



PATIENT

Delphie Cue

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 Years

WEIGHT

Mixed

INTERPRETED BY

Dr. Tais Guimarães,
MV

IMAGING PERFORMED BY

Alondra Aviles Lopez,
LVT

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. Mongil, DVM

INVOICE

37130

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: Re-check Thorax CT #01075 Invoice 36430 on 03-27-2026. Interpretation was that the appreciated mass is originating either from the most caudal intrathoracic segment of the esophageal wall or the cardia of the stomach that appears to be displaced cranial to the esophageal hiatus of the diaphragm. Differentials include leiomyoma/leiomyosarcoma, rhabdomyosarcoma, adenocarcinoma, other. Due to the position of the mass, surgical management may not be feasible. Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: WNL

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

There is a circumscribed soft tissue attenuating mass on caudal mediastinum, mild heterogeneous enhancement, regular margins, contacting the esophageal wall on caudal thoracic segment, left sided, 3.9 x 3.1 x 3.6 cm in size, causing esophageal compression, no luminal invasion seen. No mineralization is seen. The caudal margin of the lesion contacts the diaphragm, and expands to the region of hiatus, but there is no evidence of expansion of the mass into the abdomen.

The lung parenchyma presents the expected architecture and attenuation behavior.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth.

The bronchus-to-artery ratio is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Caudal esophageal mass: left sided, intra-thoracic, consider neoplastic most likely.
- No evidence of intrathoracic metastasis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Large esophageal thoracic mass can be considered as neoplasia (leiomyoma, leiomyosarcoma, rhabdomyosarcoma, fibrosarcoma) most likely, considering size and lesion behavior. Granuloma cannot be ruled out but less likely considering the lack of mineralized component. Due to lesion size and location full mass resection with clear margins, may not be feasible. Histopathology is recommended for confirmation.



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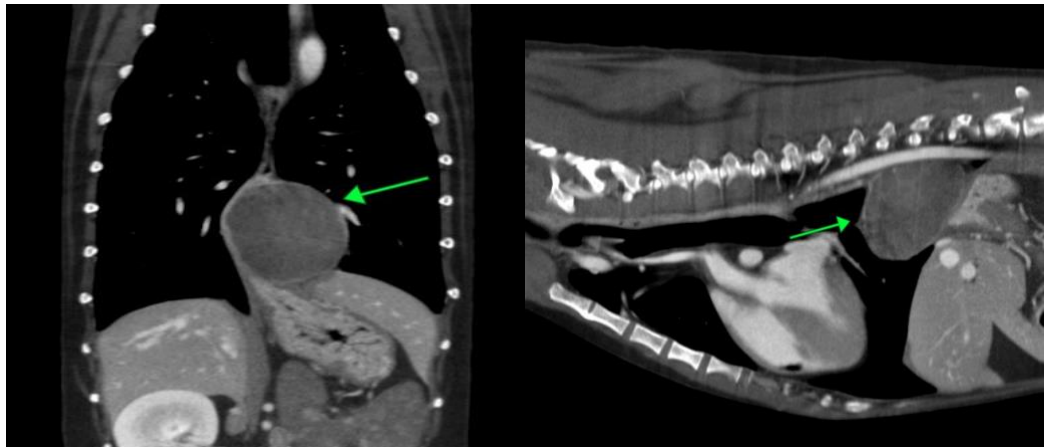
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Tais Guimarães, MV

info@sonopath.com