



**PATIENT PRESENTING CLINICAL SIGNS**

Koda Destito Sudden onset PU/PD, main lab abnormality is hypercalcemia.  
Abnormal PE/Chem/CBC/UA Results: Calcium 14. ALP 331. Platelets 70K. Total WBC 6K.

**SPECIES COMPUTED TOMOGRAPHY OF THE NECK, THORAX AND ABDOMEN**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Border Collie Mix Neck

**SEX** The submandibular, medial retropharyngeal and superficial cervical lymph nodes are prominent and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

MN The thyroid glands are within normal limits for size, shape and attenuation behavior. A small (3.9 mm) soft tissue nodule is seen dorsal to the common carotid artery, cranial to the left thyroid gland.

**AGE** Thorax  
7 Years

**INTERPRETED BY** The axillary lymph nodes bilaterally are prominent.

Sebastian Schaub, DVM Dr. med. vet. DipECVDI In the cranial mediastinum, an ovoid shape, homogeneous soft tissue attenuating and contrast enhancing mass, measuring 3.9 x 5.1 x 2.5 cm in size is visible. The tracheobronchial lymph nodes are prominent.

**HOSPITAL NAME** A small (<6 mm) roundish, egg-shell like mineralized body is visible in the plica of the caudal vena cava directly cranial to the diaphragm.

Animal Health Care Denver The cardiovascular structures including the pulmonary vasculature are within normal limits.

**REFERRING VET** 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.

Cathryn Sayer The caudodorsal dependent aspects of the lung present regions of dystelectasis. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

**INVOICE** Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.  
49122

Abdomen

**DATE** The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A thin linear metal attenuating structure is visible in the peritoneal cavity of the right cranial abdominal quadrant; measuring 1.8 cm in length.  
12-18-21

**PATIENT**

Koda Destito

The hepatic and pancreaticoduodenal lymph node are mild to moderately enlarged, with an increased short-to-long-axis ration  $>0.5$ .

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.

**SPECIES**

Canine

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.

**BREED**

Border Collie Mix

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

**SEX**

MN

The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS****AGE**

7 Years

- Cranioventral mediastinal mass
- Lymphadenopathy mandibular, medial retropharyngeal, superficial cervical, axillary, tracheobronchial, pancreaticoduodenal and hepatic lymph nodes
- Soft tissue nodule cranial to the left thyroid gland
- Nodular fat-necrosis plica of the intrathoracic segment of the caudal vena cava
- No evidence of pulmonary metastatic spread
- Incidental small migrating wire in the right cranial peritoneal cavity

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health Care  
Denver

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lymphadenopathy of multiple lymph nodes and the cranioventral mediastinal mass – suspect enlarged cranial mediastinal lymph node versus thymus – are concerning for underlying round-cell neoplasia and paraneoplastic hypercalcemia. If not done so yet, recommend FNA sampling of the respective lymph nodes and if possible the cranioventral mediastinal mass for further definition.

**REFERRING VET**

Cathryn Sayer

The small nodule cranial to the left thyroid gland can represent ectopic lymphoid tissue, however a prominent cranial parathyroid gland is a consideration – such as adenoma. If round cell tumor can be ruled out, recommend testing of PTH & PTHrP to check for potential primary hyperparathyroidism.

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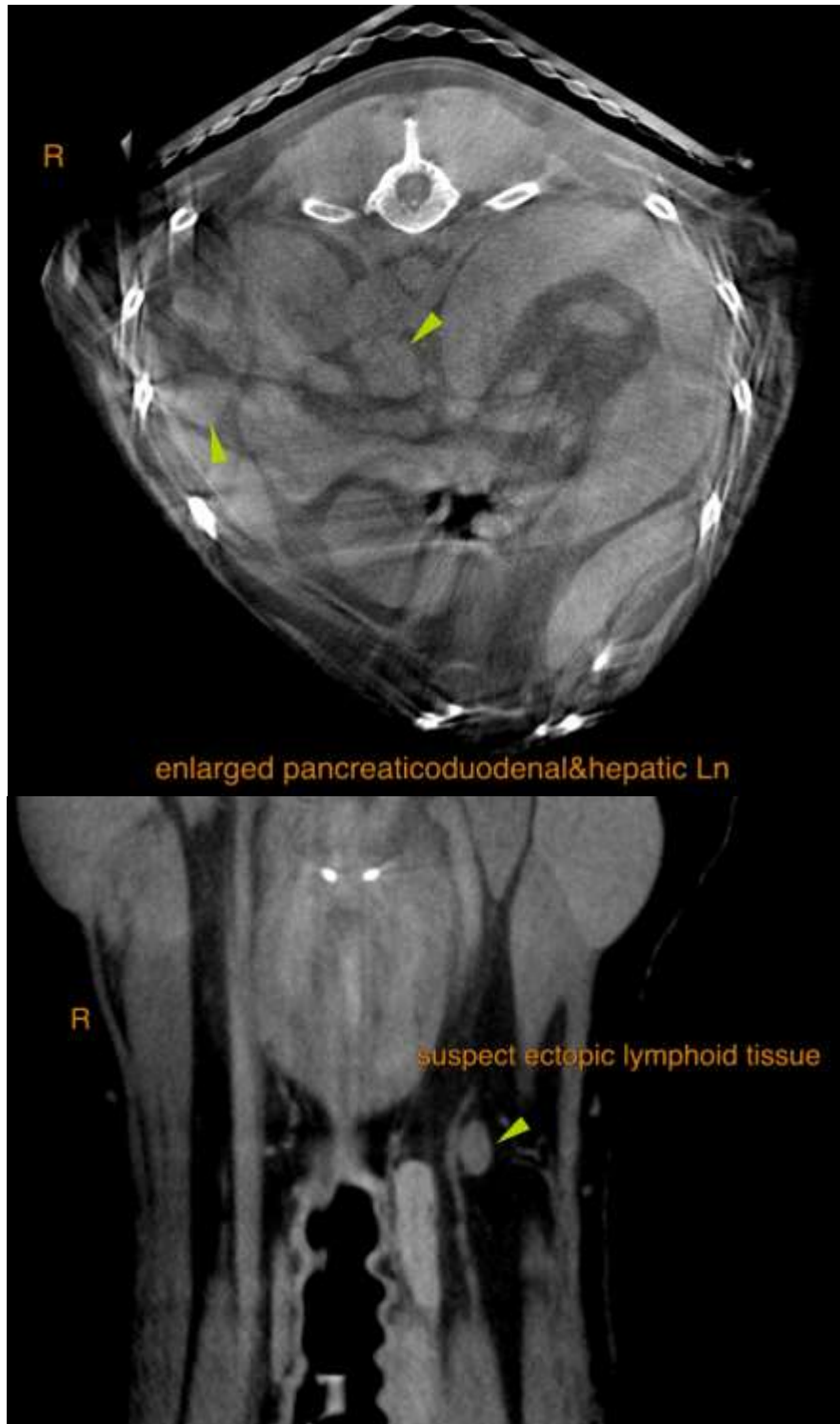
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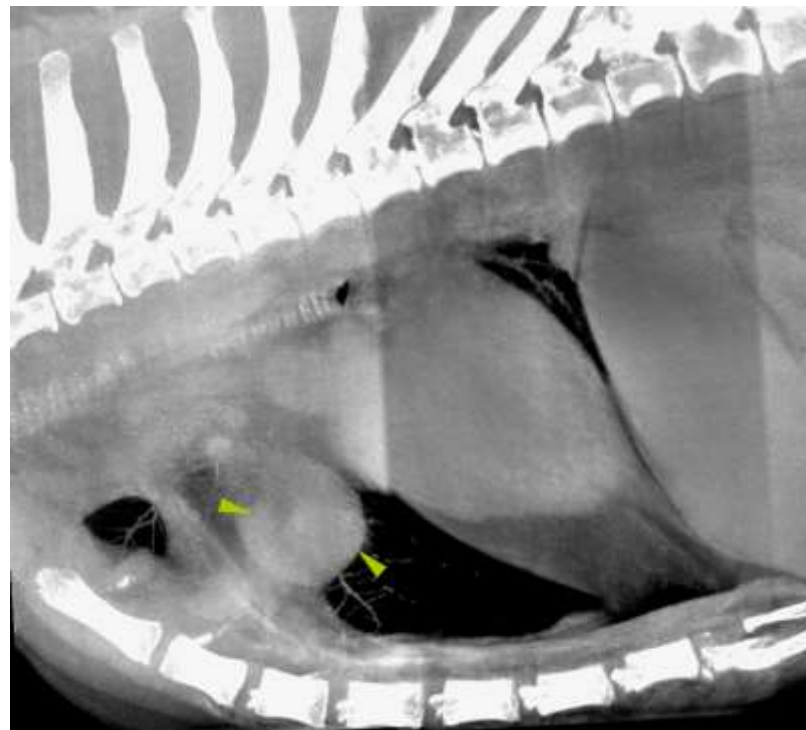
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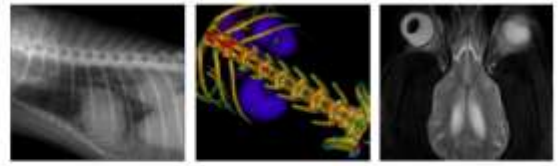
12-18-21



cranioventral mediastinal mass



prominent axillary Lns



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**SPECIES**

Canine

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

**BREED**

Border Collie Mix

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

**SEX**

MN

**AGE**

7 Years

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