

Aug 5, 2024



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Ref : 217134 TOPOLAK^ARK

Diagnostic Imaging Report

Owner
JURE TOPOLAK

Referring veterinarian
ZVITOREPKA - VIKTORIJA LONCAR

Patient
ARK : Cane GERMAN SHEPHERD
Female - 5 years

CT Performed on Aug 5, 2024
by Petra Fink

History

Loosing weight last month, polydipsia, lost of appetite, breathing difficulties, looking for a cold space. US showing ascites and mass in a thorax . Tumor in regio pulmonale susp.

Result

Pre and post IV iodinated contrast medium CT of the thorax and abdomen dated 05/08/2024 available for interpretation.

There is an expansile, multilobulated heterogeneously enhancing mediastinal lesion, measuring approximately 23,5 cm in length, 18,5 cm in width and 14,5 cm in height. The lesion presents multiple cavitory fluid-filled components, it is occupying the entire width of the cranial mediastinal third and, caudally, is extending in the right thoracic hemiportion, occupying 2/3 of the height of the mid-third of the mediastinum. The mediastinal mass is partially embedding the internal thoracic arteries and veins, it is displacing dorsally the main mediastinal vessels, caudo-dorso-laterally to the left the cardiac silhouette and is determining multifocal compressive atelectasis areas in the dependent pulmonary segments. The lungs are hypo-inflated and displaced caudally, laterally and dorsally. There is a moderate amount of thoracic effusion. There are multiple mediastinal nodules (up to 2 cm) of heterogeneous soft tissue opacity. The visible mediastinal lymph nodes are enlarged (up to 2 cm in diameter) with rounded margins and heterogeneous attenuation. There is a moderate amount of peritoneal effusion. No focal/multifocal hepatic or splenic lesions are seen. The liver and spleen are within normal limits in volume and morphology. No lesions are detected in the pancreas. The sub-lumbar, mesenteric and medial iliac lymph nodes are slightly enlarged. The remaining abdominal organs and lymph nodes are within normal limits.

Dome-shaped intervertebral disc herniation leading to mild compression of the cauda equina is noted at L7-S1.

The remaining structures included in the field of view are within normal limits.

Synthesis/conclusion

Mediastinal mass and multiple mediastinal nodules to be characterized with bioptic samples, likely compatible with neoplastic-metastatic disease. Pleural and peritoneal effusion. Multifocal lymphadenopathy (reactive versus metastatic). Dome-shaped intervertebral disc herniation leading to mild compression of the cauda equina noted at L7-S1.

Report written by
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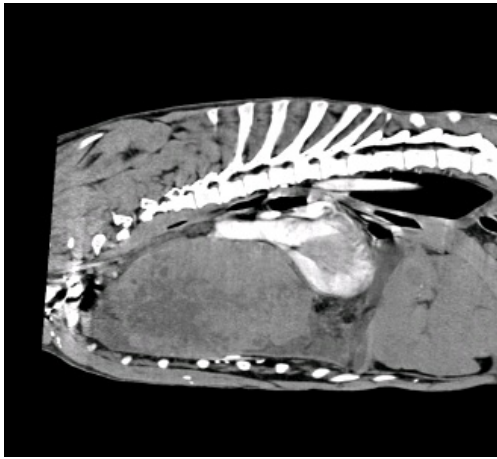


Fig.1 : Mediastinal mass and thoracic effusion



Fig.2 : Mediastinal mass and thoracic effusion



Fig.3 : Mediastinal mass



Fig.4 : Mediastinal nodule and thoracic effusion



Fig.5 : Mediastinal lymphadenopathy



Fig.6 : Abdominal effusion

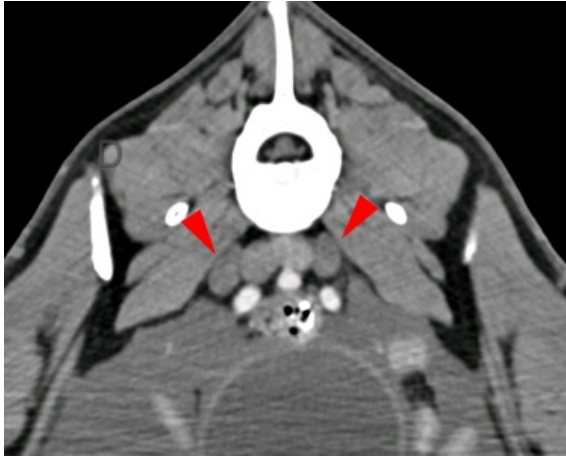


Fig.7 : Medial iliac lymphadenopathy

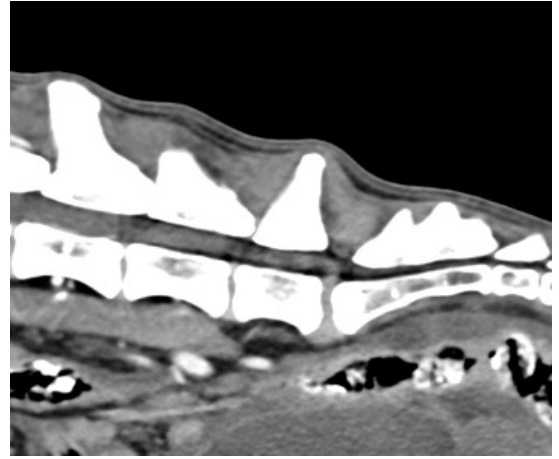


Fig.8 : Intervertebral disc herniation at L7-S1