



PATIENT

Buster Jasper

SPECIES

Canine

BREED

Pointer Mix

SEX

Neutered male

AGE

8 years

WEIGHT

34.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Tung

INVOICE

71967

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- Buster presented for a hacking cough that has been worsening over the last 2 weeks.
- The owner also reports a new, rapidly growing, and sensitive lump on his neck
- Difficulty eating/swallowing. Appetite is normal but difficulty trying to eat
- owner reports that Buster chewed on a bone approximately 1-2 months ago.
- Submitting U/S to better understand/characterize this sq mass as FNA was non diagnostic (blood contamination)
- Throat: A large, hard, non-painful mass is palpable on the right side of the neck Oral: Significant tartar buildup and gingivitis are present. Grade 4/4. There are suspected caries (holes) in the teeth. A hair was found stuck in the mouth during the examination. Radiographs (Cervical and Thoracic): An enclosed structure is noted overlapping the tracheal rings. There is no evidence of calcification. The chest appears clear of visible metastasis. Fine Needle Aspirate (Right cervical mass): Two attempts were made. Both samples were heavily contaminated with blood. Cytology: non-diagnostic sample consisting mostly of blood with no definitive cellular contents visualized.

ULTRASONOGRAPHIC EXAMINATION

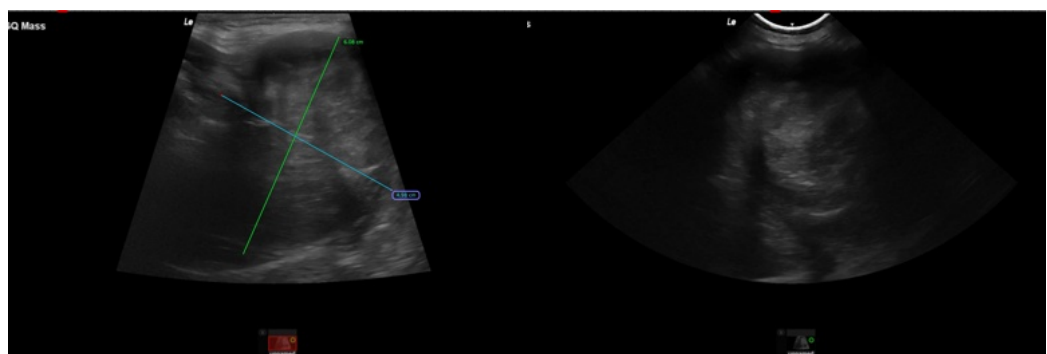
10 videos were submitted of the right cervical region. A 6.8 x 6.0 cm undifferentiated, mixed, hypoechoic nodular mass was noted. It appears to impinge upon, envelop or possible derive from the esophagus. However, I cannot rule out thyroid origin as the mass is completely undifferentiated and the usual structures in the region were not recognizable.

ULTRASONOGRAPHIC FINDINGS

Hypoechoic nodular mass in the right cervical region.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided 25-gauge or 22-gauge FNA of the mass would be recommended. This should help in establishing an origin of the mass as well as neoplastic cell type. The mass is solid and not cavitated. CT evaluation is warranted for further definition of potential surgical planning. However, I am concerned for challenging surgical intervention in this patient. An abdominal sonogram and chest radiographs are warranted to assess for comorbidities or metastatic lesions.





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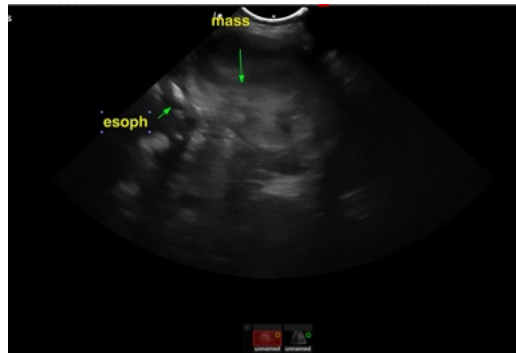
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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