

**DATE**

7/11/23

**PATIENT**

Ash Morozova

**SPECIES**

Canine

**BREED**

Wheaten

**SEX**

Neutered Male

**AGE**

5/3/10

**WEIGHT**

58.7 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**

Timonium AH

**REFERRING VET**

Dr. Montessi

**INVOICE**

43904

**PRESENTING CLINICAL SIGNS**

4 month hx of cyst/mass R ventral neck aspirated initially with brown liquid, flocculent and fully evacuated- deemed to be a cyst. Re-aspirated 3 months later after rapid growth and found to be very vascular and mass-like with tissue, not liquid as before with deep adhesion/origin. Hx of hypothyroidism. Pathology review of aspirated fluid from 1st time attached.

Current Medications: Deracoxib 25mg SID long-term, Gabapentin 600mg BID long-term  
ThyroTabs 0.5mg BID long-term, Reconcile 32mg SID long-term  
Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Dexdomitor.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE THYROID REGION**

The left thyroid lobe measured 0.40 cm and 2.55 cm in length, uniform, no evident pathology. The esophagus and trachea were unremarkable. Hypoechoic parathyroid noted at 3.0 mm.

The right thyroid lobe measured 2.09 cm x 0.49 cm with hypoechoic normal parathyroids up to 3.0 mm.

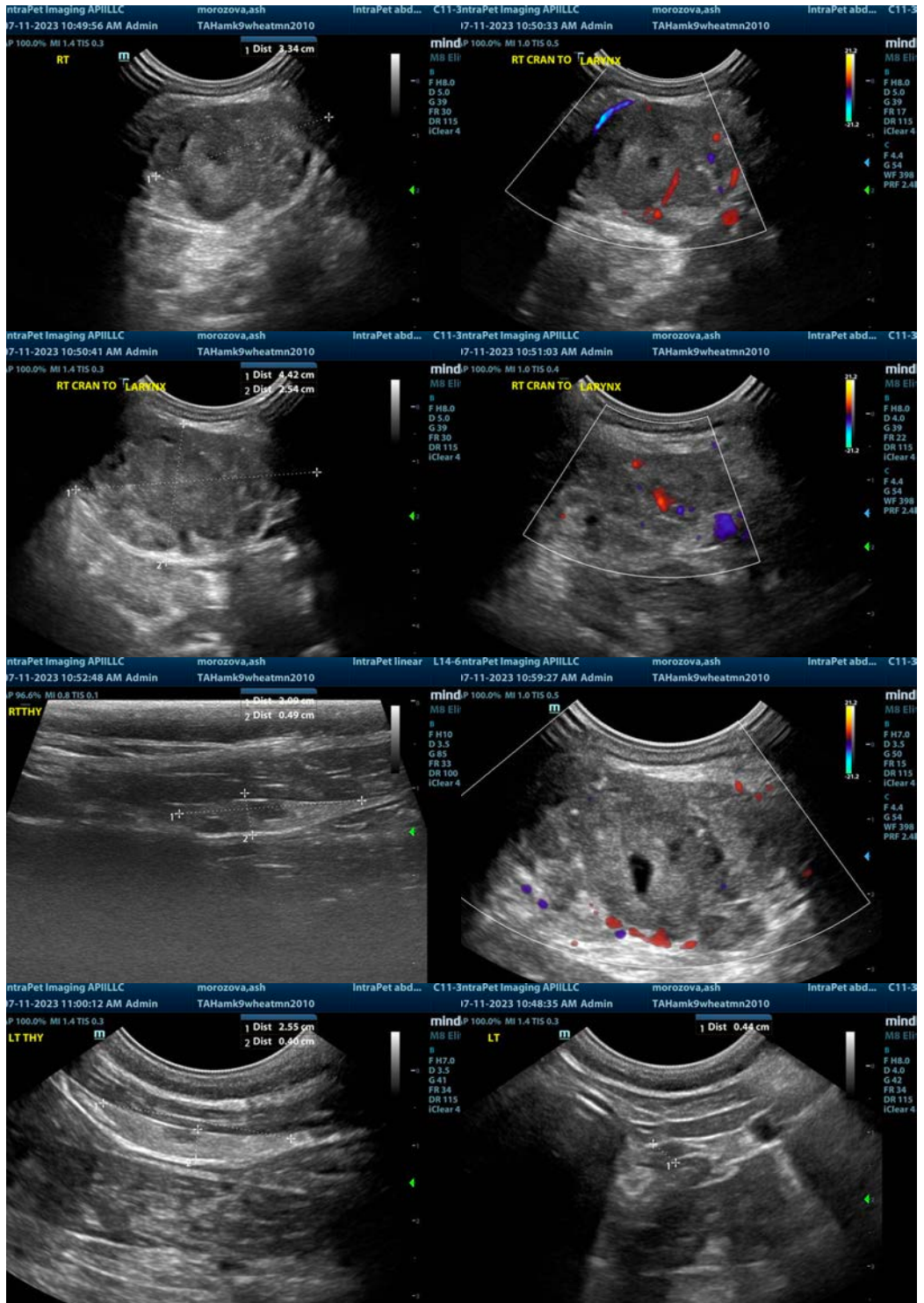
A moderately complex, mineralizing, partially cystic mass was noted cranial to the larynx, measuring 4.4 cm x 2.54 cm. The mass appears encapsulated and moderately vascular. It appears to initiate in the subcutaneous space and extends to approximately 3.0 cm in depth.

**ULTRASONOGRAPHIC FINDINGS**

- Normal thyroid lobe
- Esophagus and trachea unremarkable
- Undifferentiated encapsulated mineralizing mass cranial to the larynx – possible ectopic thyroid tissue, as the architecture would suggest carcinoma, yet does not appear to be linked to the thyroid lobes themselves.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA performed without complication. Vascular origin or lymph node-based tumor possible as well. CT evaluation for surgical resection would be ideal, however it does appear encapsulated and potentially resectable. Thyroid level warranted to assess any hyperproduction owing to ectopic thyroid carcinoma. Salivary gland origin possible as well, yet no recognizable salivary tissue present, and salivary tumors are extremely rare.



**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, Cert. IVUSS, CEO of SonoPath.com  
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