



PATIENT PRESENTING CLINICAL SIGNS

Frankie Carter
SPECIES Frankie has a congenital cranial mediastinal cyst and as recently been doing okay. The past couple days she has had increased respiratory effort with exertion. The cyst was last drained on 11/3/22. The owner says her lungs are very compressed due to the cyst being full and she may have a harder time inhaling. The cyst is needing to be drained more frequently, now. Surgery is scheduled 12/28/22 to remove the cyst and an updated CT scan was requested prior to surgery.
Feline Energy levels have been okay up until a couple days ago. Appetite is normal.

BREED Abnormal PE/Chem/CBC/UA Results: PE: There is moderate dyspnea. Mucous membranes are mildly cyanotic. heart and lung sounds are muffled. Lab: Blood work is dated 12/10/22. CBC - PCV = 39%, WBC = 3000, neutrophils = 2365, lymphocytes = 326, monocytes = 184, platelets = 226,000. Chemistry - Creatine Kinase = 57, all else normal. Urinalysis - not provided. Ultrasound: A very large fluid filled cystic structure fills the left thoracic cavity. 400 ml of serosanguinous fluid is removed.
DSH

SEX COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

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

15 Years Confined to the mediastinum and extending along the complete length in the ventral aspect of the mediastinum, a peripheral contrast enhancing thick walled amorphous lesion is seen, displacing the left lung lobes dorsally and the heart to the right. The thick walled lesion is filled with fluid attenuating material and a small amount of gas. A small amount of fluid attenuating material is seen in the left pleural cavity.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The ventral dependent aspects of the lung present multiple regions with dystelectasis.

HOSPITAL NAME

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.

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The thoracic duct is prominent and accentuated by contrast media.

REFERRING VET

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

Erin Corbin 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.

INVOICE

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

55584

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

- History of cranial mediastinal cyst with marked mass effect on the thoracic organs
- Dilation of the thoracic duct

12-13-22



PATIENT

Frankie Carter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with the history, presenting a very large mediastinal cyst, presenting a well-vascularized wall. Surgery has already been scheduled and resection of major parts or the complete wall of the cyst is considered feasible.

SPECIES

Feline

The dilated thoracic duct is commonly an incidental finding but might be associated with lymphatic disease – such as increased lymphatic flow due to reactive hyperplasia or neoplastic infiltration.

BREED

DSH

SEX

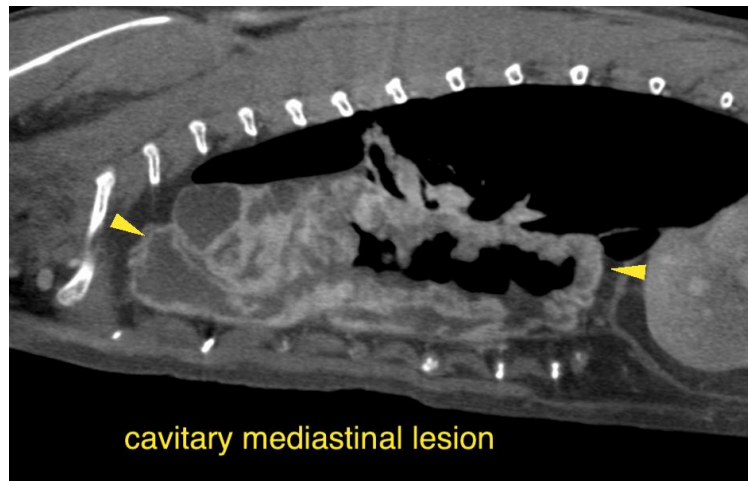
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AGE

15 Years

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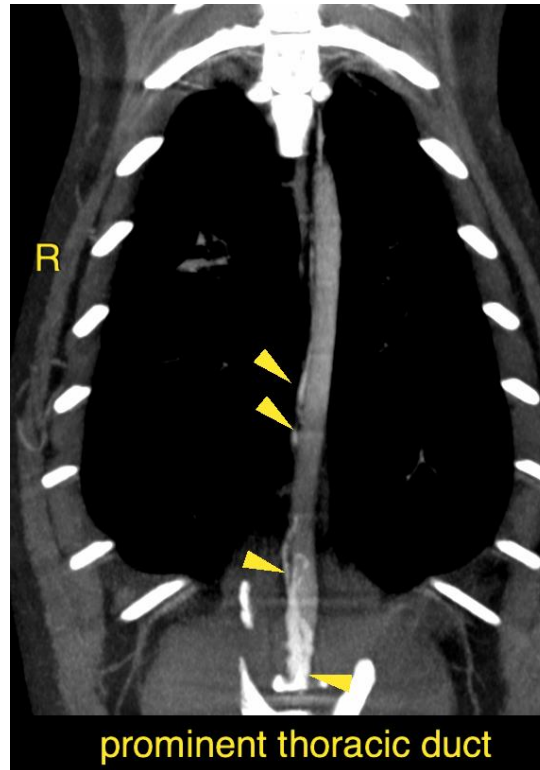
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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