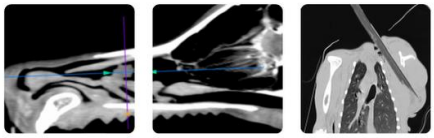

PATIENT

Nellie Tanis & Kevin Hutchinson

SPECIES

Canine

BREED

Border Collie X

SEX

FS

AGE

10Y, 11M

WEIGHT

15.2kg

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

Dr. Yulii Syniavskyi

INVOICE

73347

DATE

1-15-26

PRESENTING CLINICAL SIGNS

12/31/2025 - Owner reports that Nellie has intermittent, heavier breathing at rest. No constant tachypnea noted. Occasionally makes “funny” noises while eating. Energy levels appear normal. On exam, firm mass palpated in the ventral neck region; suspected thyroid, parathyroid origin or laring/faring area. Heart rate and lung auscultation within normal limits. X-ray: lateral and vd chest and neck - lungs and heart normal; trachea displaced slightly by a mass that was visualized near the laryngeal cartilages. Initiate empiric 10-day course of antibiotics to address possible inflammatory component. 1/8/2025 - Radiology interpretation of x-rays and ultrasound: Right thyroid mass, neovascularisation and regional vascular filling defects suggestive of malignant invasive primary thyroid neoplasia. Normal thorax, no signs of metastasis or intrathoracic lymphadenopathy. Incidental chronic degenerative spondylosis deformans, chronic degenerative glenohumeral and elbow OA. Abnormal PE/Chem/CBC/UA Results: Decreased WBC 5 x 10^9/L

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large, ill-defined, soft tissue attenuating mass centering the thyroidal region is seen in the soft tissues of the ventral neck measuring approximately 15 x 5 x 4 cm. The mass demonstrates marked heterogeneity, ill-defined margins with infiltrative behavior, severe internal cavitation, and heterogeneous contrast enhancement are seen. Multifocal speckles of mineralization are present. The mass encases and displaces the trachea with infiltration of the laryngeal cartilages and esophageal wall. Multiple regions of vascular invasion are present with abnormal enhancement patterns and vascular encasement. The thyroid gland cannot be separately identified from the mass. No osteolytic or osseous invasive changes are identified.

The regional lymph nodes are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive cervical mass arising from the thyroid region.
- No regional lymphadenopathy or osseous invasion.
- Infiltration of the larynx and esophagus.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with malignant thyroid neoplasia most compatible with thyroid carcinoma. Vascular invasion significantly increases the risk of hematogenous metastasis and infiltration of the vessels, larynx, and esophageal wall renders complete surgical resection unfeasible. Differential diagnoses are limited but may include thyroid carcinoma, which is considered most likely, parathyroid carcinoma, which is considered less likely given size and invasive pattern, or other aggressive soft tissue neoplasia such as carotid body tumor, and sarcoma.

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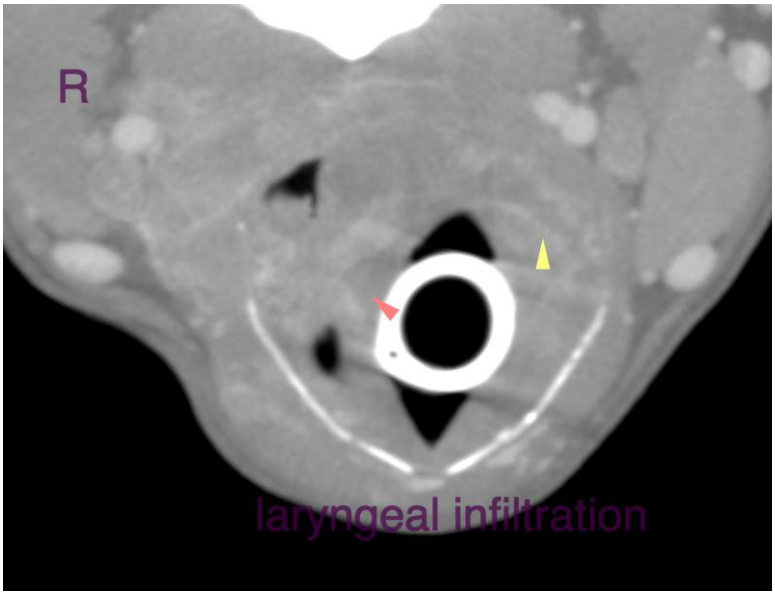

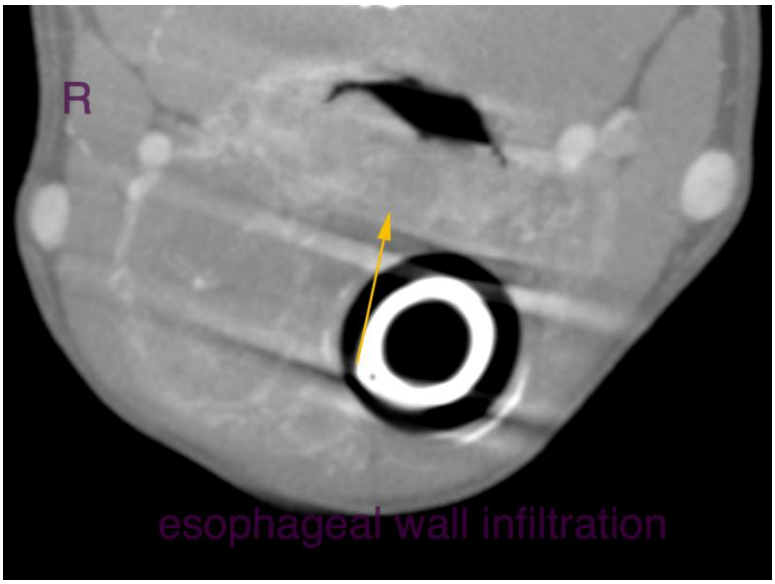

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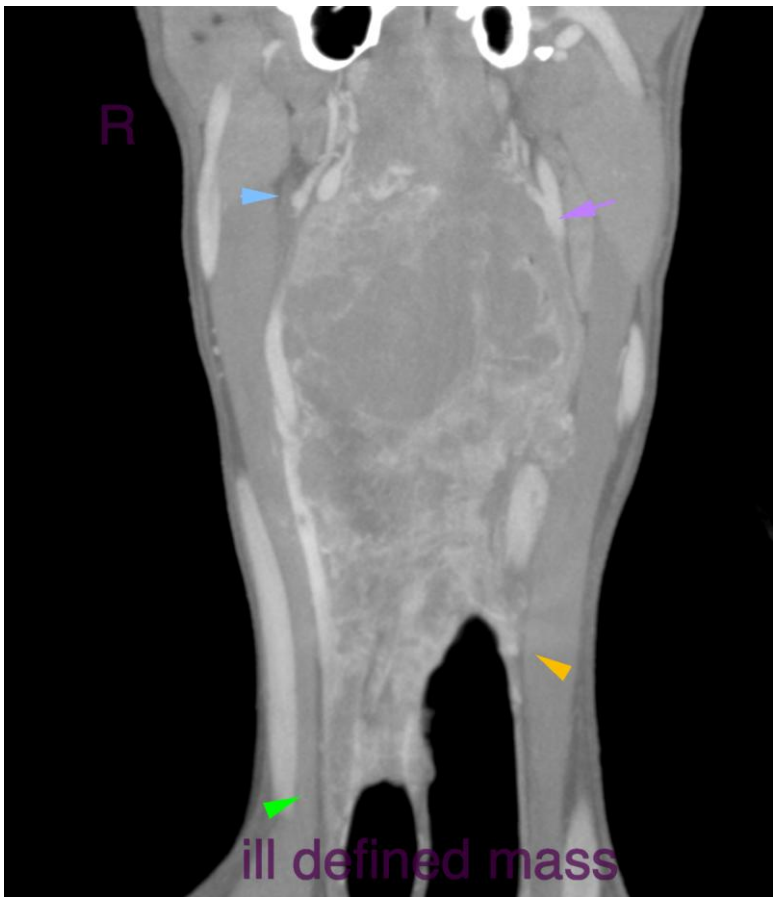

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
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