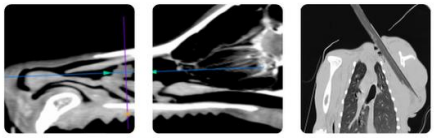




**PATIENT**

Apollo Bartel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

7Y

**WEIGHT**

5.35kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Janice

**HOSPITAL NAME**

Bridgwater Veterinary Hospital and Wellness Centre

**REFERRING VET**

Dr. Breanne Fredette

**INVOICE**

74279

**DATE**

3-19-26

## PRESENTING CLINICAL SIGNS

- Incidental findings on hip radiographs due to arthritis, found potential renolith vs renal calcification as well discovered mass like effect in the thorax.
- Cyst cranial to the heart found post CT during ultrasound, drained approximately 5 mls clear fluid, fluid sent for analysis
- hx to IVDD and sclerosis of spine, advanced arthritis in hips

Abnormal PE/Chem/CBC/UA Results: Increased chol

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the thorax and abdomen, soft tissue algorithm. One post-contrast series of the thorax and abdomen, soft-tissue algorithm. Two post-contrast series of the abdomen, soft tissue algorithm, delayed phase.

## COMPUTED TOMOGRAPHIC FINDINGS

### THORAX

A multilobulated hypoattenuating soft tissue mass is present in the ventral cranial mediastinum, appearing as a conglomerate of enlarged cranial mediastinal lymph nodes. The lesion is predominantly hypoattenuating with minimal, homogeneous contrast enhancement. It measures at least 4.7 × 2.3 cm.

The tracheobronchial lymph nodes are within normal limits.

The trachea and main bronchi are normal.

The pulmonary parenchyma shows normal attenuation, with no evidence of nodules or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette, large vessels and pulmonary vessels are normal, and post-contrast opacification is adequate.

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

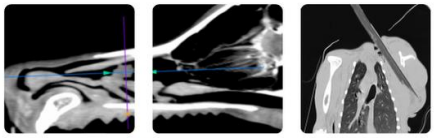
The thoracic esophagus is unremarkable.

### ABDOMEN

The kidneys are mildly irregular in contour. A focal cortical depression is noted at the cranial pole of the right kidney. A small mineral focus is identified within a right renal diverticulum, measuring approximately 3.3 mm. No evidence of renal pelvic or ureteral dilation.

Subjectively, there is a delay in the opacification of the renal pelvis and ureters in all post-contrast series.

The urinary bladder is moderately distended, with normal wall thickness.





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The liver is normal in size, shape, and attenuation, with homogeneous contrast enhancement.

The gallbladder and biliary tree are unremarkable.

The spleen is normal in size and shape, with mild mottled enhancement, likely incidental.

The gastrointestinal tract exhibits normal anatomical distribution, appropriate luminal distension, and no evidence of abnormal mural thickening.

The ileocolic junction and cecum are unremarkable.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material. Normal wall thickness.

The pancreas, adrenal glands, and abdominal lymph nodes are unremarkable.

The serosal fat presents normal attenuation behavior

Musculoskeletal findings:

Bridging spondylosis deformans at L5–L6 and L6–L7, with in-situ intervertebral disc mineralization. Incomplete bridging spondylosis at L7–S1.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranial mediastinal multilobulated mass likely a conglomerate of enlarged mediastinal cranial lymph nodes. Primary differential diagnoses include mediastinal lymphoma. Other considerations include cystic thymoma, other cranial mediastinal neoplasms, or benign mediastinal cysts.
- Mild bilateral renal contour irregularity with focal cortical defect in the right kidney, suggestive of degenerative renal changes (e.g., prior infarct or scarring).
- Small right renal mineral focus (nephrolith/renal diverticular mineralization).
- Mild, likely incidental splenic mottled enhancement.
- Multifocal lumbar spondylosis deformans with intervertebral disc mineralization. Chronic in-situ disc disease at L5-6 and L6-7.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranial mediastinal mass demonstrates imaging characteristics most consistent with lymphadenomegaly forming a conglomerate mass. The primary differential diagnosis is mediastinal lymphoma. Other considerations include cystic thymoma or benign mediastinal cysts.

Although previously described as cystic on ultrasound, necrotic or fluid components may be present within abnormal lymph nodes or cystic thymoma.

Correlation with cytology of the previously aspirated fluid is strongly recommended. If results are inconclusive, repeat sampling is advised, preferably via ultrasound-guided fine-needle aspiration of the mediastinal lesion.

Additional staging (including FeLV/FIV testing, if not already performed) is recommended given the suspicion of lymphoma.

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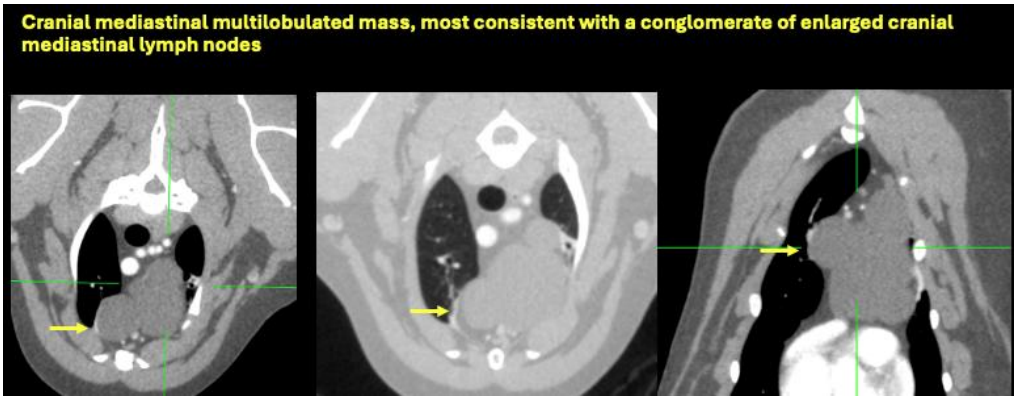
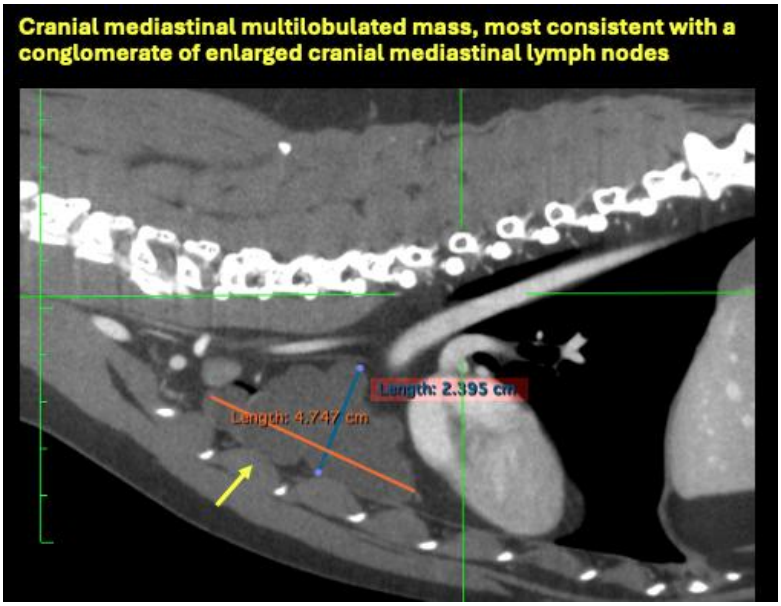
Renal findings are suggestive of degenerative changes with possible decreased function. Correlation with renal biochemical parameters and urinalysis is recommended.

The vertebral changes are consistent with chronic degenerative disease.



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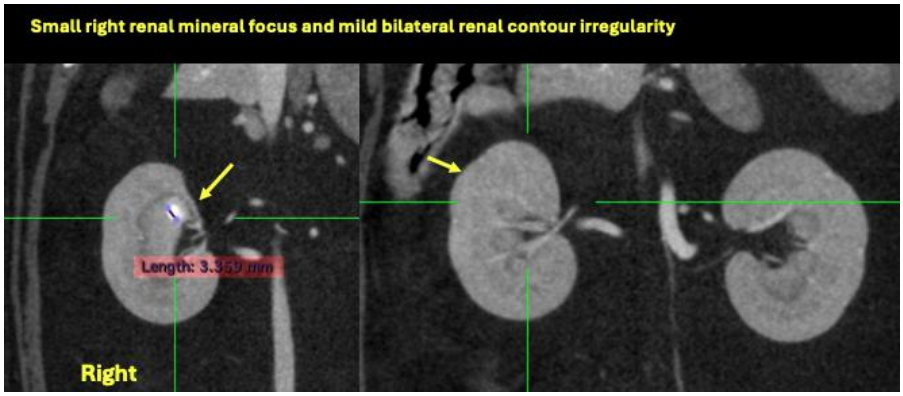



**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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