



**PATIENT PRESENTING CLINICAL SIGNS**

Missa Baker P presents with pleural effusion in chest. Approximately 2 L of watery-orange fluid from chest.

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

Canine

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

**BREED** Multifocal mild spondylosis formation is seen along the thoracic spine.  
Pit Bull Terrier Mix

In the dorsal aspect of the pleural cavity, a moderate amount of gravity dependent, fluid attenuating material is appreciated. The lung lobes are retracted from the thoracic wall and present a moderate decreased volume with multiple regions of dystelectasis of the lung parenchyma; pleural fissure lines are visible. The lung parenchyma presents multifocal randomly distributed punctuate mineralization.

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The cranioventral mediastinum is moderately widened by an uniform soft tissue attenuating and contrast enhancing mass, measuring approximately 6.6 x 7.0 x 12.4 cm in size. The large cranial mediastinal vessels are deviated dorsally by the mass effect and appear to be partially encompassed by the mass.

**AGE**

8

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Abdomen

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

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Multiple mesenteric lymph nodes and the renal lymph nodes are prominent.

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.

**REFERRING VET**

Dr. Horsley

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the parenchyma of the caudal extremity of the spleen, a roundish, post contrast mild hypoattenuating lesion is appreciated, measuring 16 mm in diameter, causing mild convex bulging of the splenic capsule at the same level.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**DATE**

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Multifocal moderate spondylosis formation is seen along the lumbar spine. Both coxofemoral joints present mild osteophyte new bone formation.



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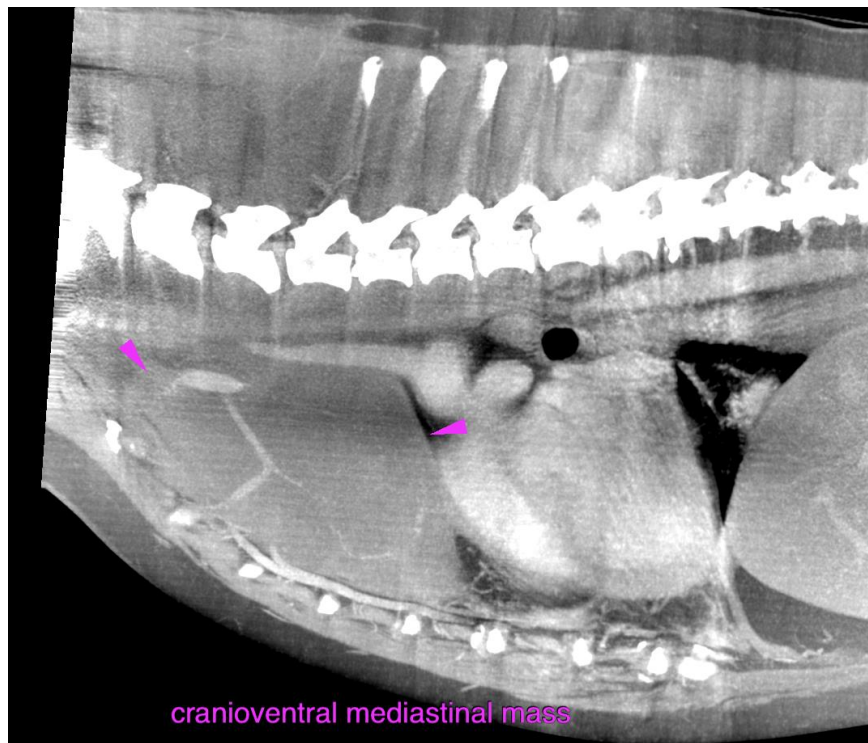
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Cranioventral mediastinal mass
- Moderate pleural effusion
- Lymphadenopathy multiple mesenteric lymph nodes and the renal lymph nodes
- Intraparenchymal nodular lesion caudal extremity of the spleen
- Dystelectasis of the lung
- Spondylosis deformans

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The main finding is a cranioventral mediastinal mass and potentially include thymic lymphosarcoma, thymic sarcoma/carcinoma, thymoma, sarcoma, other. In combination with the lymphadenopathy of multiple abdominal lymph nodes and the splenic nodular lesion, I consider the odds for underlying round cell tumor high in this case. The pleural effusion is considered paraneoplastic. If not done so yet, further workup warrants ultrasound guided FNA sampling of the cranioventral mediastinal mass, prominent abdominal lymph nodes and the splenic nodular lesion.

As the mass is partially encompassing the cranial vena cava, surgical excision of the cranioventral mediastinal mass appears not feasible.





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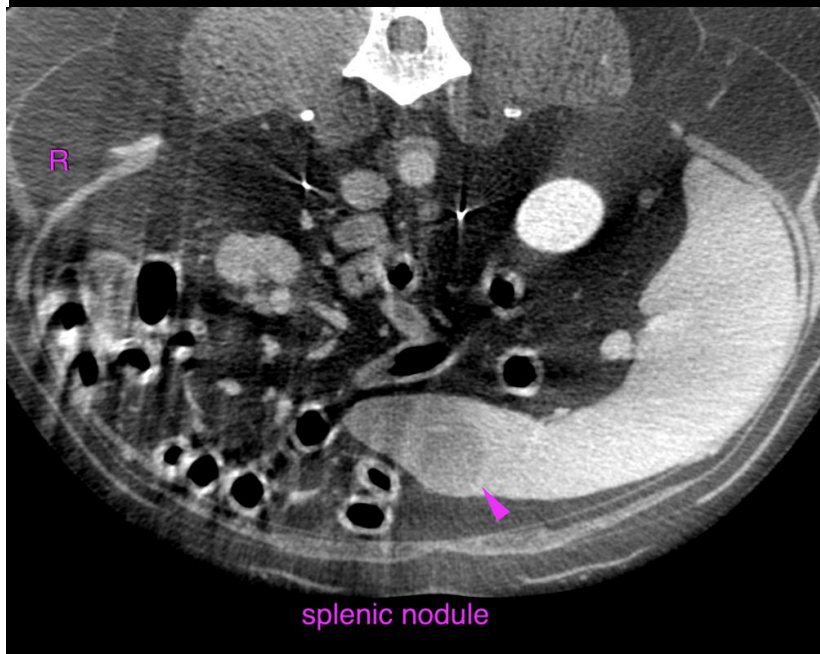
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mass encompassing cranial vena cava



splenic nodule



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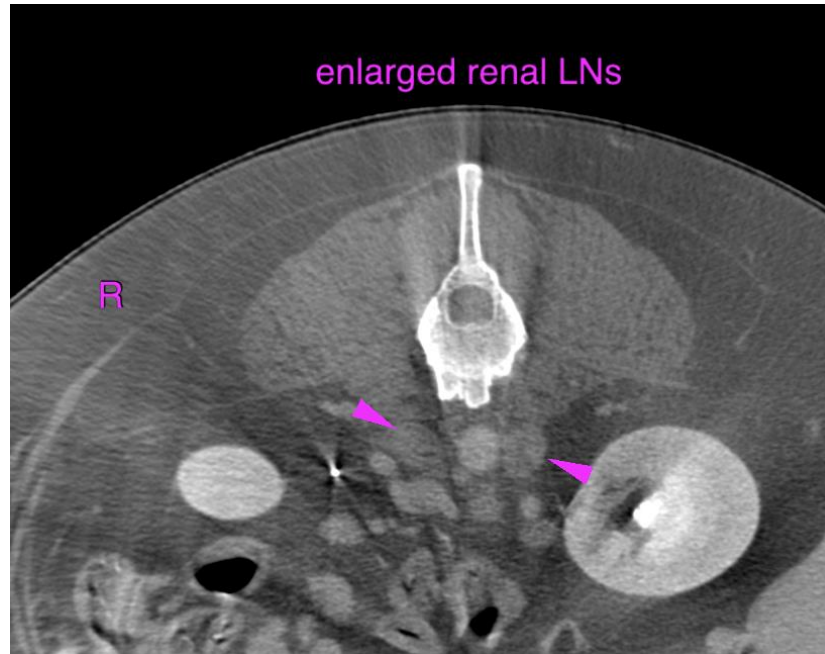
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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