



PATIENT

Lulu Gonzalez

SPECIES

Canine

BREED

Terrier

SEX

Female

AGE

11

WEIGHT

11.7 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

AMC of Corona

REFERRING VET

Dr. Baldwin

INVOICE

35467

DATE

11/7/25

PRESENTING CLINICAL SIGNS

History: P present for a CT scan after being seen at emergency for a sudden onset lethargy and diarrhea. No other obvious clinical signs appreciated. Physical exam did identify a bruise in the left axillary area. Owner has not appreciated any obvious clinical signs leading up to this diarrhea event. Abnormal PE/Chem/CBC/UA Results: CBC identified elevated neutrophil count with suspected band cells (actual blood results not sent to our facility).

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC Findings

Thorax

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

In the cranioventral aspect of the mediastinum, a uniform soft tissue attenuating and irregular contrast enhancing mass is seen; measuring 5.3 x 4.4 x 7.2 cm. The cranial vena cava is deviated dorsally and distorted by the mass effect. The cranioventral mediastinal mass is extending caudally along the right craniolateral aspect of the heart. The surrounding mediastinal fat presents mild to moderate soft tissue striation.

The sternal lymph nodes are moderately prominent.

A small volume of gravity dependent, fluid attenuating material is appreciated in the pleural cavity.

Level with the termination of the thoracic duct in the left brachycephalic vein, an intraluminal filling defect is seen, occupying approximately 40% of the cross-sectional area of the brachycephalic vein at the same level.

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

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, but small zones with dystelectasis of the ventral aspects of the right lung.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents generalized moderate soft tissue striation and a small amount of gravity dependent; fluid attenuating material is appreciated in the peritoneal cavity – accentuated along the pancreas.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the renal parenchyma, well-defined, roundish filling defects are seen, measuring up to 4 mm in diameter.



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The left adrenal gland presents nodular enlargement of the cranial pole, measuring 9.2 mm in diameter.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The splenic lymph nodes are moderately prominent.

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In the gallbladder, two well-defined, gravity dependent, roundish mineral attenuating calculi are seen, measuring up to 4 mm in diameter.

Terrier

The pancreas is evenly prominent and has mild undulating margins. T

SEX

In the lumen of the pylorus, a polypoid, uniform soft tissue attenuating and irregular contrast enhancing lesion is visible, measuring 12 mm in diameter. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The bony and surrounding soft tissue structures reveal no abnormalities.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

WEIGHT

- Cranioventral mediastinal soft tissue mass without vascular invasion
- Lymphadenopathy sternal and lienal lymph nodes
- Very mild pleural effusion
- Swollen and prominent pancreas
- Mild peritoneal effusion
- Thrombus level with the orifice of the thoracic duct in the left brachycephalic vein
- Intraluminal polypoid lesion pylorus
- Nodular enlargement left adrenal gland
- Cholecystolithiasis without mechanical obstruction
- Multiple simple renal cortical cysts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranioventral mediastinal soft tissue mass is consistent with primary mediastinal soft tissue neoplasia – differentials include thymoma, thymic sarcoma/carcinoma/lymphosarcoma, ectopic thyroid carcinoma, other. Ultrasound guided FNA sampling/biopsy can be performed for specification. The mild pleural effusion is considered as a paraneoplastic finding.

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The swollen and prominent pancreas is indicative for pancreatitis with secondary peritoneal effusion. Along with the lymphadenopathy of the lienal lymph nodes systemic neoplastic disease such as lymphosarcoma is a differential. If not done so yet, recommend complementing blood work by cpl to rule in/out pancreatitis.

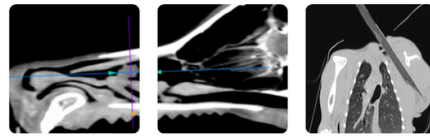
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The intraluminal polypoid lesion in the pylorus can present a benign prominent mucosal fold or adenomatoid polyp – a differential is neoplastic disease (e.g. carcinoma, round cell tumor).

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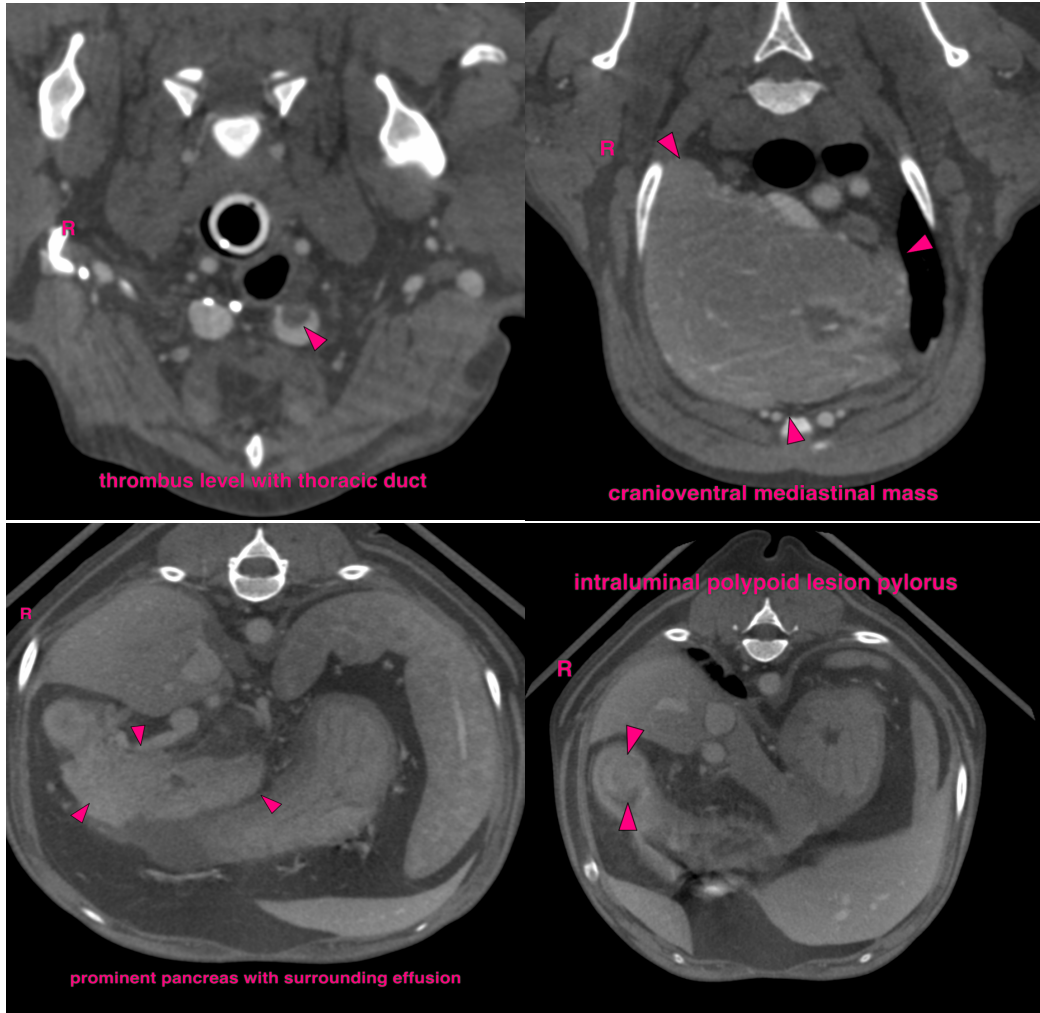
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com