

PATIENT

Jellybean Burns

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

5 Years 3 Months

WEIGHT

9.2 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

dg

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Short

INVOICE

35771

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: cranial mediastinal mass incidentally found on x-rays.

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.

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.

Merging with the cranial aspect of the heart, an ill-defined, convex shaped uniform soft tissue attenuating and subjective mild contrast enhancing swelling is seen, measuring approximately 3.8 x 2.4 x 3.6 cm. The swelling is confluent with the main pulmonary artery.

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.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. At the medial aspect of the caudal extremity of the spleen, an ovoid shaped well-defined zone with focal soft tissue striation of the peritoneal fat 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.

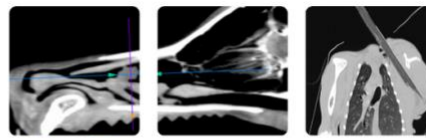
The adrenal glands are within normal limits for size, shape and organ architecture.

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 uniform contrast enhancement.

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

Level with the intervertebral disc spaces L1/L2 and L2/L3, mild mineralized disc material is protruding into the vertebral canal, occupying approximately $\leq 10\%$ of the cross-sectional area of the vertebral canal at the same level. The respective vertebral endplates present spondylosis formation.



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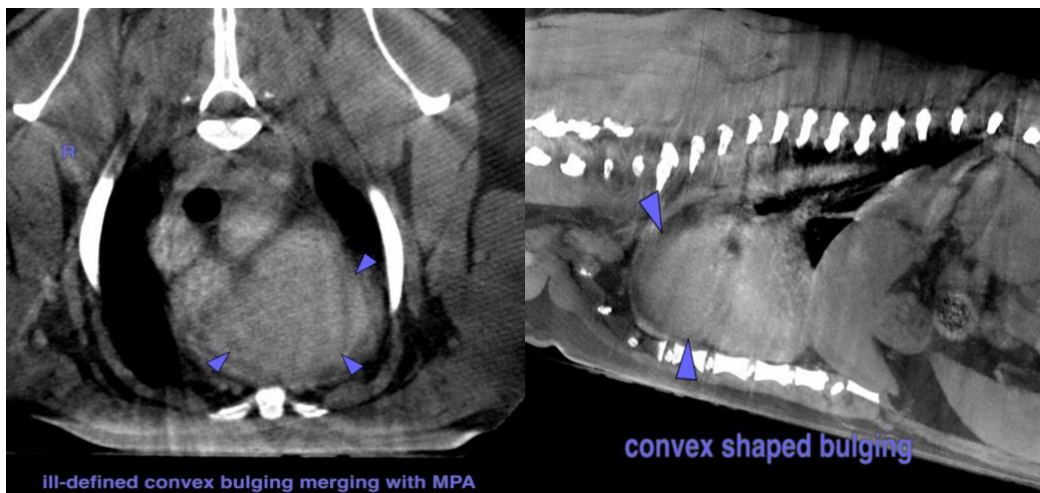
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ill-defined soft tissue swelling merging with the cranial aspect of the heart merging with main pulmonary artery
- Likely nodular fat necrosis medial to caudal extremity of spleen
- Intervertebral disc protrusion L1/L2 and L2/L3 without compressive myelopathy
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis of a cranial mediastinal mass is not definitive, and the CT findings are not specific due to inherent motion blurring, limiting the diagnostic yield. I consider the odds for a – possibly physiological – cardiac or pericardial structure high – rule out pathological conditions such as enlargement of the right ventricular outflow tract (e.g. secondary to pulmonary hypertension), right main pulmonary artery aneurysm, right atrial appendage aneurysm, pericardial cyst or soft tissue mass (e.g. granuloma, neoplasia). Complementing workup by a cardiac echo would be ideal for specification.



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

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