



VETCT  
CONSULTANTS IN TELEMEDICINE

## IT'S YOUR CASE

Species: Feline Breed: British Shorthair

Sex: Female Neutered

Age: 12 years

### Clinical History:

She has progressively deteriorated over the last 12 months and has had sudden dyspnoea.

**Details of study and technical comments:** Right lateral and ventrodorsal protections of the thorax are available.

### Diagnostic interpretation:

#### THORAX:

There is a large homogeneous soft tissue mass-effect in the cranio-ventral thorax (red arrows) with dorsal deviation of the trachea (orange arrow). There is caudodorsal displacement of the cardiac silhouette which is indistinguishable from this soft tissue opacity. The caudal lung lobes are subjectively mildly hyperinflated and throughout all lobes there is a moderate to marked increase in bronchial markings (yellow arrows).

A small rounded gas opacity with a thin wall is visible at the dorsal diaphragmatic margin, superimposed over the caudal lung fields and in the plane of the oesophageal hiatus (green arrows).

The gastric lumen is moderately to markedly gas filled (blue arrows). There is sharp angulation of the right 10 through 12 ribs (purple arrows).

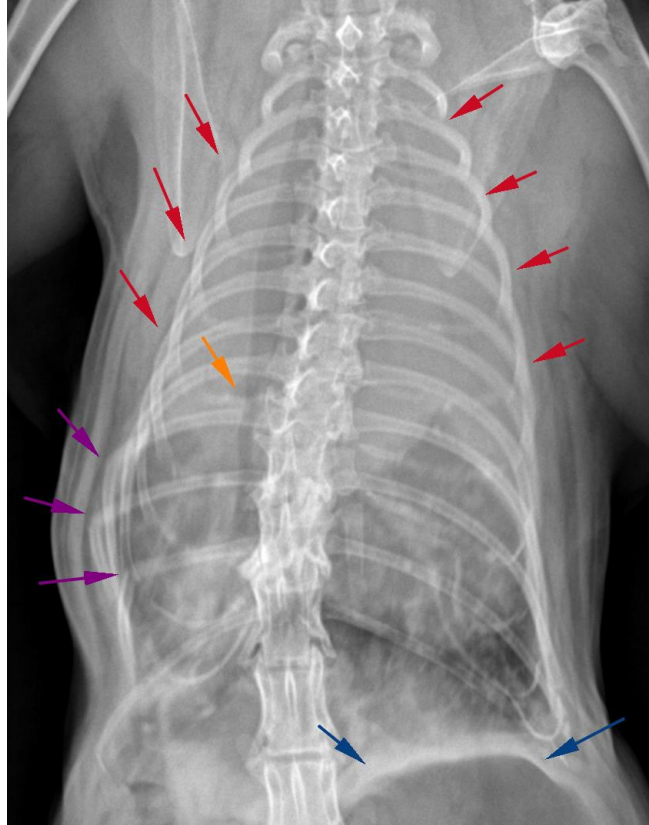
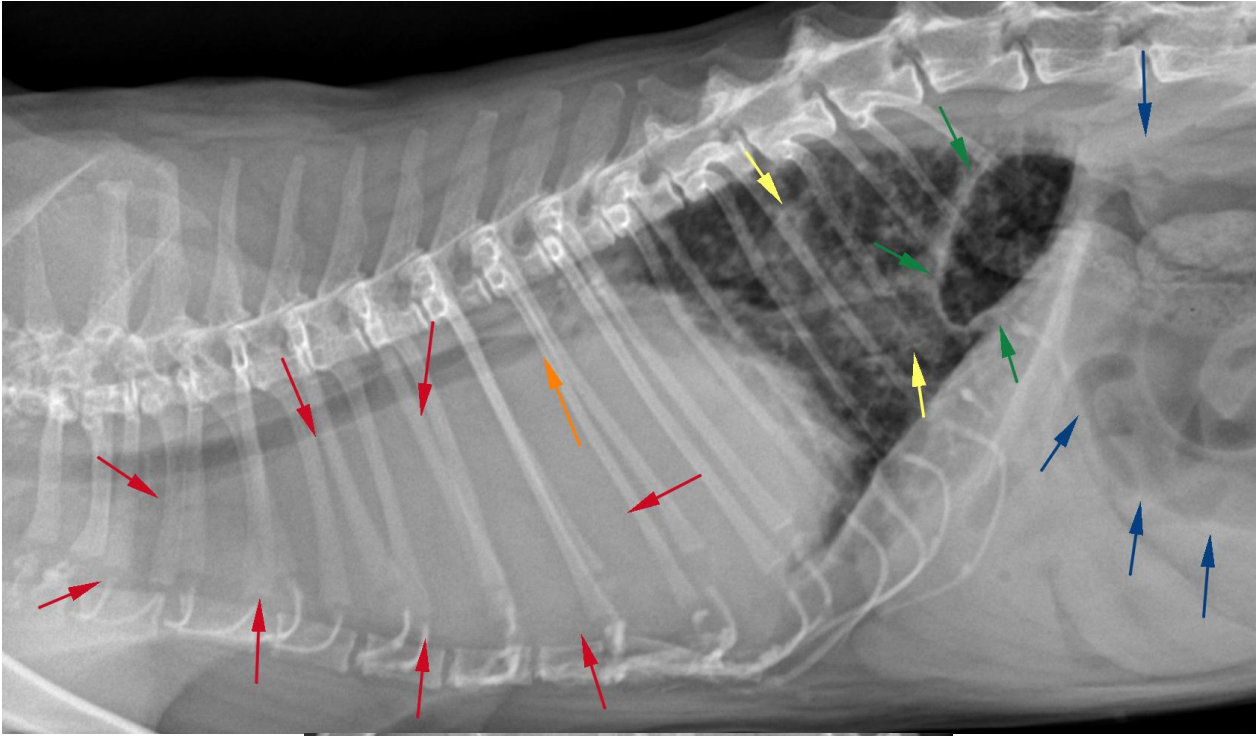


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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.



**Conclusions:**



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Cranial mediastinal mass and associated pleural fluid accumulation. Differential diagnoses include thymoma, lymphoma or, less likely, ectopic thyroid mass.

Moderate to marked diffuse bronchial pulmonary pattern. This may represent concurrent feline allergic bronchitis (asthma), or neoplasia (carcinoma, lymphoma). Infectious causes of bronchitis are considered less likely given the signalment/history but can not be excluded.

Gas opacity in the hilar region, this is likely a mild hiatal hernia associated with gastric gas distension.

**Additional comments:**

Thymoma is prioritized in this case given the magnitude of the cranial mediastinal mass effect and patient age. However, sampling would be needed for definitive diagnosis. Benign cranial mediastinal cysts do occur in cats, but they can be virtually excluded as a cause in this case due to the large size. Regarding the clinical signs of dyspnea, the bronchial pattern is severe and would be expected to contribute to difficulty breathing but the exact cause is uncertain.



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