



PATIENT

Posy Grant

PRESENTING CLINICAL SIGNS

Cervical mass effect Vocal change Suspect partial laryngeal paralysis

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Plain and post contrast studies available for review.

BREED

English Labrador

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

A large irregular shaped heterogeneously enhancing mass is arising from the right lobe of the thyroid lobe. The mass measures approximately 11 cm in length, 6 cm in width at its widest part level with the larynx, and 3 cm in height. Far cranial and caudal extension of the mass along the ventral neck is seen. The mass encompasses and invades the laryngeal tissues. Multifocal superficial vascular anastomoses and multifocal vascular invasions are seen.

SEX

FS

The left lobe of the thyroid gland is seen and presents within normal limits.

AGE

9 Years

The right and left medial retropharyngeal lymph nodes are moderate enlarged.

Thorax

T5/6 presents a mild spondylosis deformans.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

HOSPITAL NAME

Animal Surgical
Center

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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Hospital

There is a lobar soft tissue mass of the right middle lung lobe with moderate nonuniform contrast enhancement and mass effect onto the right cranial and right caudal lobes. The contours of the mass are rounded.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

INVOICE

54446

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue mass with aggressive biological behavior in the right ventral neck originating from the right lobe of the thyroid gland.
- Bilateral medial retropharyngeal lymphadenomegaly.
- Lobar mass of the right middle lung lobe.
- Spondylosis deformans.

DATE

10-4-22



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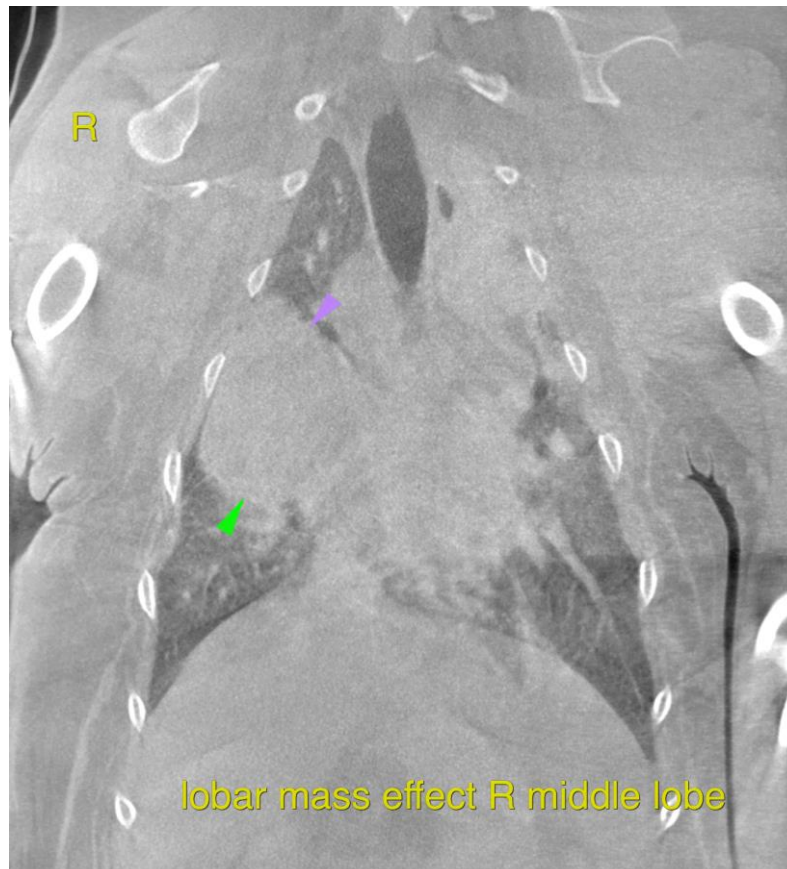
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large mass in the right ventral neck of thyroidal origin. The mass presents aggressive biological behavior, multifocal vascular invasion, as well as infiltration of the laryngeal tissues. Thyroid carcinoma is considered the most likely differential diagnosis. Carotid body tumor is a theoretical but by far less likely potential. The findings are not compatible with a benign mass.

The lymph node changes in the retropharyngeal region may reflect reactive hyperplasia or early metastatic disease. Fine needle aspiration could be considered for further definition.

Differential diagnosis for the lobar mass within the right middle lobe includes neoplasia such as metastases or other secondary neoplasia of the lung including histiocytic sarcoma and lymphosarcoma and less likely primary neoplasia of the lung. Lobar pneumonia, abscess, or granuloma cannot be ruled out entirely but is thought less likely. Ultrasound guided fine needle aspiration using a mid-thoracic right parasternal intercostal approach could be considered for further definition.





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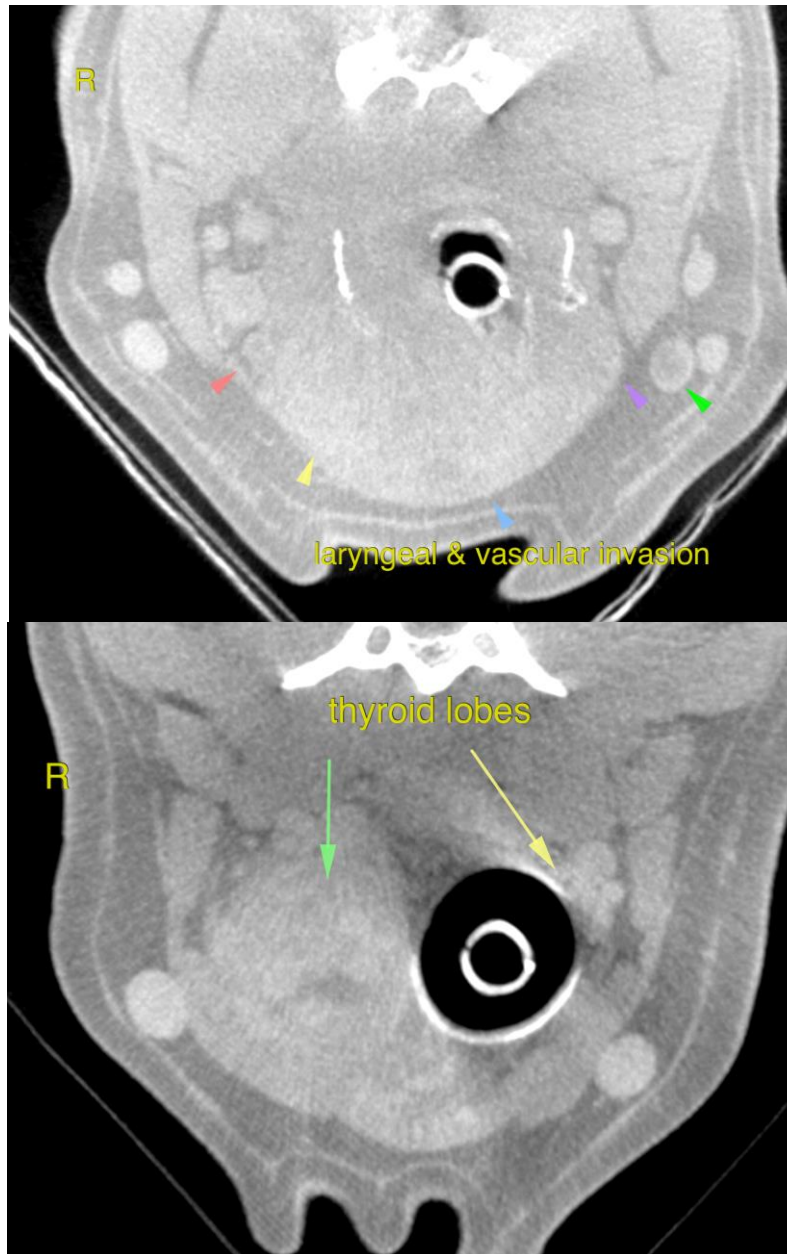
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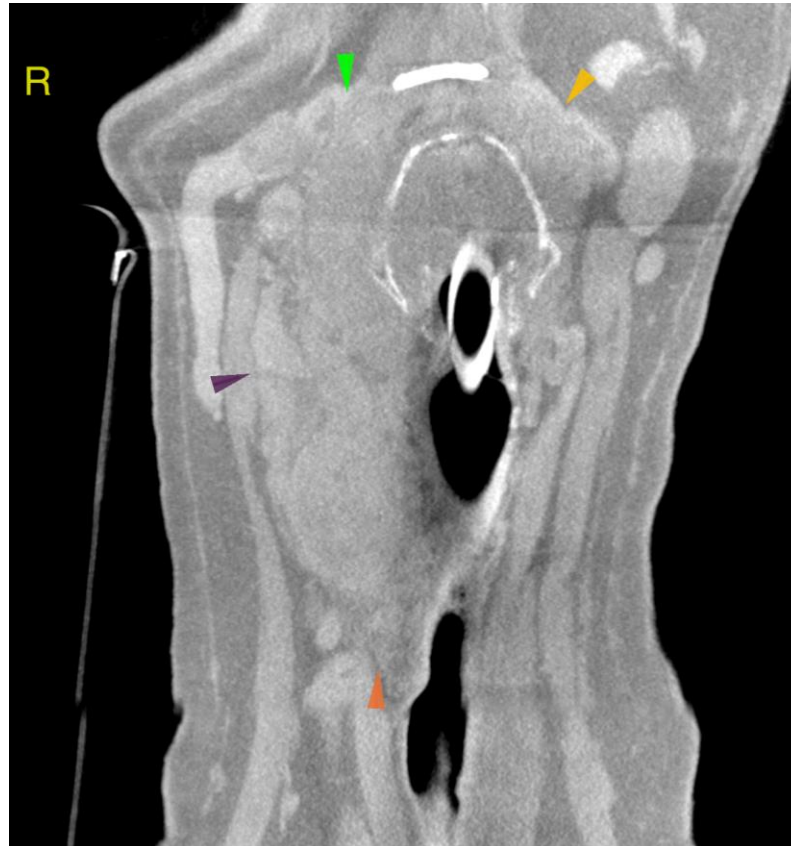
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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