

PATIENT

Snickers Conway

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

8

WEIGHT

31.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown Veterinary
Specialists and Associates

REFERRING VET

Dr. Theresa Hess

INVOICE

72797

DATE

12-1-25

PRESENTING CLINICAL SIGNS

Snickers was presented to Crown Veterinary Specialists for ventral neck mass. The mass was noted several days after Snickers' appointment at the rDVM for vaccines on 11/6/25. She was represented to her rDVM on 11/19/25 for evaluation of the mass. At that time the subcutaneous mass was noted to be firm, approximately 2cm in diameter and in the region of the thyroid. Fine needle aspiration was performed of the mass and cytology was submitted for analysis. FNA=consistent with sarcoma

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A 20 x 8 x 10mm sized, ovoid, subcutaneous mass is present on the left side of the neck at the level of but more superficial in the thyroid gland. The lesion is uniformly soft tissue attenuating and enhancing. Finger like extensions into the surrounding soft tissues are seen. Lesion margins are ill-defined. No involvement of the thyroid gland is noted.

The thyroid gland is normal in size, shape, and attenuation.

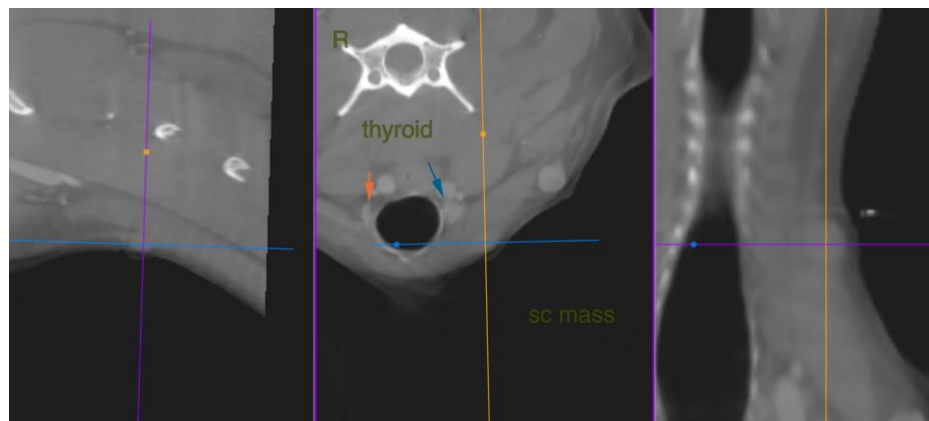
Surrounding musculature and vasculature structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided subcutaneous neck mass meeting neoplastic criteria.
- Normal CT presentation of the thyroid gland.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a small left sided subcutaneous soft tissue mass meeting neoplastic criteria. The mass is of non-thyroidal origin. Soft tissue sarcoma is a primary differential diagnosis. Mast cell neoplasia and other soft tissue neoplasia cannot be ruled out. The findings do suggest aggressive biological behavior with peripheral tissue infiltration. Surgical excision with wide margins should be considered. Consider completing staging including thoracic CT or thoracic radiographs as well as regional lymph node evaluation for potential early metastasis.





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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

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