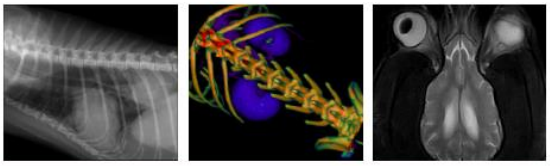

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1-800-838-4268 info@sonopath.com

PATIENT

Reese Merana

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years, 5 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Aloha Pet & Bird Hospital

REFERRING VET

Dr. Vani

INVOICE

55599

DATE

12-14-22

PRESENTING CLINICAL SIGNS

Hemorrhagic pleural effusion, PT/PTT wnl, cbc/chem wnl, ProBNP wnl, fluid analysis hemorrhagic with mixed lymphocyte population and abnormal lymphocytes, possible thoracic mass on U/S. Has been on prednisolone and clavamox, per owner doing well at home. On 12/14/2022 BAR in morning, tachypnic with abdominal effort, mm pink and moist, crt <2sec, cardiopulmonary ausc wnl, dark brown oval lesion on cornea OS and mild blepharospasm. Hx of large corneal ulcer and had been on ofloxacin (poss oflox precipitate deposits in cornea)

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

In the pleural cavity, a small to moderate amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. Pleural fissure lines are appreciated. The lung lobes are retracted from the thoracic wall and present a generalized decreased volume. Multiple regions with dystelectasis of the lung parenchyma are visible. The aerated parts of the lung parenchyma present the expected architecture.

In the cranioventral aspect of the mediastinum, a soft tissue attenuating and mild heterogeneous contrast enhancing, mildly ill-defined, mass is appreciated, measuring 3.5 x 3.8 x 9.2 cm in size. The cranioventral mediastinal mass is partially encompassing the cranial vena cava and the aortic arch. The cranial vena cava is mildly compressed. The heart deviated caudally and dorsally by the mass effect.

A prominent cranial mediastinal lymph node is appreciated at the right dorsolateral aspect of the mediastinal mass.

A small amount of fluid attenuating material is seen in the pericardial sac.

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

Abdomen

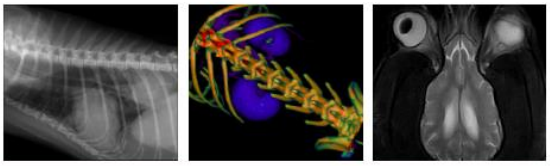
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. In the left caudal abdomen, a small dystrophic mineralization is appreciated.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

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

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents



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uniform contrast enhancement.

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

In the subcutaneous tissue in the midline of the caudoventral abdominal wall, a well-defined, roundish, uniform soft tissue attenuating and peripheral mild contrast enhancing mass is seen, measuring 2.9 cm in diameter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal mass
- Lymphadenopathy cranial mediastinal lymph node
- Mild pleural effusion
- Mild pericardial effusion
- Subcutaneous soft tissue mass caudoventral abdominal wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is confirming the diagnosis of a cranioventral mediastinal mass, that appears to present a local mild invasive growth. Differentials include thymoma, thymic sarcoma/carcinoma, lymphosarcoma as most likely differentials. The odds for metastatic spread a cranial mediastinal lymph node are high. The pleural effusion is considered paraneoplastic. Recommend FNA sampling of the cranioventral mediastinal mass for further definition and decision making for possible treatment options – radiation therapy, chemotherapy, (surgery?).

The subcutaneous mass of the ventral abdominal wall is not specific, and potentials include neoplasia or a cyst.

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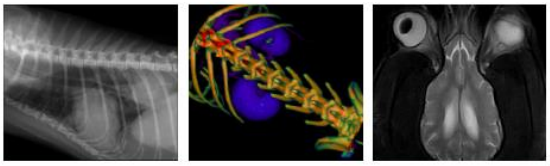

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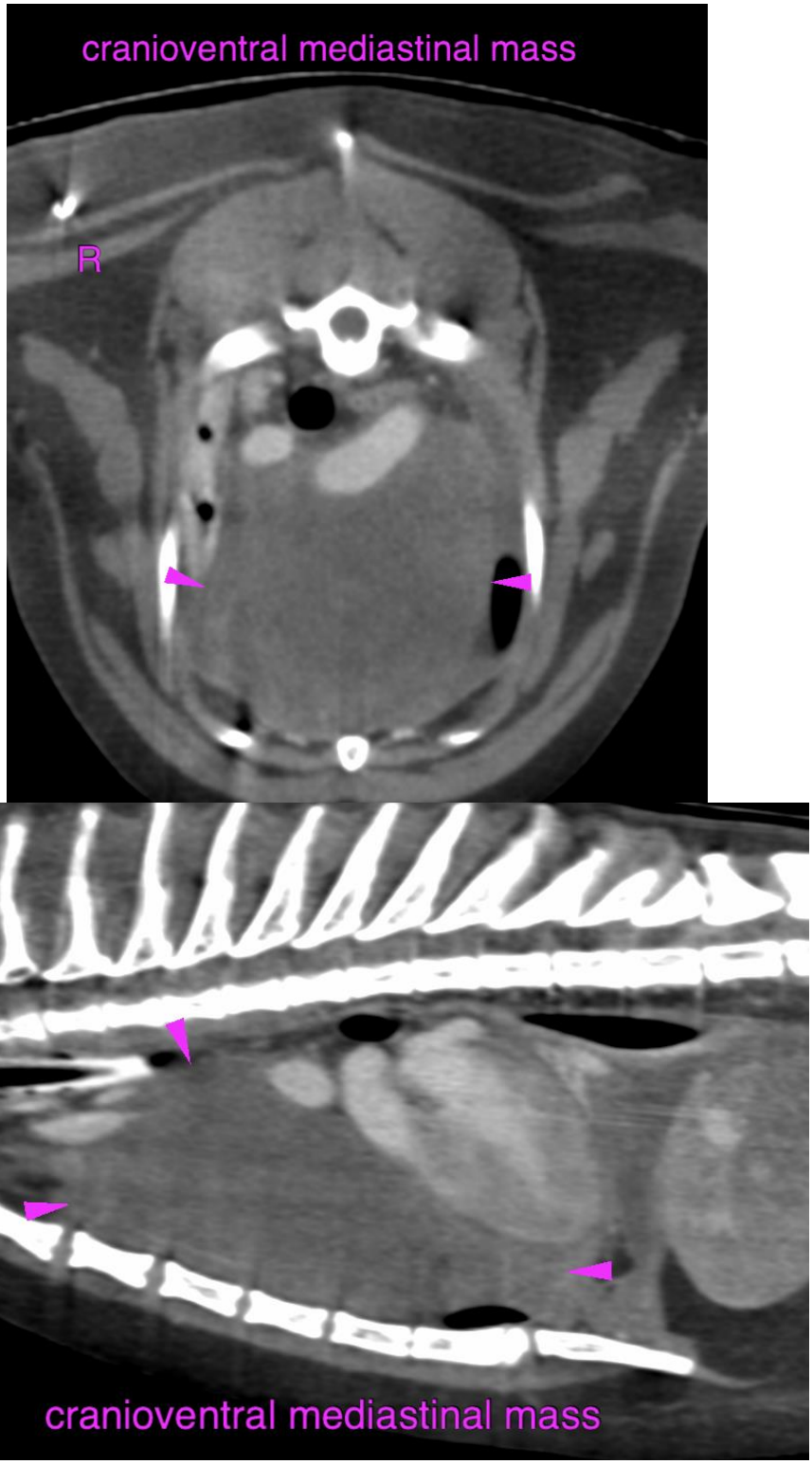

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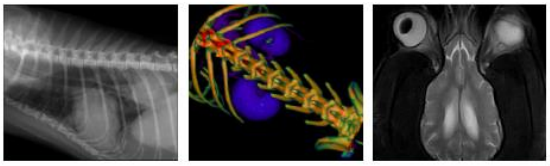

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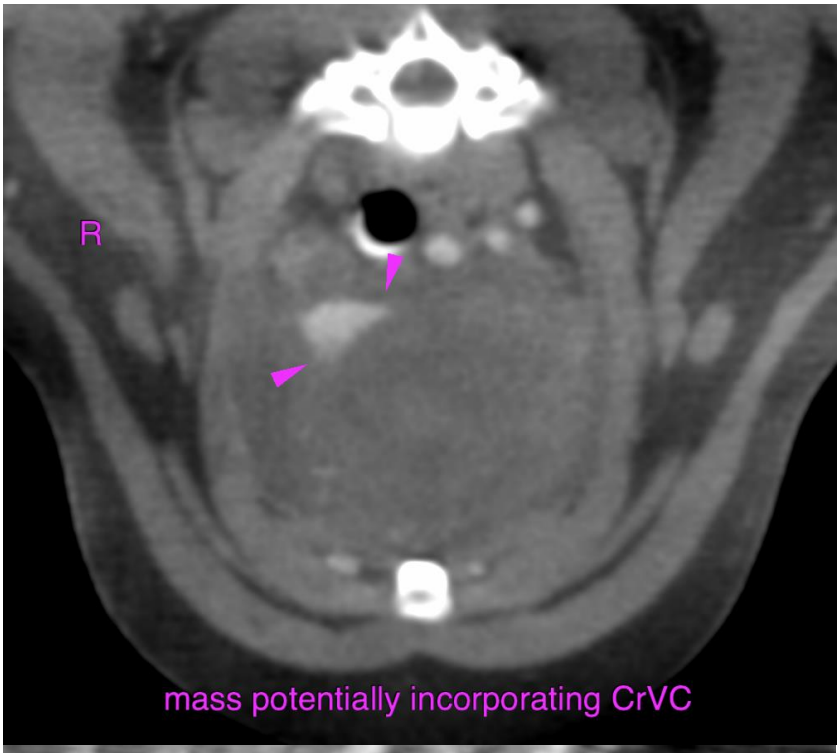

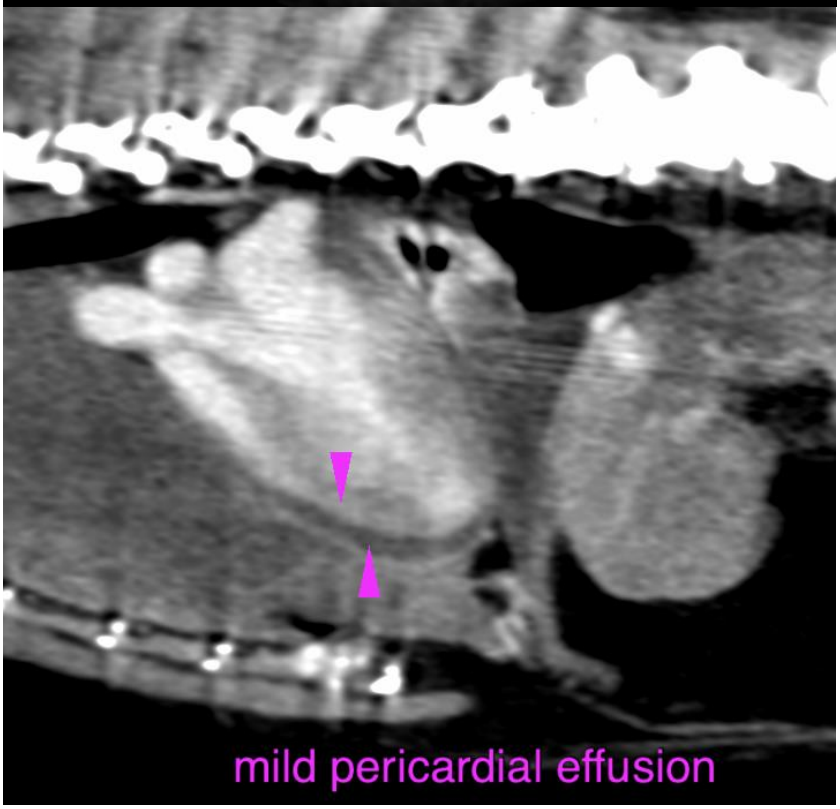

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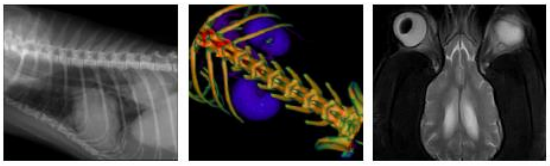

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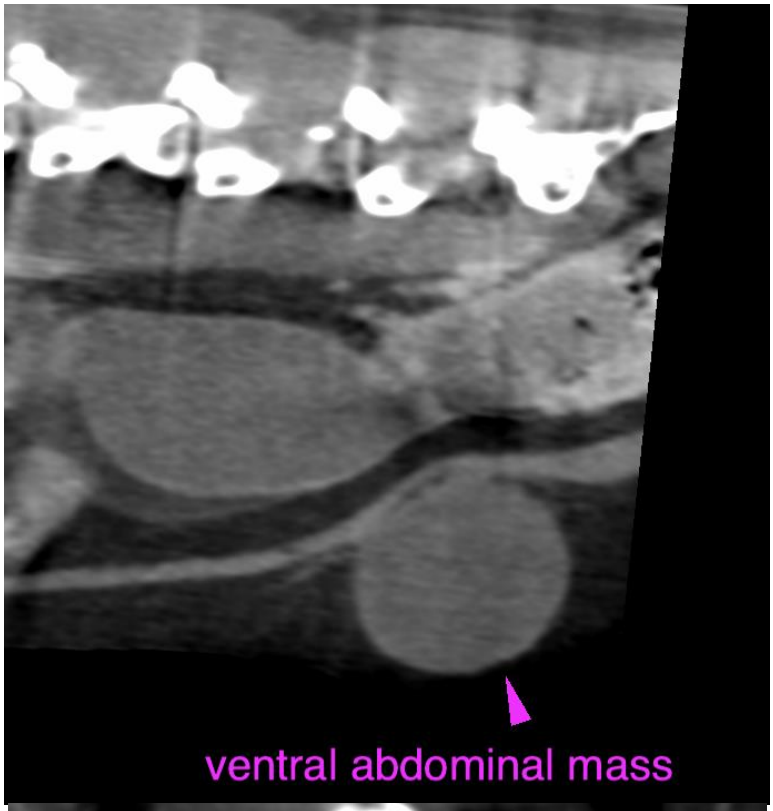

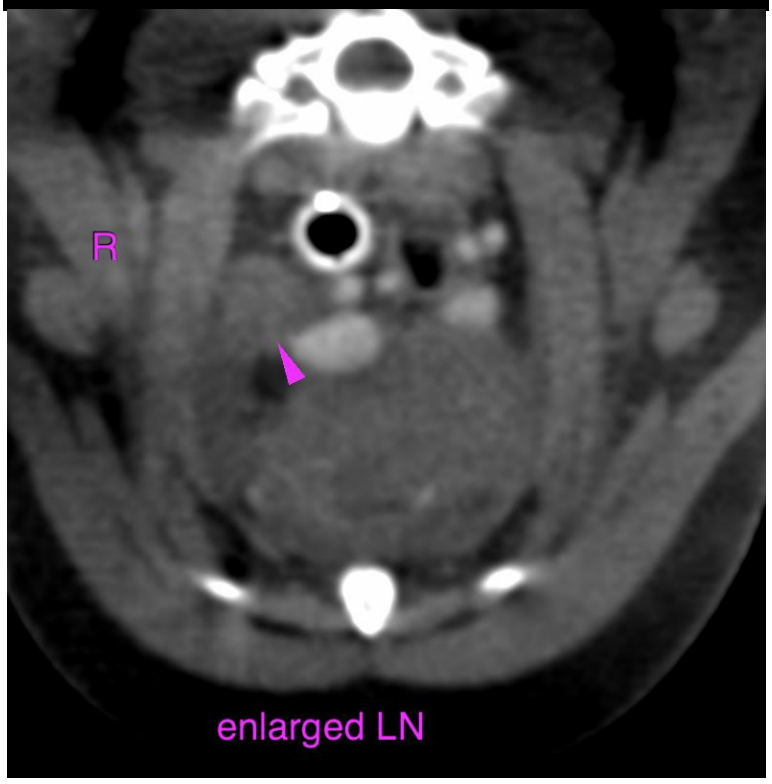

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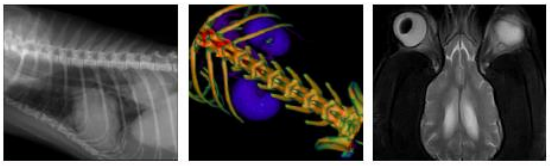

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com