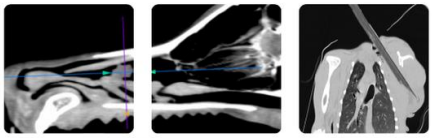


PATIENT
Bowie Carnes

SPECIES
Canine

BREED
Chinese Crested

SEX
MN

AGE
7Y

WEIGHT
8.2kg

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

IMAGING PERFORMED BY
Mobile Pet Imaging

HOSPITAL NAME
Mobile Pet Imaging

REFERRING VET
Armstrong

INVOICE
74714

DATE
4-21-26

PRESENTING CLINICAL SIGNS

Large cranial thoracic mass effect central to just left of midline could represent a mass of mediastinal origin related to neoplasia including thymoma or lymphoma. Pulmonary origin of this finding with differentials including neoplasia or benign etiologies such as granuloma, abscess, hematoma, or cyst cannot be excluded radiographically.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen is provided for review, totaling five series: one pre-contrast thoracic series (bone algorithm), one pre-contrast abdominal series (soft tissue algorithm), two post-contrast abdominal series (soft tissue algorithm), and one post-contrast thoracic series (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea is dorsally displaced; however, the lumen and wall thickness are preserved.

A large, amorphous, well-defined soft tissue-attenuating mass is identified within the cranial mediastinum, extending slightly left of midline into the left hemithorax. The mass demonstrates mildly heterogeneous contrast enhancement with small central hypoattenuating areas. It measures approximately 3.4 × 7.3 × 3.9 cm.

The mass occupies the cranial mediastinum, positioned dorsal to the first through third sternebrae, and is in broad contact with the cranial aspect of the cardiac silhouette, partially effacing its ventral margins.

Mild enlargement of cranial mediastinal and middle tracheobronchial lymph nodes is noted.

There is mild volume loss of the cranial segment of the left cranial lung lobe secondary to compressive effects from the mediastinal mass.

The remaining pulmonary parenchyma is within normal attenuation, with no evidence of pulmonary nodules or masses.

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

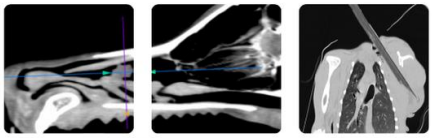
The deep cervical and axillary lymph nodes are moderately enlarged and rounded.

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

ABDOMEN

The liver is mild and diffusely enlarged. A small hypoattenuating (cystic appearing) nodule measuring approximately 0.5 cm is identified. The remaining hepatic parenchyma shows normal attenuation and contrast enhancement.

The gallbladder, cystic duct, and common bile duct are within normal limits.



PATIENT

Bowie Carnes

SPECIES

Canine

BREED

Chinese Crested

SEX

MN

AGE

7Y

WEIGHT

8.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

74714

DATE

4-21-26

The spleen is mildly enlarged with a mildly rounded contour, particularly at the head, with normal attenuation and enhancement.

The hepatic, splenic, and gastric lymph nodes are mildly to moderately enlarged. The remaining abdominal lymph nodes are within normal limits.

The gastrointestinal tract shows normal distention and distribution, with no evidence of mural thickening or mass effect.

The pancreas and adrenal glands are within normal limits.

The serosal fat demonstrates normal attenuation.

The prostate is small, intrapelvic, and within expected limits for a neutered patient.

The descending colon contains a moderate amount of heterogeneous fecal material, without associated abnormalities.

The musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cranial mediastinal mass with mild heterogeneous enhancement and central hypoattenuating areas, resulting in dorsal displacement of the trachea and mild compressive atelectasis of the adjacent lung. Primary differential diagnoses include mediastinal neoplasia, particularly lymphoma or thymoma.
- Multifocal lymphadenomegaly (cranial mediastinal, tracheobronchial, cervical, axillary, and selected abdominal lymph nodes), most consistent with multicentric disease, with neoplastic (e.g., lymphoma) or metastatic involvement.
- Mild hepatomegaly and splenomegaly.
- Incidental small cystic hepatic nodule, likely benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a large cranial mediastinal mass, with neoplasia considered the primary diagnosis (e.g., lymphoma or thymoma; less likely ectopic thyroid carcinoma or other neoplasms).

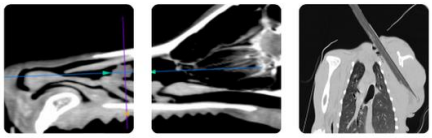
The presence of concurrent generalized lymphadenomegaly involving both thoracic and abdominal lymph nodes, along with hepatomegaly and splenomegaly, raises suspicion for a multicentric process, particularly lymphoma.

Ultrasound-guided fine-needle aspiration (FNA) of accessible enlarged peripheral lymph nodes is recommended for cytological evaluation. Additionally, image-guided sampling of the mediastinal mass (via thoracic ultrasound) should be considered if feasible.

Histopathological evaluation (biopsy) may be required for definitive diagnosis and classification.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

MOBILE PET IMAGING®
VETERINARY CT SCANS & FLUOROSCOPIES



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bowie Carnes

SPECIES

Canine

BREED

Chinese Crested

SEX

MN

AGE

7Y

WEIGHT

8.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

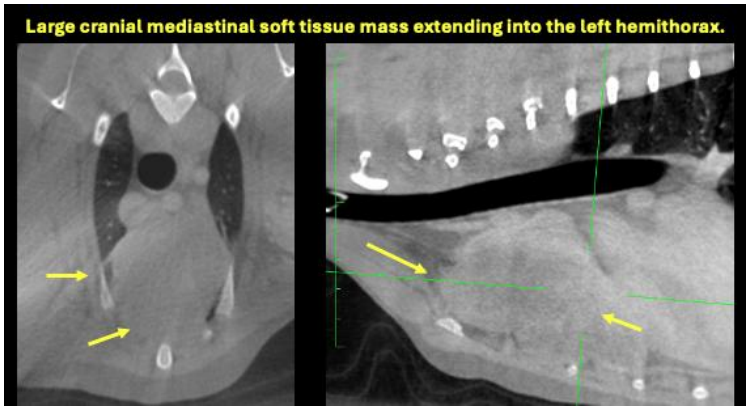
Armstrong

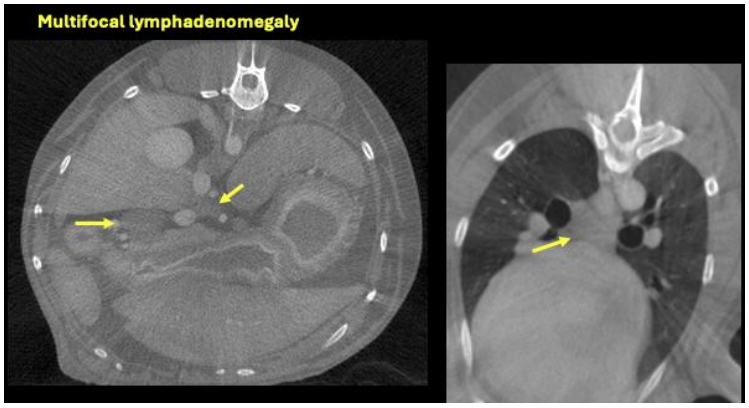
INVOICE

74714

DATE

4-21-26





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