



**PATIENT**

Wendel Muto

**PRESENTING CLINICAL SIGNS**

limping on front left leg since yesterday  
 Abnormal PE/Chem/CBC/UA Results: Grade 3/g heart murmur , grape size swelling on the palmer side of left elbow , bruise over carpal

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX& LEFT ELBOW JOINT**

Radiographs of the thorax & left elbow joint in two imaging planes are provided for review.

**BREED**

Jack Russell Terrier  
 Mix

**RADIOGRAPHIC FINDINGS**

Evaluation of the mediolateral projection of the left elbow joint is limited due to overexposure – the osseous margins appears to be smooth. A soft tissue swelling is seen at the caudal aspect of the left elbow joint, measuring approximately 3 cm in size. In the craniocaudal projection, the periarticular bones of the right elbow joint present mild to moderate osteophyte new bone formation with a small hook shaped osseous spur at the lateral humeral epicondyle.

**SEX**

Male Neuter

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

10 Years

The left front limb is superimposed on the cranial aspect of the thorax. At the cranial aspect of the heart, a soft tissue opaque structure is effacing the cranial contour of the heart and causes mild dorsal deviation of the trachea. In the VD projection, the cranial mediastinum is moderately widened and presents bilateral convex bulging of the lateral margins. A mild right sided deviation of the tracheal level with the widened mediastinal segment is seen.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

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 Hospital

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.

**REFERRING VET**

Dr. Mena

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

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

At the caudoventral hepatic margins, a convex shaped soft tissue opacity is appreciated.

**DATE**

4-5-22

**RADIOGRAPHIC DIAGNOSIS**

- Suspect cranioventral mediastinal soft tissue mass
- Soft tissue swelling caudal to left olecranon
- Degenerative osteoarthritis right elbow joint



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- Rounded soft tissue opacity caudoventral aspect of the liver
- Normal left elbow joint

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The increased soft tissue opacification at the cranial aspect of the heart with evidence of mass effect on the trachea is concerning for cranioventral mediastinal mass – such as neoplasia (e.g. thymoma, thymic sarcoma/carcinoma/lymphosarcoma, thyroid carcinoma), cyst, granuloma, hematoma, (abscess). A differential can be a redundant aortic arch. Follow up radiographs of the thorax with the front limbs pulled cranially or a CT study of the thorax can be used for further definition.

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The soft tissue swelling at the caudal aspect of the left elbow joint is not specific and potentially include hygroma (infected?), hematoma, granuloma, abscess or neoplasia (would expect progressive development of the swelling).

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The rounded structure at the caudoventral hepatic margin can present the gallbladder, rounded liver lobe or parenchymal nodular lesion (e.g. nodular hyperplasia/regeneration nodule, cyst, neoplasia).

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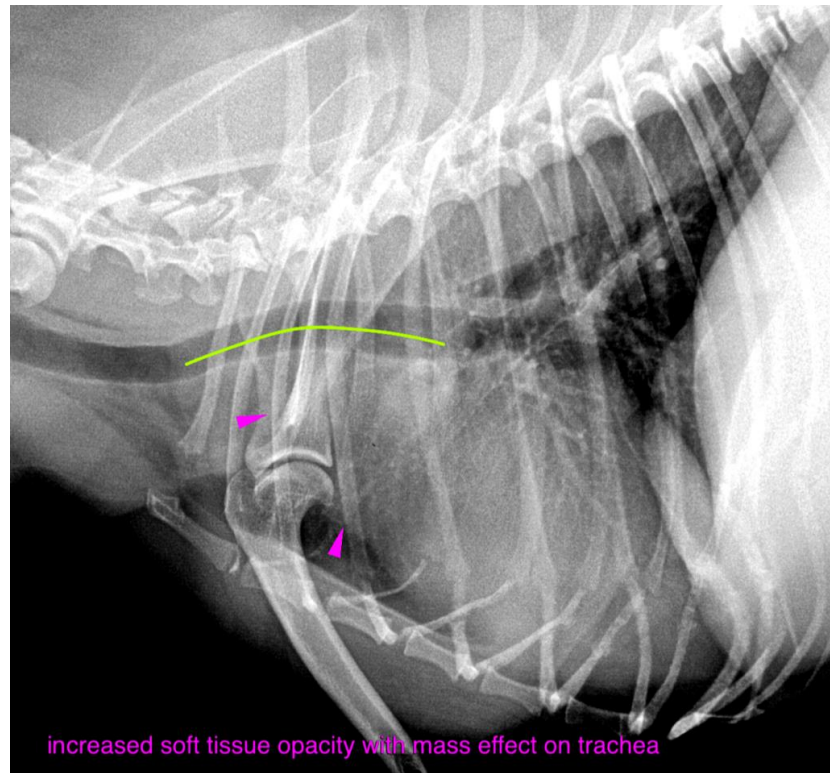
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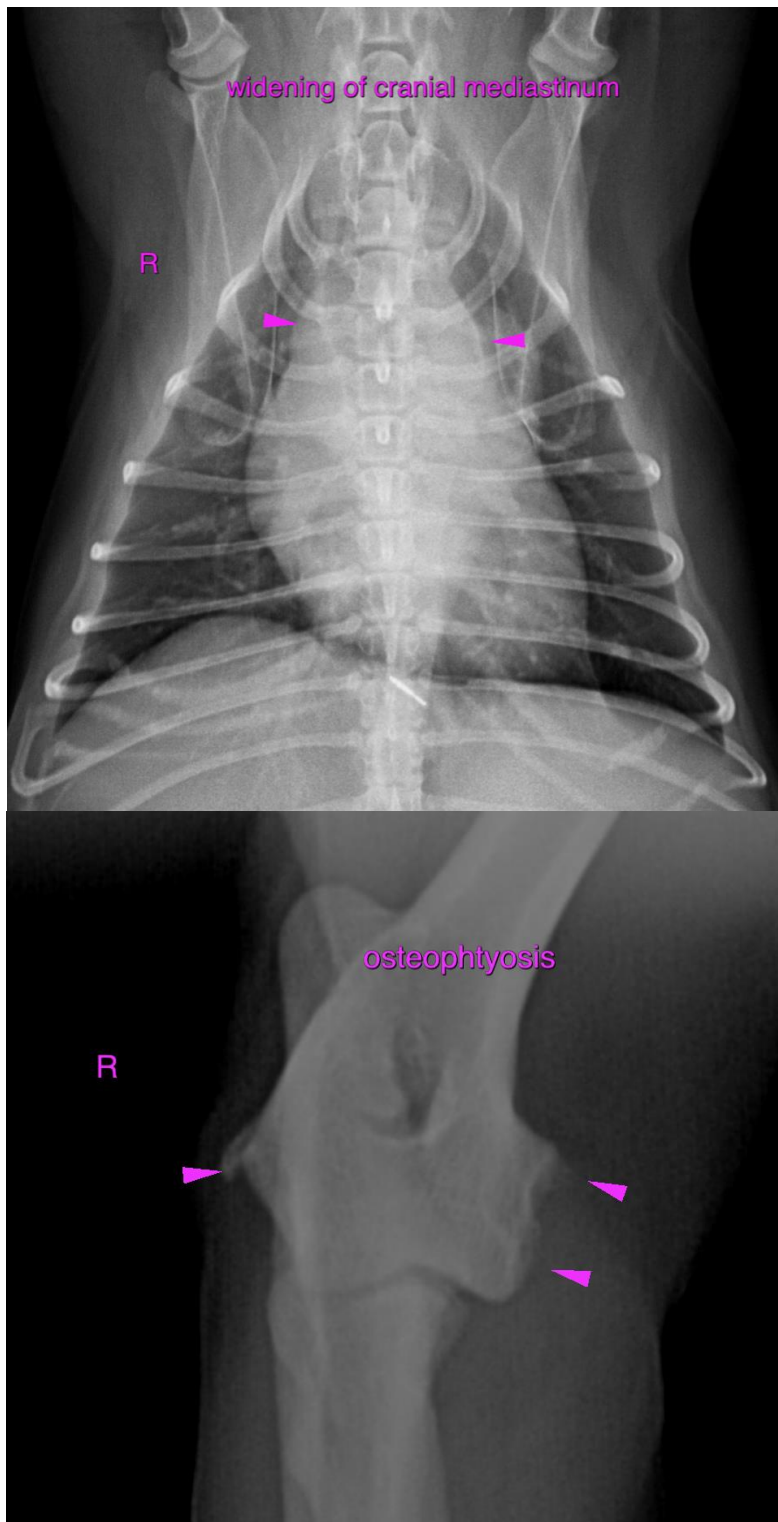
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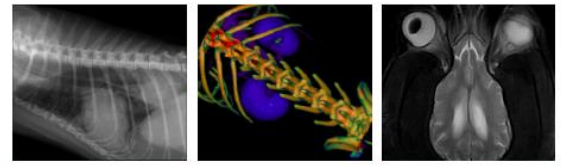
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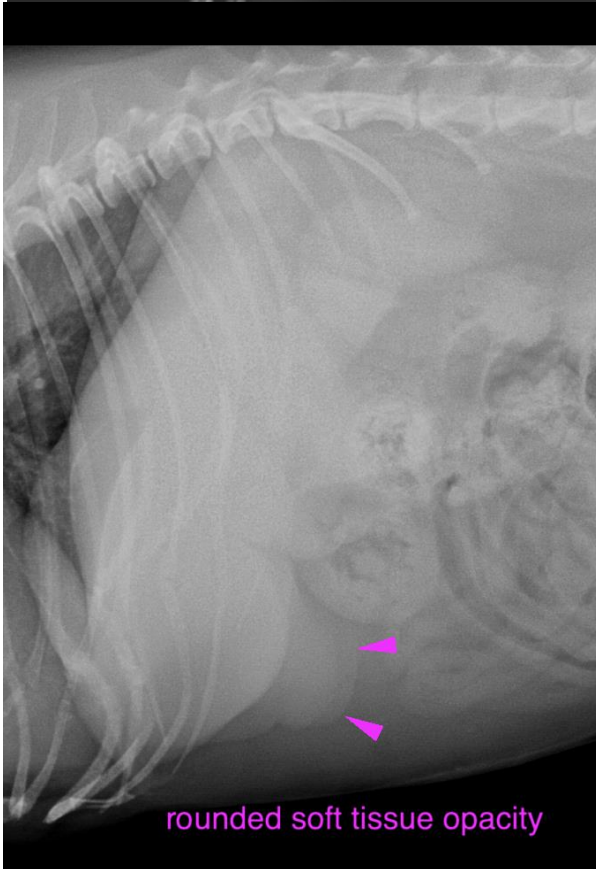
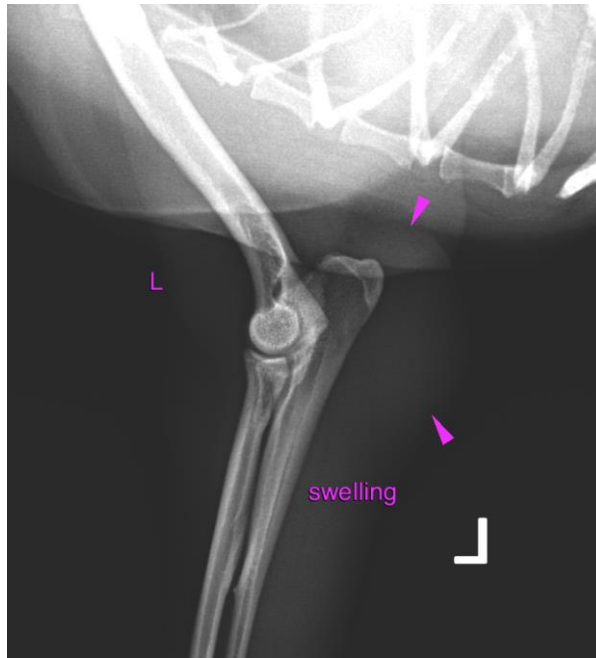
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

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**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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