KROMHOUT
MEDICAL IMAGING

ID 2026- 01- 01
Regular weekday

PATIENT	REFERRAL CLINIC	STUDY
X	X	Full body
Rabbit		1 january 2026
		4 serie I 1316 images
		Contrast

HISTORY

Suspicion of mediastinal mass

FINDINGS

Native CT images 0,46mm slices in standard reconstruction

Head: No visible abnormalities within the field of view.

Spine: No visible abnormalities within the field of view.

Musculoskeletal structures: No visible osseous abnormalities within the field of view.

Thorax: There is a large, approximately homogeneous soft tissue attenuating mass (+/- 4.5 × 4.2 × 3.4 cm) located in the cranioventral mediastinum, more pronounced on the left side. The caudal aspect of the mass is more heterogeneous and contains multiple hypoattenuating areas. There is dorsal and leftward displacement of the trachea and oesophagus. The heart is also displaced dorsally and to the left.
Four small hyperattenuating pulmonary nodules (<3 mm) are scattered throughout the pulmonary parenchyma. A focal soft tissue attenuation consolidation is present within the dorsal aspect of the right cranial lung lobe (third intercostal space). No pleural or pericardial effusion is identified. Apart from the described findings, the remaining visible thoracic structures are unremarkable.

Abdomen: No visible abnormalities within the field of view.

Post contrast CT images 0,46mm slices in standard reconstruction

Mild, relatively homogeneous contrast enhancement is present within the mediastinal mass. The major thoracic vessels remain separate from the mass, with no evidence of vascular invasion. The mass is in close contact with the pericardium. No other abnormal contrast enhancement is identified.

DISCLAIMER

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 the referring veterinarian responsible for the care of this patient.

✓ CONCLUSION

- Focal large cranioventral mediastinal mass with multifocal cystic and/or necrotic regions causing leftward and dorsal displacement of the trachea, oesophagus and heart. A thymoma is the most likely diagnosis. Other differntials include: thymic lymfoma or ectopic (para-) thyroid neoplasia,… A granulomatous lesion is unlikely.

- Four small pulmonary nodules and focal consolidation within the right cranial lung lobe with a suspicious for metastatic disease. Multiple granulomatous nodules and inflammatory or infectious pulmonary lesions cannot be excluded completely. Focal atlectasis is unlikely.

Dr. KROMHOUT Kaatje
DVM, PhD., Cert LAS

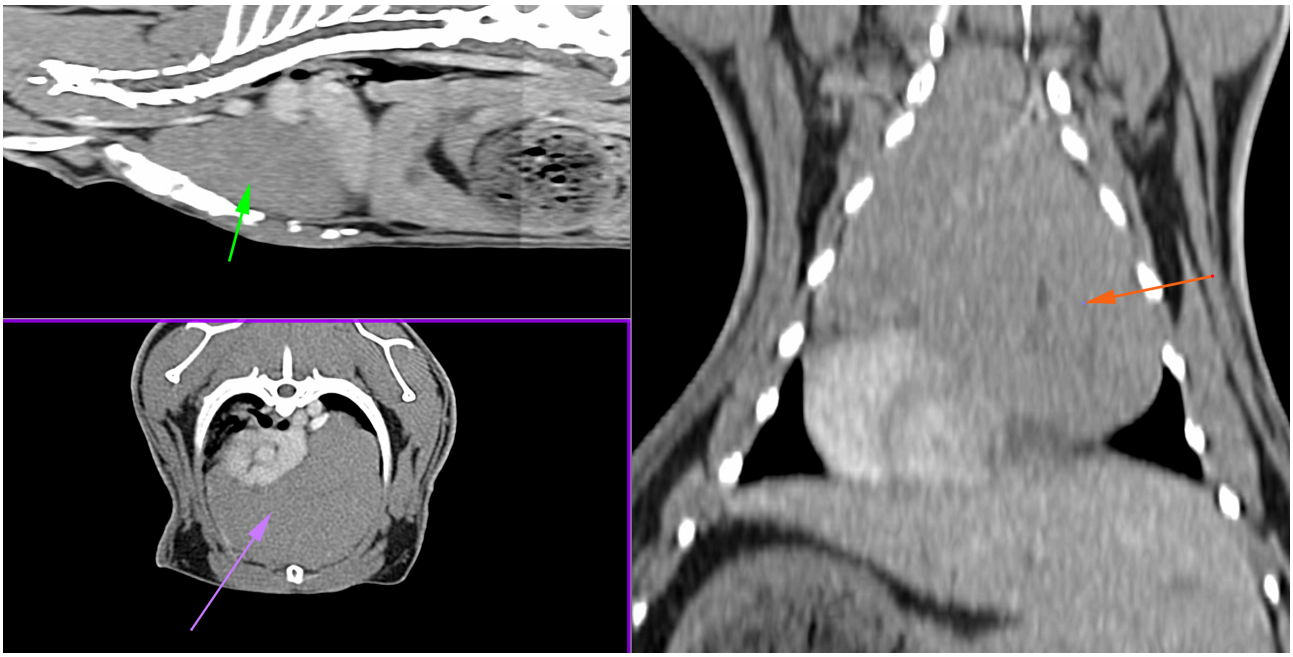


Image 1 - reconstructed CT images of thorax in soft tissue (C+) window: a large cranioventral mediastinal mass is visible (arrow) with displacament of the heart and vessels.

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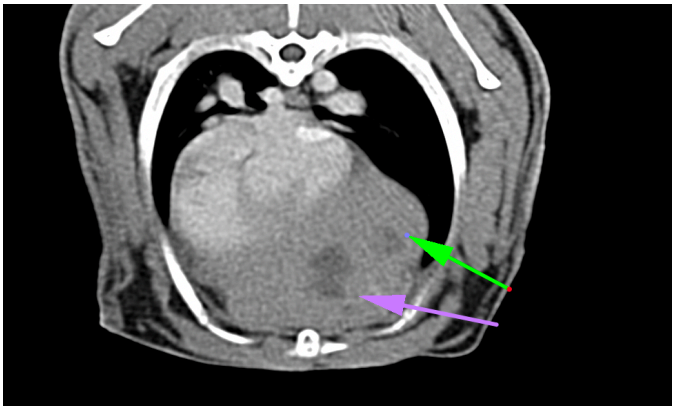


Image 2 - transverse CT-image of the thorax in soft tissue window (C+): cystic/ necrotic lesions are seen in the caudal aspect of the mass (arrows)

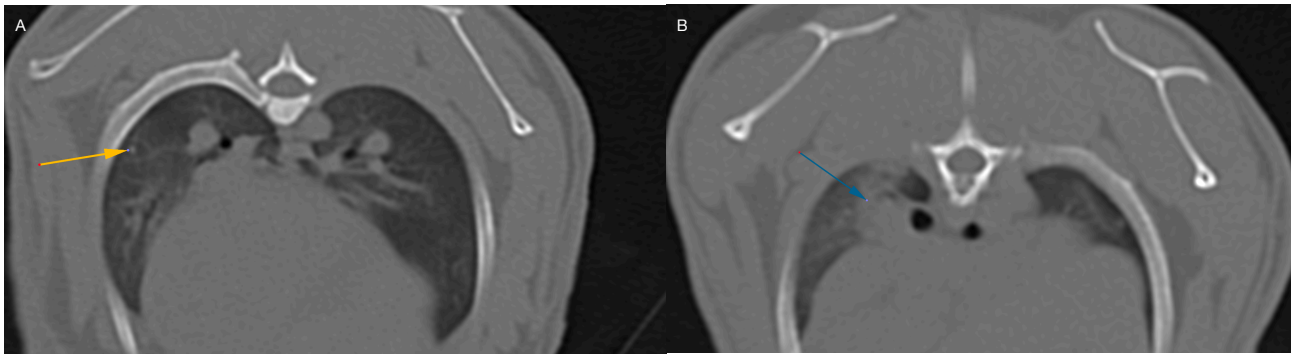


Image 3 - transverse CT-image of the thorax in lung window: small nodular structure right middle lunglobe (A) and focal consolidation right cranial lunglobe (B) is seen (arrows)

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