



**PATIENT PRESENTING CLINICAL SIGNS**

Mystery Lystash presented for respiratory distress and suspected mediastinal mass on radiographs. Abnormal PE/Chem/CBC/UA Results: HCT 24.9%, WBC 17.35 k/uL

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

Canine A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 3 series. One pre-contrast series of the thorax, soft tissue algorithm. One post-contrast series of the abdomen, soft tissue algorithm. One post-contrast series of the thorax, soft tissue algorithm.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

**Pit Bull THORAX**

**SEX** There is a large, multilobulated, hypoattenuating mediastinal mass located in the heart base. The mass is space-occupying and extraluminal/mural located within the cardiac base structures, displacing, and deviating the cardiac anatomy abaxially. The heart base mass measures approximately 7.4cm by 7.3cm by 7.2cm. The mass also displaces, and compresses the cranial vena cava vein, aorta, pulmonary arteries, and the trachea dorsally and to the right hemithorax. There is no evidence of pericardial effusion.

**AGE** 10 In the cranioventral mediastinal space, more to the left side, there is a second, rounded, regularly contoured, heterogeneously enhancing mass effect that measures 5.6cm by 5.4cm by 4.0cm.

The carina and left main bronchus are also shifted and compressed by the heart base mass, and this is affecting the volume of expansion and aeration of the left lung lobes.

**INTERPRETED BY**

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

The left lung lobes are atelectatic showing multifocal ground glass alveolar attenuation admixed with foci of pulmonary consolidation more peripheral. A 0.8cm soft tissue attenuating nodule is seen in the peripheral border of the right caudal lung lobe.

The pleural space is normal.

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The thoracic esophagus is mildly distended by intraluminal gas content, likely correlated to the anesthesia.

The diaphragm and thoracic wall are normal.

**REFERRING VET ABDOMEN**

Dr. Runde The liver is diffusely enlarged, convex in shape, and more pedunculated in appearance at the left lateral hepatic lobe and left medial hepatic lobe. The pedunculated portion has more heterogeneous attenuation and enhancement, with few multifocal small hypoattenuating nodules that measure between 1.5cm and 2.2cm. The gallbladder is unremarkable.

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The left kidney is normal in size and has a triangular depression in the dorsal cortex. The remaining parenchyma is unremarkable. The right kidney is normal in size, shape, contour, and attenuation. The renal length is 7.6cm in the right kidney and 7.3cm in the left kidney. The renal pelvis and ureters are unremarkable.

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**PATIENT** The urinary bladder is mildly filled, with the apex in the plane of L7, and is homogeneously soft tissue opaque, admixed by hyperattenuating contrast media.

Mystery Lystash

The spleen is mildly enlarged, with mild diffuse heterogeneous attenuation and enhancement, with more convex shape at the head portion.

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The stomach is mildly distended, containing homogeneous hypoattenuating fluid material and gas. Normal position.

The small intestine are mildly dilated and contain a small amount of fluid attenuating material and gas.

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The colon and rectum contain gas admixed with minimal amount of heterogeneously soft tissue attenuating fecal material.

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

**SEX**

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There is a moderate amount of free fluid within the peritoneal cavity, mainly ventrally and onto the peritoneal recess. Also, a fat-stranding aspect of the mesentery is noted.

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Multifocal incomplete and complete bridging thoracic, thoracolumbar, lumbar, and lumbosacral spondylosis deformans are noted.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large mediastinal mass situated at the heart base located between the large thoracic vessels, displacing, compressing, and contiguous to the cranial vena cava, aorta, and pulmonary arteries. The differential diagnosis is heart base neoplasm including chemodectoma, hemangiosarcoma, lymphoma. Another mediastinal tumor is less likely but also considered, for example thymoma.
- Mediastinal cranial enlarged lymph node, second visible mass in the cranial mediastinum, the differential diagnosis is metastatic disease.
- Pulmonary atelectasis secondary to the extramural compression of the carina and left main lobar bronchus and solitary focal soft tissue nodule within the right caudal lung lobe, the differential diagnosis includes metastatic pulmonary disease, less likely granuloma.
- Hepatomegaly, more pedunculated and mass like appearance of the left hepatic lobes, and few hypoattenuating nodules. The differential diagnosis includes infiltrative malignant metastatic disease, nodular hyperplasia, regenerative hepatic nodules, concurrent hepatic congestive disease.
- Splenomegaly. The differential includes correlated with anesthesia, splenic extramedullary hematopoiesis, lymphoid hyperplasia, or infiltrative neoplasm.
- Moderate amount of peritoneal effusion, the differential diagnosis is transudate, modified transudate, hemorrhagic or neoplastic.
- Focal small right kidney infarct.
- Multifocal spondylosis deformans.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic abnormalities in the thorax are correlated to the present clinical signs of respiratory distress. The tomographic findings confirm the mediastinal mass suspected by the previous x-ray exam. The position of the mass indicates a heart base mass. Differentiating between extramural and



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Mystery Lystash

intraluminal from lesions invading the cardiac muscle is challenging. An echocardiographic exam is suggested for better analysis of the cardiac chambers, lumen, and invasiveness of the heart base mass. The second mediastinal mass, the enlarged cranial lymph node, is peripherally located and likely amenable for ultrasound guided fine needle aspirates. An ultrasound guided abdominocentesis, and if attainable, hepatic and/or splenic fine-needle aspiration for cytologic exam is suggested.

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**TECHNICAL COMMENTS**

There are blurring and streaks artifacts, and low contrast attenuation at the post-contrast series, causing difficulty reviewing detail and definition, especially with the liver parenchyma lesion.

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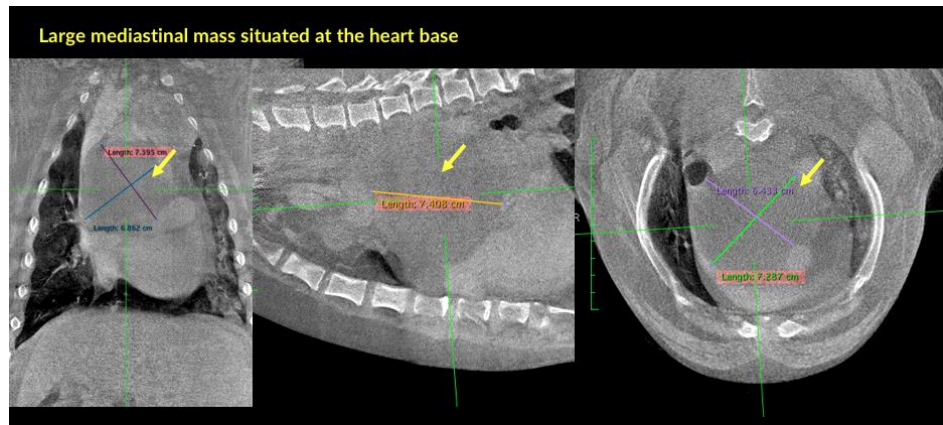
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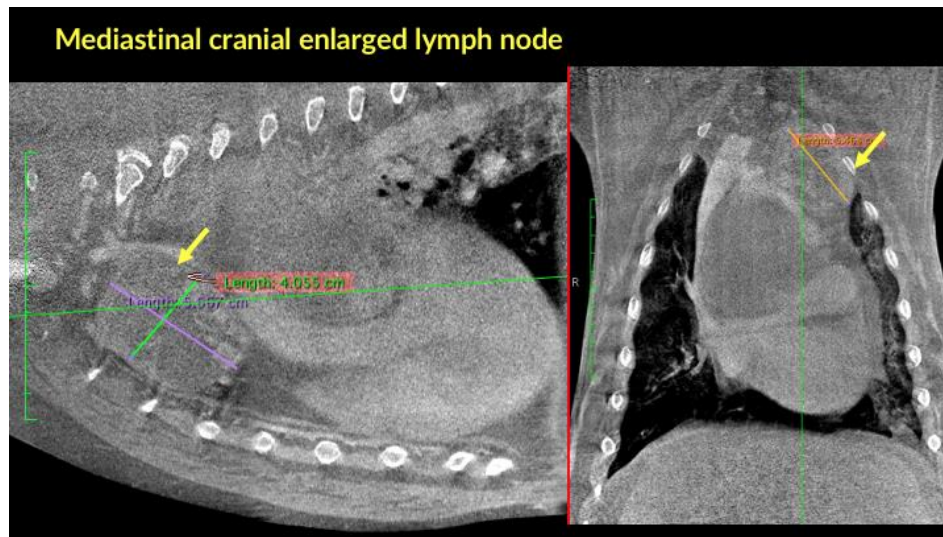
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**Peritoneal effusion**



**Pulmonary soft tissue nodule**





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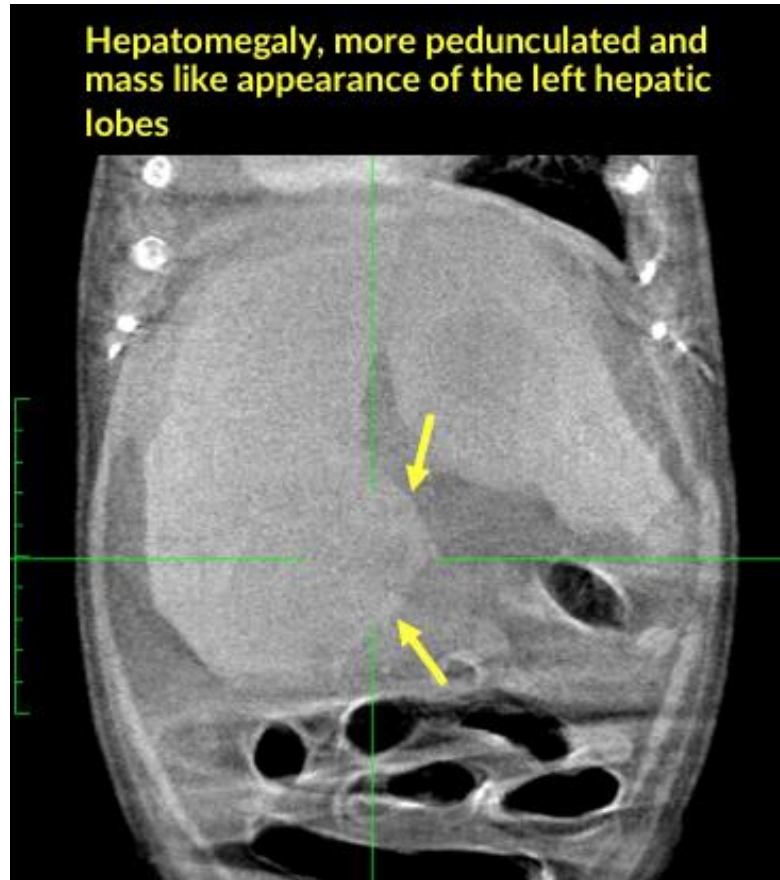
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**REFERRING VET**

Dr. Runde

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