



PATIENT

Oliver Cosentino

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9Y

WEIGHT

16.7lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Ariel

HOSPITAL NAME

Aloha Pet & Bird
Hospital

REFERRING VET

Dr. Pepen

INVOICE

74309

DATE

3-23-26

PRESENTING CLINICAL SIGNS

presented for recheck; not eating/drinking, taking meds OK. Prior to meds (pred and clavamox) was e/d well but stopped last night/today. Hx pleural effusion with possible intrathoracic mass. Vomited on the car ride here which is abnormal for him. Has been lip-licking all morning. Normal urination, normal stools. QAR on presentation, BCS 6/9, tachypnea and inc effort breathing, mm pnk

COMPUTED TOMOGRAPHY 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.

In the pleural cavity a significant amount of gravity dependent, fluid attenuating material is appreciated. The lung lobes are retracted from the thoracic wall by the fluid attenuating material and present a decreased volume. The ventral dependent aspects of the lung present dystelectasis.

Post contrast administration, cranial to the heart, ventral to the large cranial mediastinal vessels, an irregular mild contrast enhancing, irregular shaped lesion is appreciated; measuring approximately 1.7 x 1.2 x 2.5 cm.

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 walls are generalized mild to moderately thickened, L>R.

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.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ill-defined cranioventral mediastinal soft tissue mass without vascular invasion
- Peritoneal effusion
- Bronchial pattern caudal lung lobes
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an irregular shaped and ill-defined mild heterogeneous contrast enhancing soft tissue structure in the cranioventral mediastinum, concerning for a small cranioventral mediastinal soft tissue neoplasia – such as thymoma, thymic sarcoma/carcinoma/lymphosarcoma. A far less likely differential for the irregular marginated cranioventral mediastinal soft tissue structure are prominent cranial mediastinal lymph nodes – reactive lymphoid hyperplasia versus neoplastic transformation. If not done so yet, tapping the pleural effusion for complete fluid analysis ± FNA sampling of the cranioventral mediastinal soft tissue mass is beneficial.





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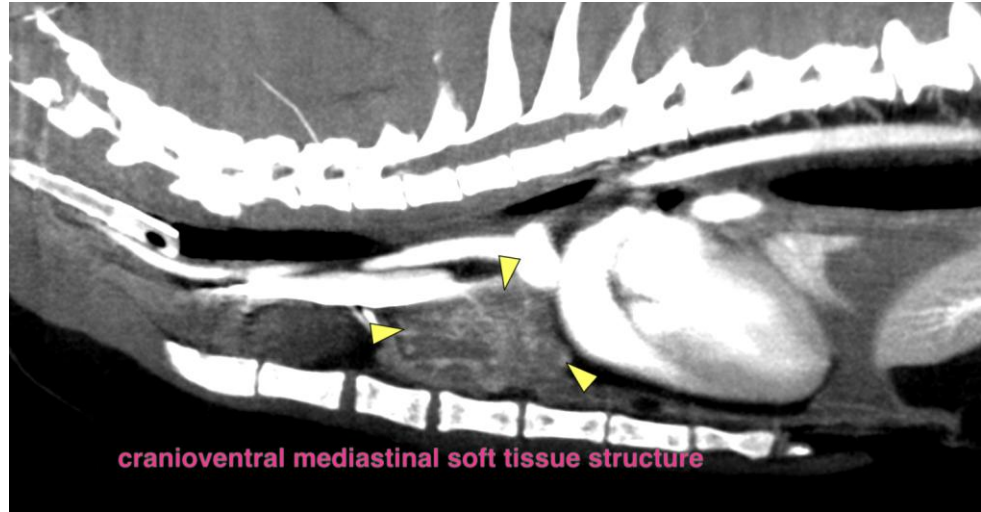
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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