



PATIENT

Bella Marrone

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

11

WEIGHT

27

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Short

INVOICE

72489

DATE

11-4-25

PRESENTING CLINICAL SIGNS

increased upper airway stertor- suspect laryngeal paralysis Radiographs show possible mass in the Thorax

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of whole-body are provided for review totaling 2 series. One pre-contrast series of the whole-body, bone algorithm. One post-contrast series of the whole-body, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

A large, amorphous, heterogeneous soft tissue mass occupies the cranial mediastinum, compressing and partially effacing the consolidated portion of the left cranial lung lobe. The mass measures approximately 10.2 × 9.3 × 8.6 cm.

Adjacent to the mass, the sternal and cranial mediastinal lymph nodes are mildly enlarged.

There are gravity-dependent peripheral pulmonary consolidations, consistent with passive atelectasis. The remaining pulmonary parenchyma shows no evidence of soft tissue nodules.

The cranial mediastinal mass displaces the thoracic trachea dorsally and contributes to reduced expansion of the cranial lung lobes.

The cardiac silhouette and pulmonary vessels appear normal.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is moderately distended with intraluminal gas, most likely related to anesthesia.

ABDOMEN

The spleen is mildly enlarged, with a smooth, bulging contour and homogeneous soft tissue attenuation.

The liver is homogeneously soft tissue attenuating and uniformly contrast-enhancing, with normal size and shape. The gallbladder is within normal limits.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvis and ureters are within normal limits.

The urinary bladder is partially visible and appears normal.

The gastrointestinal tract is normally distended and distributed, with no evidence of mural thickening or mass effect. The colon contains gas and heterogeneously soft tissue-attenuating fecal material, with normal wall thickness.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.



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The serosal fat demonstrates normal attenuation.

There are multifocal thoracic and lumbar incomplete bridging vertebral endplate spondylosis deformans.

COMPUTED TOMOGRAPHIC DIAGNOSIS

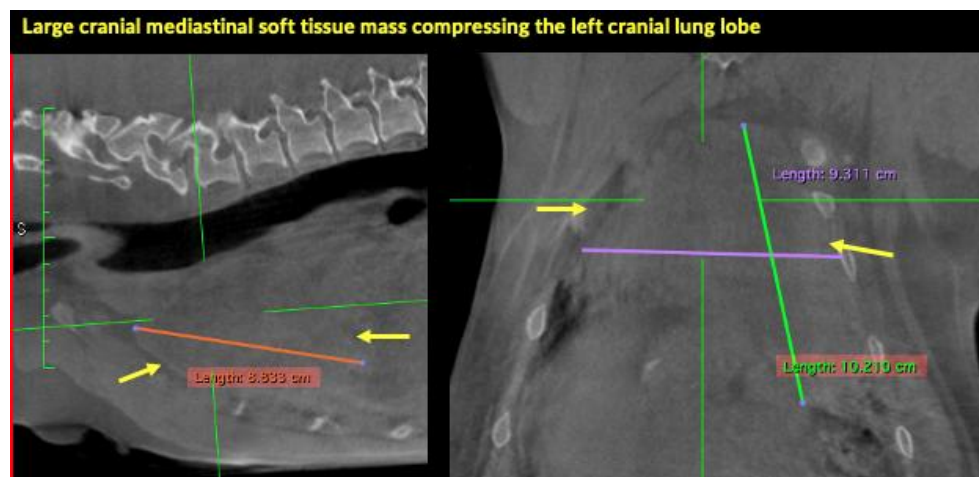
- Large cranial mediastinal soft tissue mass compressing the left cranial lung lobe and displacing the trachea dorsally, associated with mild enlargement of the sternal and cranial mediastinal lymph nodes. Differential diagnoses include mediastinal neoplasia (e.g., thymoma, lymphoma), and less likely, a left cranial lung lobe mass extending or projecting into the mediastinum.
- Mild splenomegaly, possibly secondary to lymphoid hyperplasia or extramedullary hematopoiesis; neoplastic infiltration is considered less likely.
- Multifocal thoracic and lumbar spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings reveal a large cranial mediastinal soft tissue mass causing compression of the left cranial lung lobe and dorsal displacement of the trachea. The mass is associated with mild regional lymphadenomegaly. The primary differential diagnoses include mediastinal neoplasia, such as lymphoma, thymoma, or ectopic thyroid/parathyroid neoplasia.

The associated compression and consolidation of the left cranial lung lobe make it more challenging to completely exclude a primary pulmonary neoplasm, although this is considered less likely.

Given the size and location of the lesion, thoracic ultrasound-guided fine-needle aspiration (FNA) is recommended for definitive diagnosis.





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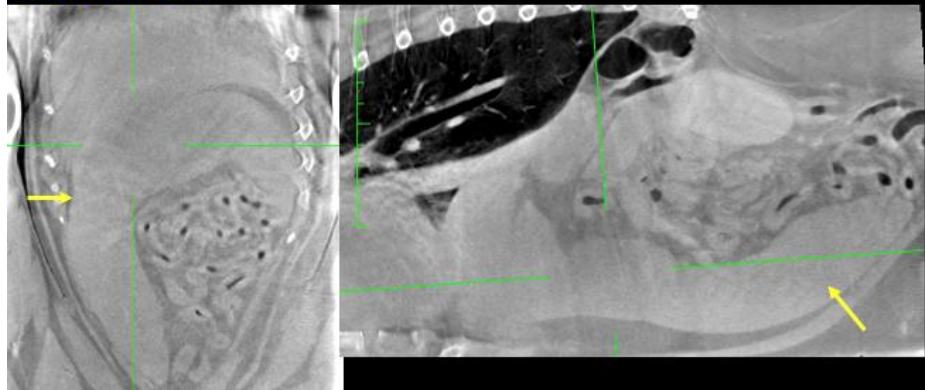
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Mild splenomegaly



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com