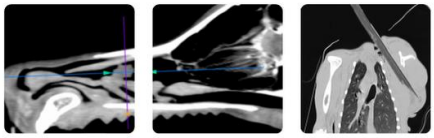

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Loulou Cushing

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

6Y, 10M

WEIGHT

65.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

ALS/SF

HOSPITAL NAME

Aloha Pet & Bird Hospital

REFERRING VET

Dr. Daniel Pepen

INVOICE

75073

DATE

5-20-26

PRESENTING CLINICAL SIGNS

Prev. history of cough, xrays & thoracic ultrasound revealed heterogenous soft tissue mass L lung fields, CT w/ contrast performed

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of the thorax is provided for review totaling 2 series. One pre-contrast series of the thorax (bone algorithm). One post-contrast series of the thorax (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

A large multilobulated cranial mediastinal mass is identified, predominantly hypoattenuating with mild heterogeneous internal contrast enhancement. Due to its marked volume, the mass occupies most of the cranial mediastinum and is displaced ventrally and toward the left hemithorax. The mass measures at least 15.0 x 12.5 x 5.1 cm.

The mass surrounds and/or is intimately associated with major mediastinal vascular structures, including the cranial vena cava, brachiocephalic trunk, and left subclavian artery. There is marked extrinsic compression and distortion of the cranial vena cava. The mass extends caudally to the level of the heart base, displacing the cardiac silhouette caudally. No definite intracardiac invasion is identified.

The cranial mediastinal lymph nodes are poorly delineated from the mass and may be incorporated within the lesion. The tracheobronchial lymph nodes are moderately enlarged and appear contiguous with the caudal aspect of the mass.

There is moderate reduction in pulmonary expansion, more pronounced within the left lung lobes, associated with small peripheral foci of pulmonary consolidation compatible with compressive/passive atelectatic change. The remaining aerated pulmonary parenchyma is preserved. No pulmonary soft tissue nodules, micronodules, or pulmonary mass lesions are identified.

The trachea and major bronchi remain patent. However, the trachea is dorsally displaced.

The pleural space, diaphragm and thoracic wall are unremarkable.

Multiple thoracic vertebral complete and incomplete bridging spondylosis deformans are present.

The cardiac silhouette is within normal limits in size and shape, although mildly distorted secondary to mass effect.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cranial mediastinal mass causing marked mass effect with displacement of the heart and compression of the cranial vena cava, with intimate association/envelopment of major mediastinal vessels.
- Associated enlargement of the tracheobronchial lymph nodes and suspected involvement of the cranial mediastinal lymph nodes.
- Mild secondary compressive pulmonary atelectatic changes, predominantly affecting the left lung.
- No CT evidence of pulmonary metastatic disease.
- Multifocal thoracic spondylosis deformans.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranial mediastinal mass is highly concerning for neoplastic disease. Primary differential diagnoses include mediastinal lymphoma, thymoma, or ectopic thyroid/parathyroid neoplasia. The intimate association with major mediastinal vessels and associated vascular compression indicate locally invasive behavior.

The enlarged tracheobronchial lymph nodes may represent metastatic involvement or reactive lymphadenopathy.

The pulmonary changes are most consistent with secondary compressive/passive atelectasis related to the marked mediastinal mass effect. No tomographic evidence of pulmonary metastatic dissemination is identified at this time.

Ultrasound-guided sampling may be considered if clinically feasible. Correlation with cytology and/or histopathology is recommended for definitive diagnosis.

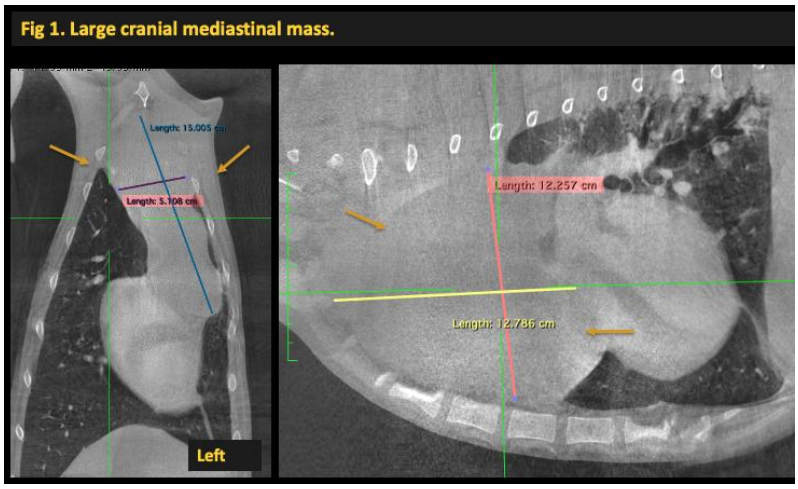

Fig 1. Large cranial mediastinal mass.

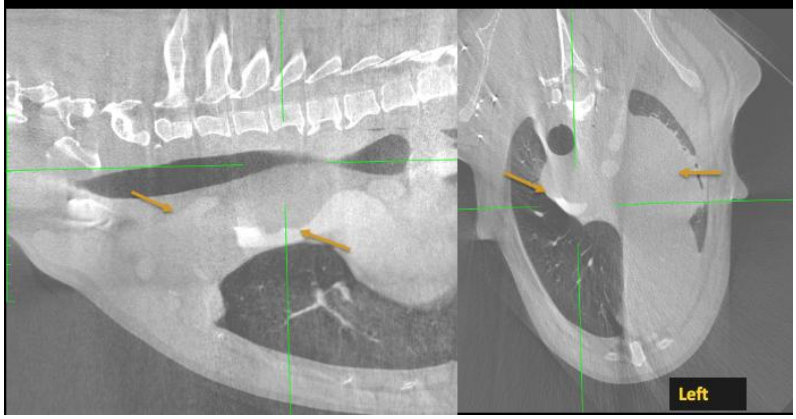

Fig 2. Large cranial mediastinal mass causing cardiac displacement and cranial vena cava compression.

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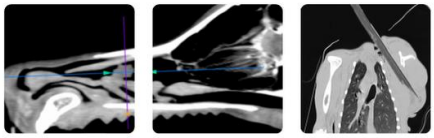

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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