



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Brady Morton  
**SPECIES** Canine  
**BREED** French Bulldog

History: Presented to ER Aug 9 for shivering and decreased appetite, discharged with Metacam. Since then, continued to be painful, lethargic, and reluctant to walk/jump with low head carriage and reluctance to move his head. Seems to improve with medications but becomes painful as meds wear off. Previous hx of patellar luxation, viral papilloma. Neuro exam – hunched posture with low head carriage, pain on cervical palpation MRI of cervical spine revealed incidental finding - well-demarcated ovoid structure with strong, uniform T2 weighted hyperintensity in the thorax, cranial to heart and ventral to aorta. cervical IVDD noted on CT as well. Bloodwork within normal limits. \*PLEASE NOTE: Two separate scans will be sent with Brady Morton's name in it. We are only charging for one site (THORAX ONLY), but due to technical error, we are sending two separate scans; one with plain thorax scan, and another with contrast thorax scan. Also, please refer to these labels for the scans: "Chest Pre-Contrast" = Chest Immediate Contrast Scan "Chest Post-Contrast" = Chest 1 minute Delayed Contrast Scan

**SEX COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

**SEX** Male  
 A pre- and post-contrast CT study of the thorax in a bone, lung and soft tissue reconstruction is provided for review.

**AGE COMPUTED TOMOGRAPHIC FINDINGS**

**AGE** 4 Years 1 Month  
 Multiple hemivertebra are seen along the thoracic spine.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

In the cranial mediastinum, a well-defined pre- and post contrast hypoattenuating (12 HU) lesion is appreciated, measuring 1.6 cm in diameter. The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

A thymic remnant is appreciated in the cranial mediastinum.

**HOSPITAL NAME**

Animal Health  
 Partners

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

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. Alison Little

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 COMPUTED TOMOGRAPHIC DIAGNOSIS**

23931

- Non-contrast enhancing cranial mediastinal nodular lesion
- Multiple hemivertebra along the thoracic spine

**DATE**

8/11/23



**PATIENT**

- Incidental thymic remnant
- Structural normal lung, no evidence of pulmonary metastatic disease

Brady Morton

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The odds for benign lesion of the appreciated non-contrast enhancing nodular lesion in the cranial mediastinum are high – such as cranial mediastinal cyst or lymphocele, which would explain the T2 hyperintensity appreciated in the MR study. Other potentials would include lymphadenopathy of a cranial mediastinal lymph node (reactive hyperplasia or neoplastic transformation), sarcoma, ectopic thyroid tumor – however I would expect at least some degree of contrast enhancement. Ultrasound can be tried to visualize the cranial mediastinal lesion.

**BREED**

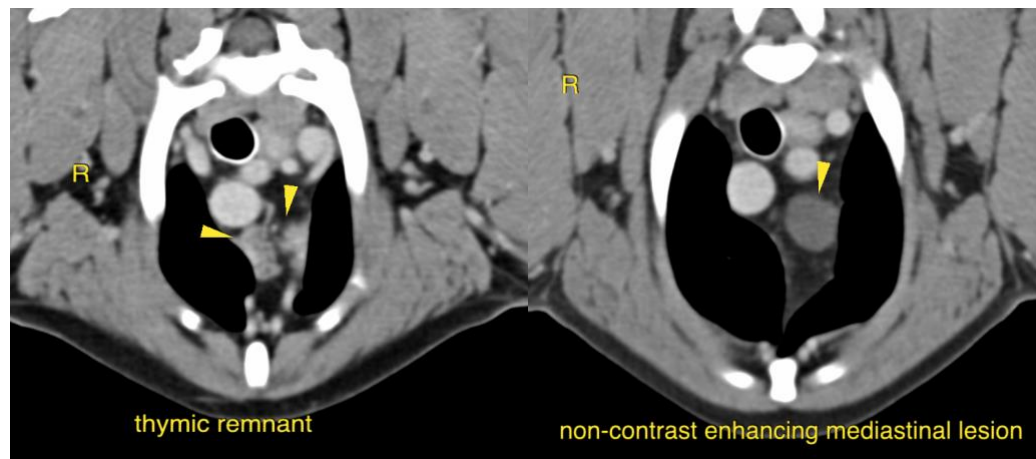
French Bulldog

**SEX**

Male

**AGE**

4 Years 1 Month



thymic remnant

non-contrast enhancing mediastinal lesion

**INTERPRETED BY**

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DVM Dr. med. vet.  
DipECVDI

**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.**

**HOSPITAL NAME**

Animal Health  
Partners

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  
info@sonopath.com

**REFERRING VET**

Dr. Alison Little

**INVOICE**

23931

**DATE**

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