



## PATIENT

Solo Chong

## SPECIES

Canine

## BREED

English x American  
Staffy

## SEX

MN

## AGE

5

## WEIGHT

25.5

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Henry Xue

## HOSPITAL NAME

Belconnen Veterinary  
Centre

## REFERRING VET

Henry Xue

## INVOICE

73710

## DATE

2-11-26

## PRESENTING CLINICAL SIGNS

- lethargic
- recent weight loss
- cranial mediastinal mass
- splenic mass possible

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a lung and soft tissue reconstruction is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

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

In the pleural cavity a small volume of gravity dependent, fluid attenuating material is appreciated.

In the cranioventral aspect of the mediastinum, a uniform soft tissue attenuating and homogeneous mild contrast enhancing mass is seen, measuring 9.3 x 6.5 x 11.0 cm. The mass is extending caudally along the craniolateral aspect of the heart.

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.

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.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.



## PATIENT

Solo Chong

## SPECIES

Canine

## BREED

English x American  
Staffy

## SEX

MN

## AGE

5

## WEIGHT

25.5

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Henry Xue

## HOSPITAL NAME

Belconnen Veterinary  
Centre

## REFERRING VET

Henry Xue

## INVOICE

73710

## DATE

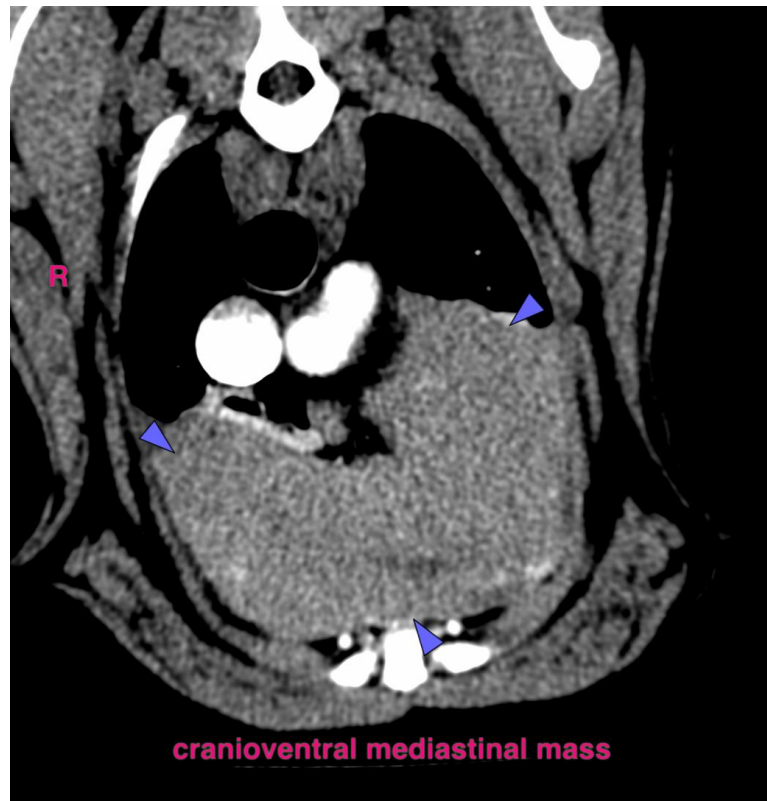
2-11-26

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal soft tissue mass without vascular invasion
- Mild pleural effusion
- No evidence of pulmonary metastatic disease
- Normal abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranioventral mediastinal soft tissue mass is highly suggestive for primary thymic neoplasia – such as lymphosarcoma or thymoma, thymic sarcoma/carcinoma. Ectopic thyroid carcinoma is a differential as well. Ultrasound guided FNA sampling ± TruCut biopsy can be performed for specification and decision making if surgical management is an option here.





## PATIENT

Solo Chong

## SPECIES

Canine

## BREED

English x American  
Staffy

## SEX

MN

## AGE

5

## WEIGHT

25.5

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Henry Xue

## HOSPITAL NAME

Belconnen Veterinary  
Centre

## REFERRING VET

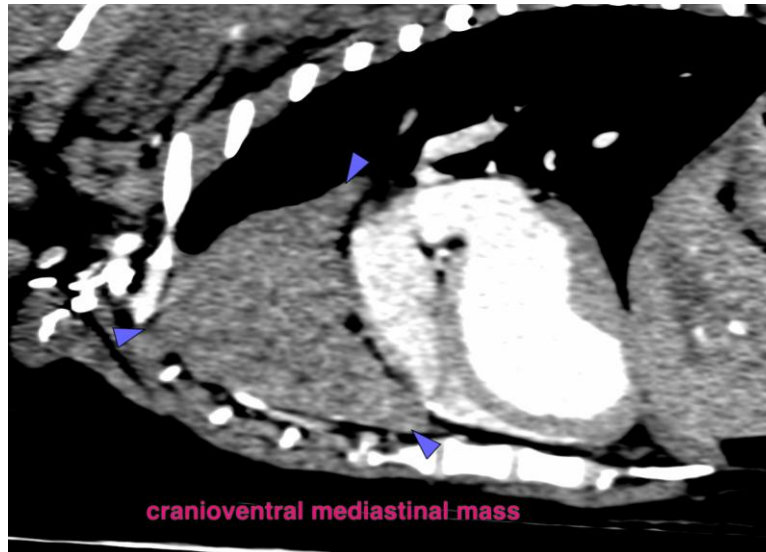
Henry Xue

## INVOICE

73710

## DATE

2-11-26



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  
[info@sonopath.com](mailto:info@sonopath.com)