



PATIENT PRESENTING CLINICAL SIGNS

Nick Zuniga
History: Smooth SQ ovoid firm 2cm X2.5cm ventral neck moveable close to the R jugular. A deeper mass 6cm diam., round smooth soft moveable from thoracic inlet to midcervical region. Both masses tapped for cytology. Mostly blood obtained on aspirates but a few islands of large rounded cells with round nuclei were noted. P also has resolving pitting edema of R rear limb at tarsus from undetermined cause. Lymph nodes were not noted to be enlarged.

Canine
Abnormal PE/Chem/CBC/UA Results: mild monocytosis, all other values on chemistries and CBC were normal Current Medications levothyroxine

BREED

Border Collie

SEX

Intact male

AGE

13 years

WEIGHT

54 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Willaman

DATE

10/18/22

Invoice

40130

ULTRASONOGRAPHIC EXAMINATION OF THE CERVICAL REGION

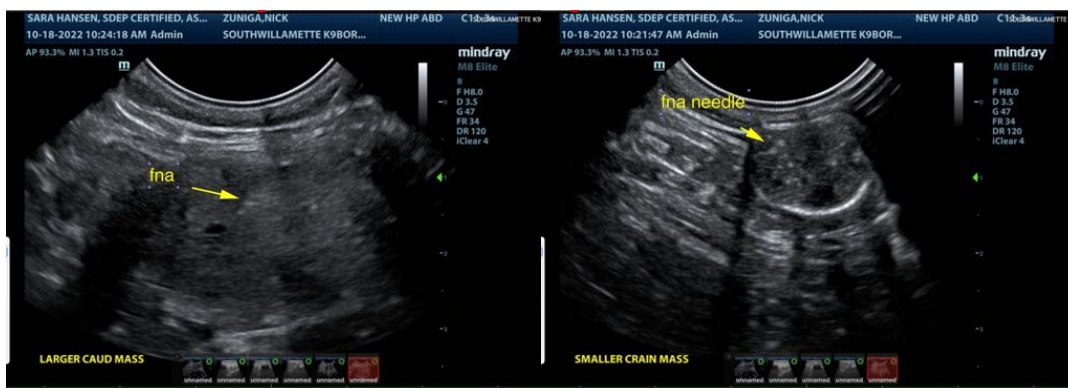
ULTRASONOGRAPHIC FINDINGS

The right thyroid region revealed a mixed, echogenic, expansive and encapsulated and cystic mass that measured 3.74 cm. A right-sided nodule was noted cranial to the larger mass. The nodule measured 1.26 cm. The left thyroid lobe appeared to be unremarkable. The trachea, esophagus and regional tissues appeared unaffected including the salivary glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass and nodules in the region of the right thyroid lobe. Suspect thyroid carcinoma.

CT evaluation for surgical planning would be ideal. Otherwise, direct surgical approach is indicated with removal of both mass and nodule. Ultrasound-guided FNA was performed upon the cranial nodule and upon the larger mass. The trajectory of both needles entered into solid parenchymal tissue. Surgical consultation is recommended. Both lesions should be removed. I suspect thyroid carcinoma. Chest radiographs are recommended to assess for any metastatic disease.





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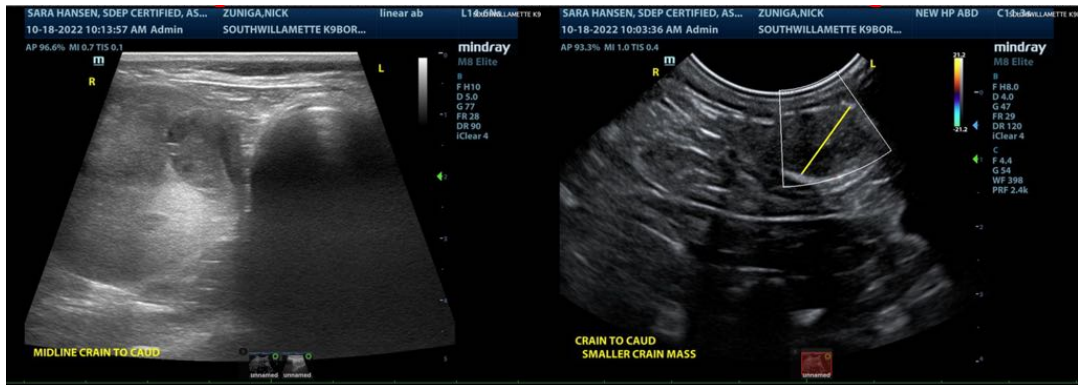
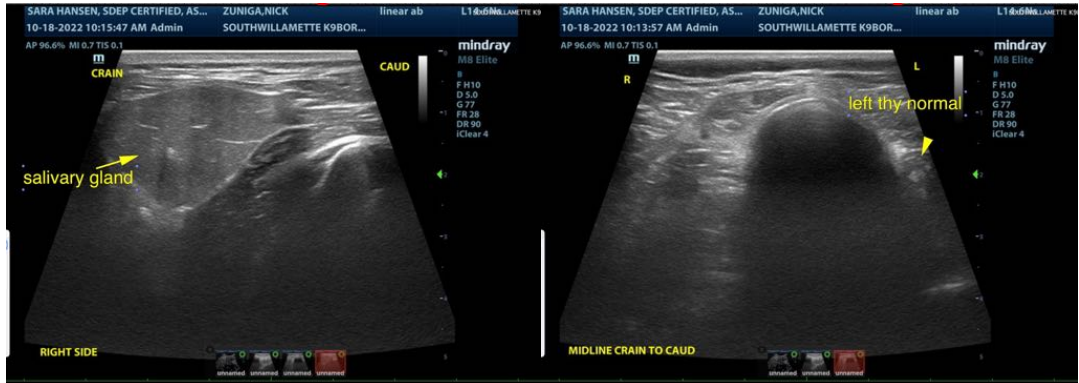
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Eric Lindquist, DMV, DABVP, Cert. IVUSS

Nick Zuniga

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Eric.Lindquist@SonoPath.com

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