



**PATIENT**

Jack Herigstad

**PRESENTING CLINICAL SIGNS**

Jack is a 1.5 year old male Golden. Pleural effusion with possible mass or hyperplastic lymph node left thorax noted on ultrasound during thoracocentesis. Patient has had 1.5 week history of submandibular swelling (fluctuant, non painful) without evidence of foreign body or purulent material present. Previous CBC/Chem done at primary rDVM was not significant. Fluid cytology performed in house from pleural effusion revealed single population of large lymphocytes with mitotic figures. Mass/lymph nodes aspirated via ultrasound post thoracocentesis and cytology submitted to Idexx; no neoplastic cells or mitotic figures noted, suspected lymph node hyperplasia. Advanced imaging recommended to rule out neoplasia vs inflammation vs infection.

**SPECIES**

Canine

**BREED**

Golden Retriever

**COMPUTED TOMOGRAPHY OF THE THORAX**

A high resolution pre- and post-contrast CT study of the thorax is provided for review.

**SEX**

Male

**COMPUTED TOMOGRAPHIC FINDINGS**

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

**AGE**

1

A moderate amount of gravity dependent, fluid attenuating material is seen in the dorsal aspect of the pleural cavity. The lung lobes are retracted from the thoracic wall and pleural fissure lines are visible. The volume of the lung lobes is decreased and regions of dystelectasis are visible.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The superficial cervical, sternal & cranial mediastinal lymph nodes are moderately enlarged and rounded with a uniform contrast enhancement pattern.

Cranial to the heart a roundish, ill-defined mass is noted, measuring approximately 4.9 cm in diameter, causing convex bulging of the mediastinum margins at the same level.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**HOSPITAL NAME**

Wilvet Salem

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.

**REFERRING VET**

Dr. Craig Seyler

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.

**INVOICE**

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Lymphadenopathy sternal & cranial mediastinal lymph nodes
- Suspect pre-cardiac mass
- Moderate pleural effusion
- Retraction atelectasis of the dorsal aspects of the lung

**DATE**

4-14-22



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are highly concerning for neoplastic transformation of the cranial mediastinal & sternal lymph nodes ± the thymus. Regarding the age of the patient, round cell neoplasia with secondary pleural effusion is the top differential. Theoretically granulomatous inflammation of the lymph nodes (sterile, mycotic, mycobacterium) is a consideration, but the odds are low. Recommend ultrasound guided FNA sampling ± TruCut biopsy of the enlarged mediastinal lymph nodes/potential mediastinal mass.





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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  
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