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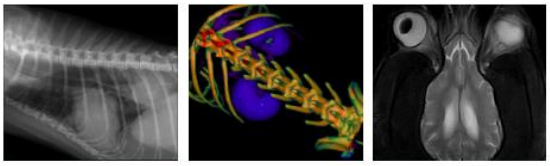

PATIENT

Hank Case

SPECIES

Canine

BREED

Hound Dog

SEX

Male Neutered

AGE

1 Year

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Kim Winters

INVOICE

59780

DATE

8-17-23

PRESENTING CLINICAL SIGNS

Neutered routinely with no reported anesthetic complications per owner. This morning Hank started acting needy but he ate breakfast so the owner didn't read too much into it. Hank then progressively began very labored with his respirations and was gagging. This progressed to gagging/retching unproductively today, prompting Dezray to bring Hank to his pDVM, Bailey Veterinary Clinic, on an emergency basis. He is not on any medications, no previous symptoms.
Abnormal PE/Chem/CBC/UA Results: B.P.: 220 Weight(kg): 21.00 Temp(°F): 100.9 H.R.: 162 CRT: 1-2 sec MM: Pink Attitude: QAR ECG Result = NSR Resp. rate = pant SpO2 = 93 Respiratory Effort = Labored Breathing GEN: QAR, <5% dehydrated; MM pink to mildly cyanotic, tacky; CRT <2 seconds CVS: Sinus tachycardia, NMA, NAA; femoral pulses bounding but synchronous PULM: Markedly increased inspiratory effort with abdominal component; muffled BV sounds ventrally, possible crackles auscultable in the mid left hemithorax, remaining fields clear; no cough with tracheal palpation EENT: Clear corneas OU; No ocular or nasal discharge; minimal debris AU; Stage 1/4 periodontal disease and gingivitis ABD: Tense, mild to moderately distended in cranial abdomen; no palpable fluid wave MS: Good muscle condition, BCS 5/9 DERM: Flocculant ventral cervical edema that is non-painful with palpation; IV catheter in place in left ear with bandaging in place UG: Externally normal, MN RECTAL: Soft, brown stool on glove; no blood or melena NEURO: Quiet but mentally appropriate; cranial nerves intact on limited exam PLN: No peripheral lymphadenopathy PAIN: 1/4 (Colorado)

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

A moderate edematous subcutaneous swelling is seen along the neck and cranioventral thoracic wall.

The 6th to 9th rib bilaterally present an s-shaped inward bending level with the costochondral junction.

In the cranioventral aspect of the mediastinum, extending from the cranial thoracic aperture caudally up to the cranial aspect of the heart, a uniform soft tissue attenuating and mild irregular contrast enhancing mass is seen. The cranioventral mediastinal mass is occupying 100% of the thoracic width and approximately 80-90% of the thoracic height at the same level. The large cranial mediastinal vessels are deviated dorsally – the cranial vena cava is partially encompassed by the mass and compressed – by the mass effect. The trachea is deviated dorsally and to the right by the mass effect.

The 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.

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.

The cranioventral aspects of the lung lobe presents zones with compression atelectasis. The architecture of the lung lobes is maintained.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal soft tissue mass, encompassing the compressing the cranial vena cava
- Edematous swelling ventral aspect of the neck and cranioventral thoracic wall

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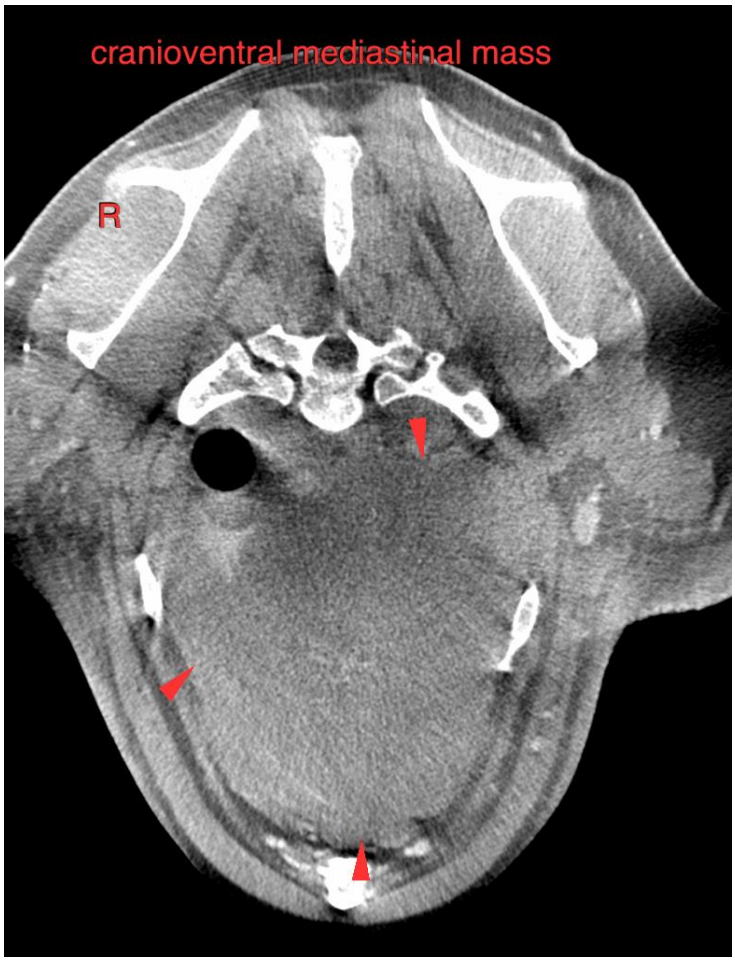
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranioventral mediastinal mass is consistent with primary neoplastic disease that can originate from the thymus (e.g. thymic lymphosarcoma/sarcoma/carcinoma, thymoma), lymph nodes (e.g. round cell tumor), ectopic thyroid tumor or sarcoma of different origin. The subcutaneous edema along the neck is considered as a sequela to compression of the cranial vena cava by the cranioventral mediastinal mass. If not done so yet, FNA sampling ± TruCut biopsy of the mass is recommended for further workup. Surgical excision of the mass appears not feasible, as it is entangled with the cranial vena cava. However, based on results of the advanced diagnostic tests, the chances of chemotherapy can be discussed with oncologist.



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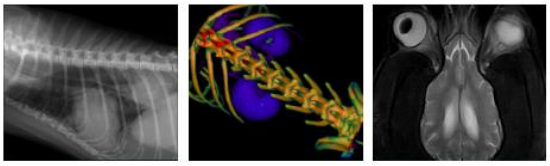

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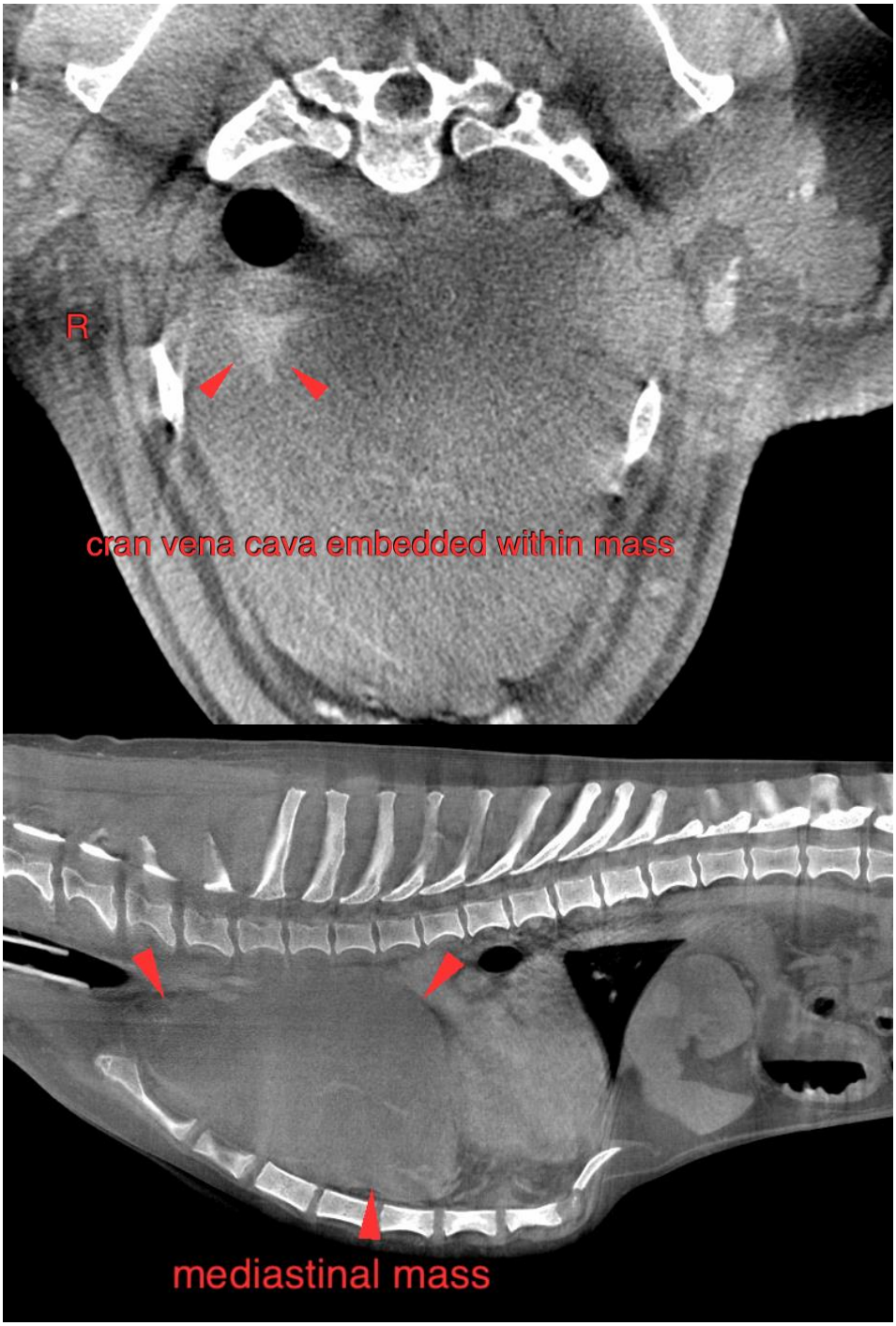

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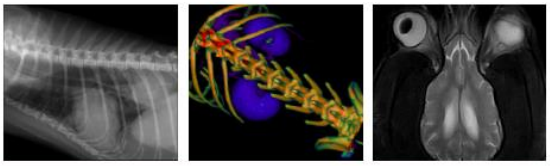

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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