



PATIENT

Shaq Dugas

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Matthew Keats DVM,
DACVS-SA

INVOICE

55774

DATE

12-21-22

PRESENTING CLINICAL SIGNS

Presented for left pelvic limb lameness. A left cranial cruciate ligament was diagnosed and a TPLO was planned. On preoperative survey radiographs, a soft tissue mass was noted cranial to the cardiac silhouette with a slight leftward bulge on the VD projection. A contrast CT was performed with Vimago

Abnormal PE/Chem/CBC/UA Results: cranial drawer sign in the left stifle.

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

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

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.

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

At the cranial aspect of the aortic arch, a mild ill-defined, soft tissue attenuating and irregular contrast enhancing mass is appreciated, measuring 2.7 x 2.5 x 2.3 cm in size, bulging into the cranial mediastinum. The mass is ill-defined to the base of the heart caudally.

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.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass cranial aspect aortic arch
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is confirming the diagnosis of a cranial mediastinal mass, that can present a heart base mass (unusual location at the cranial aspect of the aortic arch), ectopic thyroid carcinoma, enlarged cranial mediastinal lymph node (wouldn't expect well defined margins to the heart base), (thymoma - unusual position). As the mass appears to be associated with the heart base, complete surgical resection appears not feasible or will be associated with high risk for hemorrhage.



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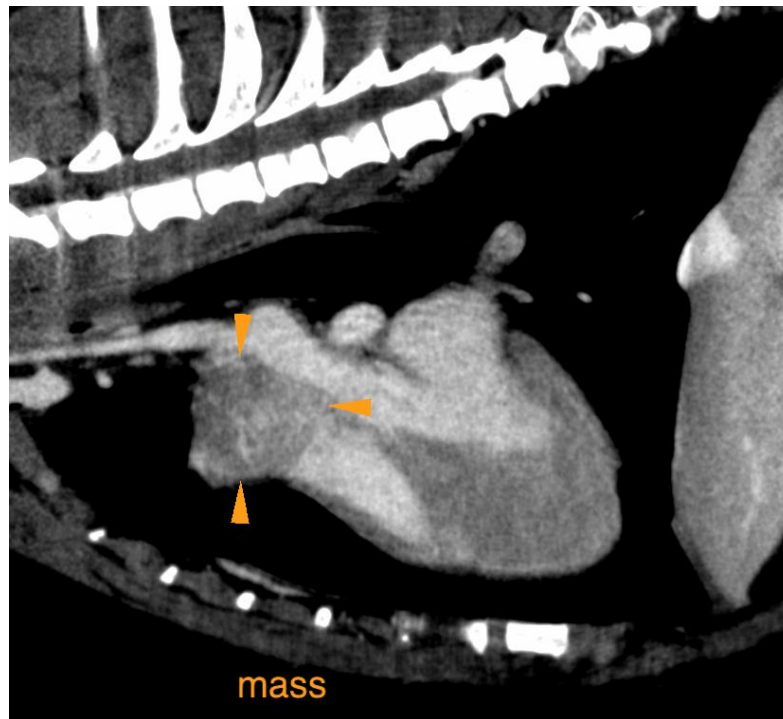
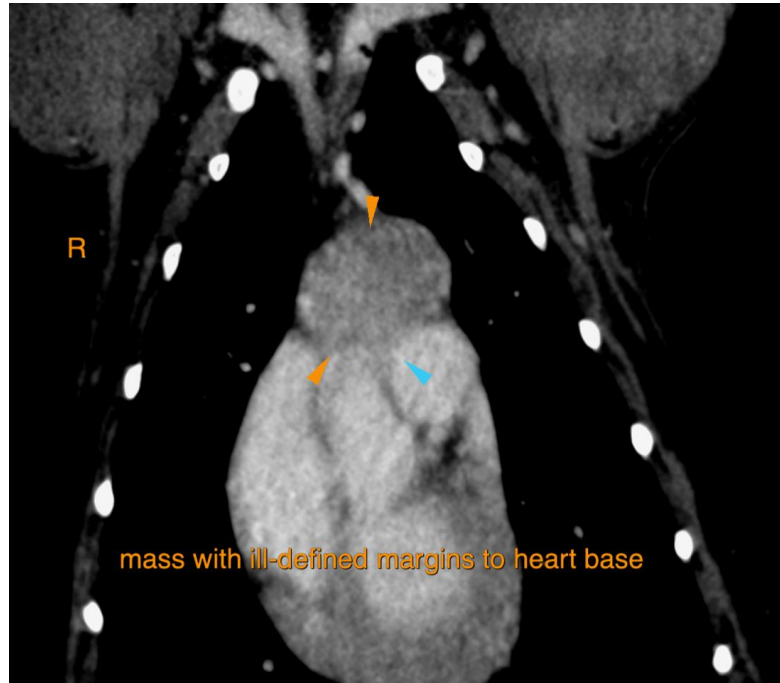
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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