



**PATIENT**

Cavan Carr

**PRESENTING CLINICAL SIGNS**

Neck pain Anisocoria Incidental finding of mediastinal mass on radiographs

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE CERVICAL SPINE, THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the cervical spine, thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

**BREED**

Golden Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

Neck

The osseous and soft tissue structures of the neck are within normal limits.

**SEX**

Male

Thorax

In the cranial mediastinum, an irregular marginated, soft tissue attenuating mass is visible, presenting multifocal dystrophic mineralization. Post contrast administration the mediastinal mass is heterogeneous contrast enhancing and measuring 11.5 x 8.7 x 6.2 cm in size. The mass is extending dorsally up to the ventral aspect of the cranial thoracic spine. An extending through the left neuroforamen T1/T2 into the vertebral canal, occupying approximately up to 85% of the cross-sectional area of the vertebral canal at the same level; the dural tube is displaced to the left and compressed. The left neuroforamen T1/T2 is mildly widened. The trachea and large cranial mediastinal vessels are displaced to the right and ventrally by the mass effect.

**AGE**

1

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Animal Health  
Partners

The lung parenchyma presents the expected architecture and attenuation behavior – the cranial aspects of the lung are mildly compressed by the extrapleural mass effect.

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

**REFERRING VET**

Dr. Westgarth

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**INVOICE**

50794

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.

**DATE**

3-8-22

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.



**PATIENT**

Cavan Carr

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.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Craniodorsal mediastinal mass with dystrophic mineralization and invasion of the vertebral canal with compressive myelopathy
- No evidence of pulmonary metastatic disease
- Normal abdomen

**BREED**

Golden Retriever

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Male

The craniodorsal mediastinal mass can originate from ectopic thyroid tissue (e.g. thyroid carcinoma), connective tissues (e.g. hemangiosarcoma, fibrosarcoma, lymphosarcoma) or neuroendocrine tumor). The mediastinal mass is invading the spinal canal with secondary marked spinal cord compression - explaining the neck pain. The location of the mass level with the stellate ganglion can also explain the anisocoria. Progressive growth of the mass in the spinal canal will result in progressive paresis. FNA sampling might be used as advanced diagnostic test and decision making if palliative radiation therapy is an option. Due to the extent of the mass, the prognosis is considered very guarded to infaust.

**AGE**

1

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

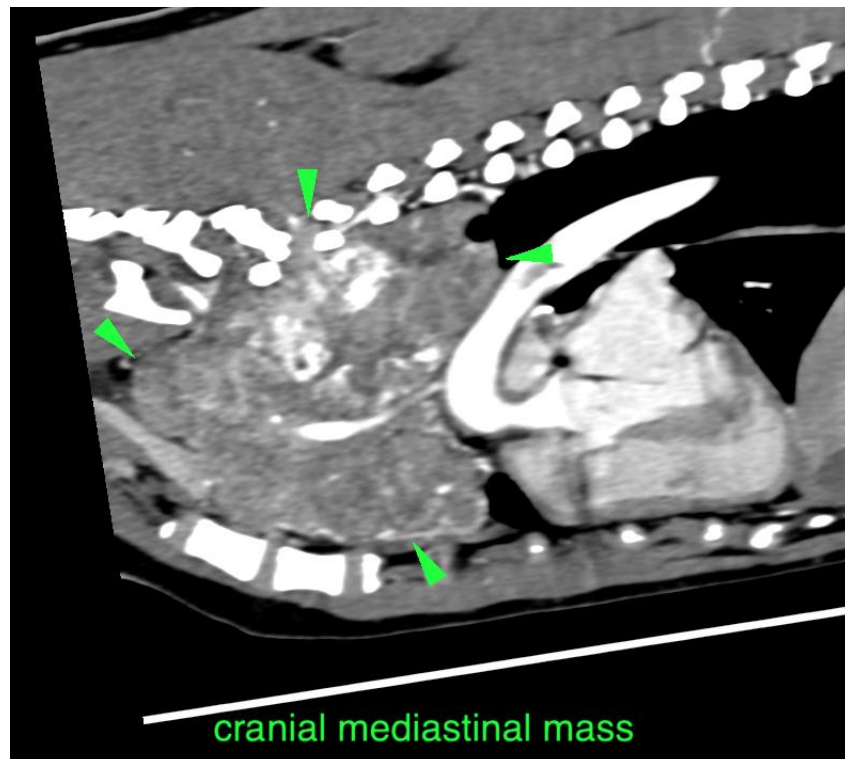
Dr. Westgarth

**INVOICE**

50794

**DATE**

3-8-22





**PATIENT**

Cavan Carr

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male

**AGE**

1

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

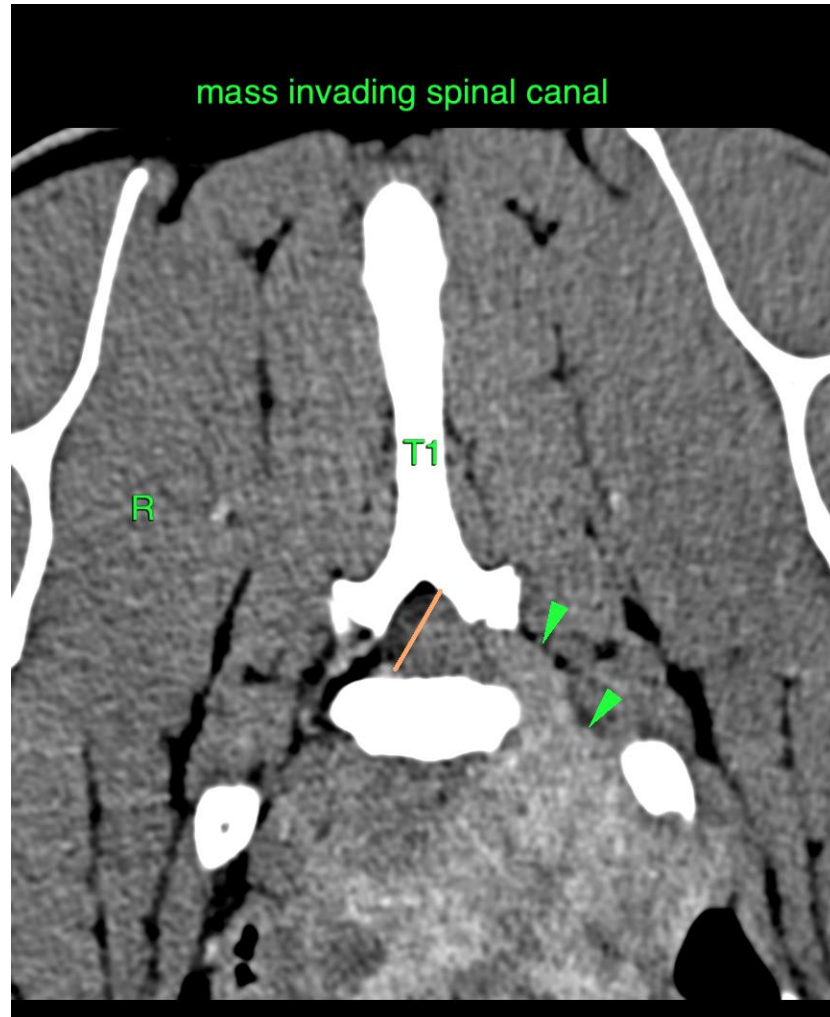
Dr. Westgarth

**INVOICE**

50794

**DATE**

3-8-22



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