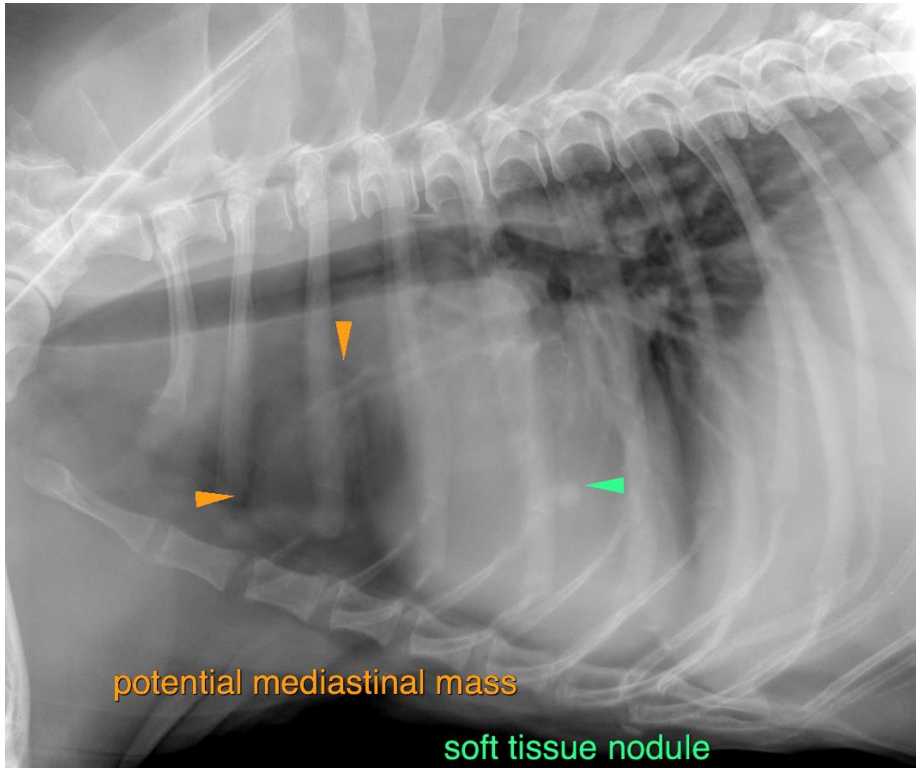
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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DATE

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