



PATIENT

Chance Erickson

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

23

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Kristin Potenzzone,
DVM

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Kristin Potenzzone,
DVM

INVOICE

36744

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: coughing, no HM noted

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

Cranial to the heart, ventral to the trachea a soft tissue opacity, presenting well-defined convex shaped caudal border is appreciated – extending approximately over two intercostal spaces. In the right lateral view, mild dorsal deviation of the trachea level with the ovoid soft tissue opacity is seen. In the VD view, the cranial mediastinum is widened.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal soft tissue mass
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The odds for primary soft tissue neoplasia in the cranioventral mediastinum are high – such as thymoma, thymic sarcoma/carcinoma/lymphosarcoma, ectopic thyroid carcinoma, other. Differentials include granuloma or mediastinal cyst. Theoretically a pulmonary mass of the cranial part of the left cranial lung lobe. The mass may be a trigger for cough.



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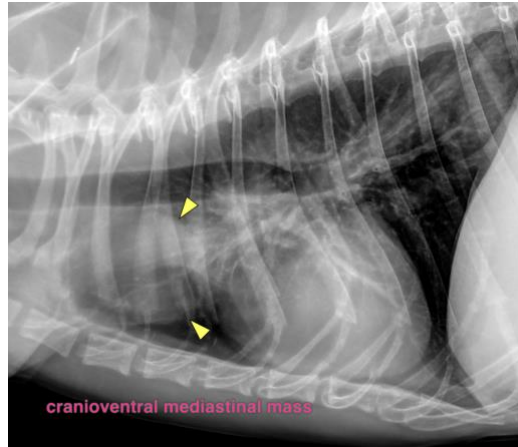
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com