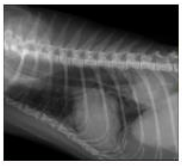
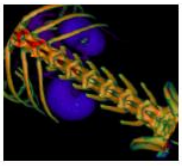
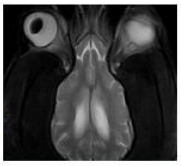

PATIENT

Tommy Soto

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

13 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Meaux

INVOICE

21282

DATE

2/24/23

PRESENTING CLINICAL SIGNS

History: Pleural effusion and possible mediastinal mass noted on rads.

COMPUTED TOMOGRAPHIC STUDY 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.

In the pleural cavity, a 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.

In the cranioventral aspect of the mediastinum, a well-defined, ovoidal shaped, uniform soft tissue attenuating and peripherally contrast enhancing mass is seen, measuring 4.6 x 2.3 x 3.0 cm in size. The cranioventral mediastinal mass causes dorsal deviation of the trachea in the cranial third of the thorax and the trachea is dorsoventrally flattened. The most cranial segment of the cranial vena cava is compressed by the mass effect.

In the caudoventral mediastinum, a second peripheral contrast enhancing mass is seen, measuring 1.8 cm in diameter. As well as multiple confluent nodular lesions along the left aspect of the heart and along the cranioventral aspect of the diaphragm within the caudal mediastinum.

Level with T12/T13, the crura of the diaphragm are prominent and present a mild heterogeneous contrast enhancement pattern.

The lung parenchyma presents the expected architecture.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal mass compressing the most cranial segment of the cranial vena cava
- Caudoventral mediastinal mass and multiple confluent nodules
- Prominent crura diaphragm
- Moderate pleural effusion
- Dystelectasis ventral aspects of the lung

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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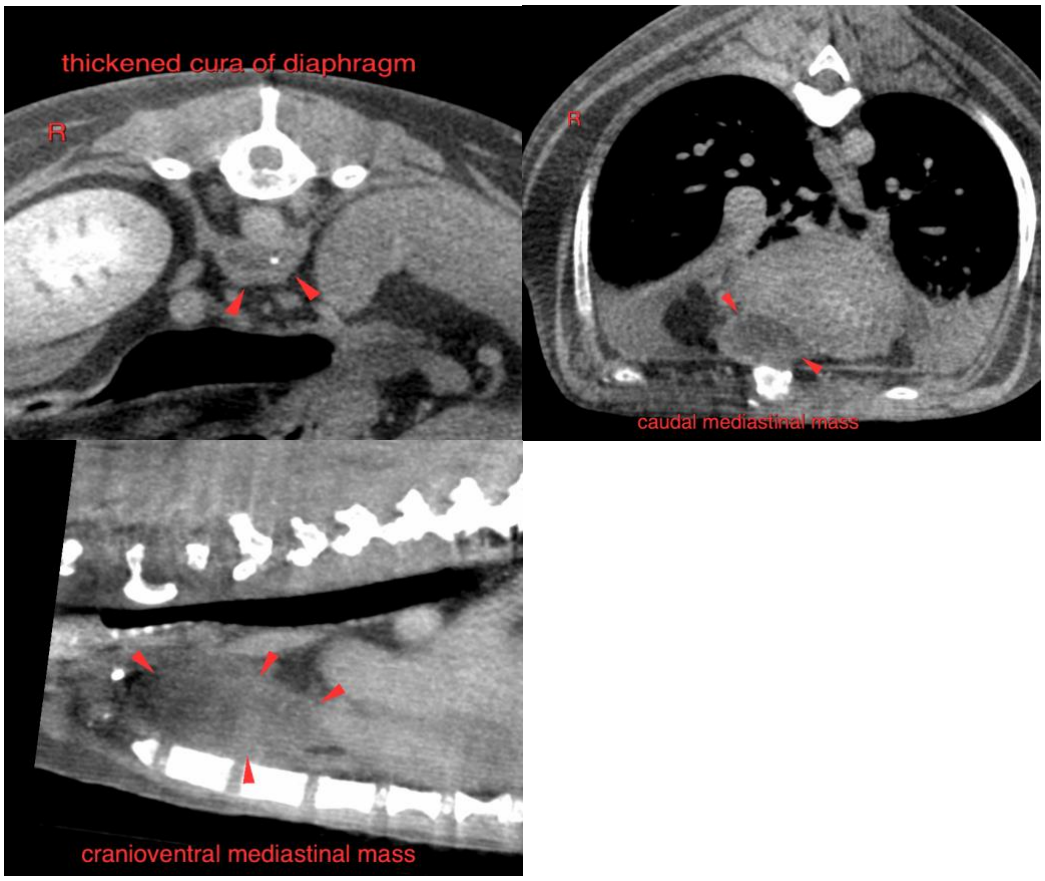
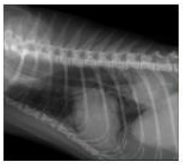
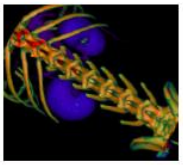
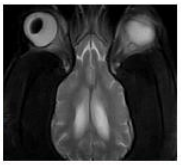
The CT study is confirming the diagnosis of a cranioventral soft tissue mass and a second mass is seen in the caudoventral mediastinum as well as multiple confluent nodules. As there are multiple mediastinal masses and the thickened crura of the diaphragm, the odds for disseminated neoplastic disease are high – such as thymic sarcoma/carcinoma, round cell tumor, (ectopic thyroid carcinoma), other. The pleural effusion can be a paraneoplastic finding and is increasing the odds for neoplastic origin of the cranioventral mediastinal mass. Ultrasound can be used to rule out cystic mediastinal lesions entirely and will allow FNA sampling/biopsy for further differentiation – check also the caudal mediastinum.



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

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