



PATIENT

Bowser Rigdon

PRESENTING CLINICAL SIGNS

Unknown origin mass in neck compromising trachea and esophagus, difficulty swallowing last 1-2 months

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: high liver elevations suspect cushings, ACTH stim and abdominal ultrasound not supportive of diagnosis Liver values have improved over last year

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

Plain and post contrast studies available for review.

BREED

Maltese

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals a large expansile esophageal mass. The mass is in an eccentric position of the right ventral esophageal wall and spans a length of 10 cm starting level with the larynx and extending up to the cranial thoracic aperture. The width of the mass is approximately 4 cm and height approximately 2 cm. Moderate nonuniform intralesional enhancement with multiple cavitations and large anastomosing intralesional vessels is seen. The esophageal lumen is reduced and pushed to the lefthand side. The trachea is pushed ventrally and to the right side. A mass effect onto the trachea causes mild to moderate collapse of its lumen.

SEX

FS

AGE

13

The bilateral retropharyngeal lymph nodes present mild enlargement with nonuniform contrast enhancement.

Both lobes of the thyroid gland are seen and present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large expansile esophageal mass meeting neoplastic criteria spanning the entire cervical esophagus.
- Mural esophageal stenosis and trachea collapse secondary to the mass effect.
- Bilateral medial retropharyngeal lymphadenomegaly.

HOSPITAL NAME

Advanced Animal Imaging

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large expansile eccentric esophageal mass of the cervical esophagus. Differential diagnosis includes squamous cell carcinoma and leiomyosarcoma, primarily. Leiomyoma, metastatic disease of another primary tumor, round cell neoplasia, and other cannot be ruled out entirely. Final diagnosis would require sampling for histology.

REFERRING VET

Blair Hollowell

The lymph node changes are equivocal for reactive hyperplasia versus early metastatic disease. Fine needle aspiration could be considered for further definition.

INVOICE

57053

DATE

3-3-23



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REFERRING VET

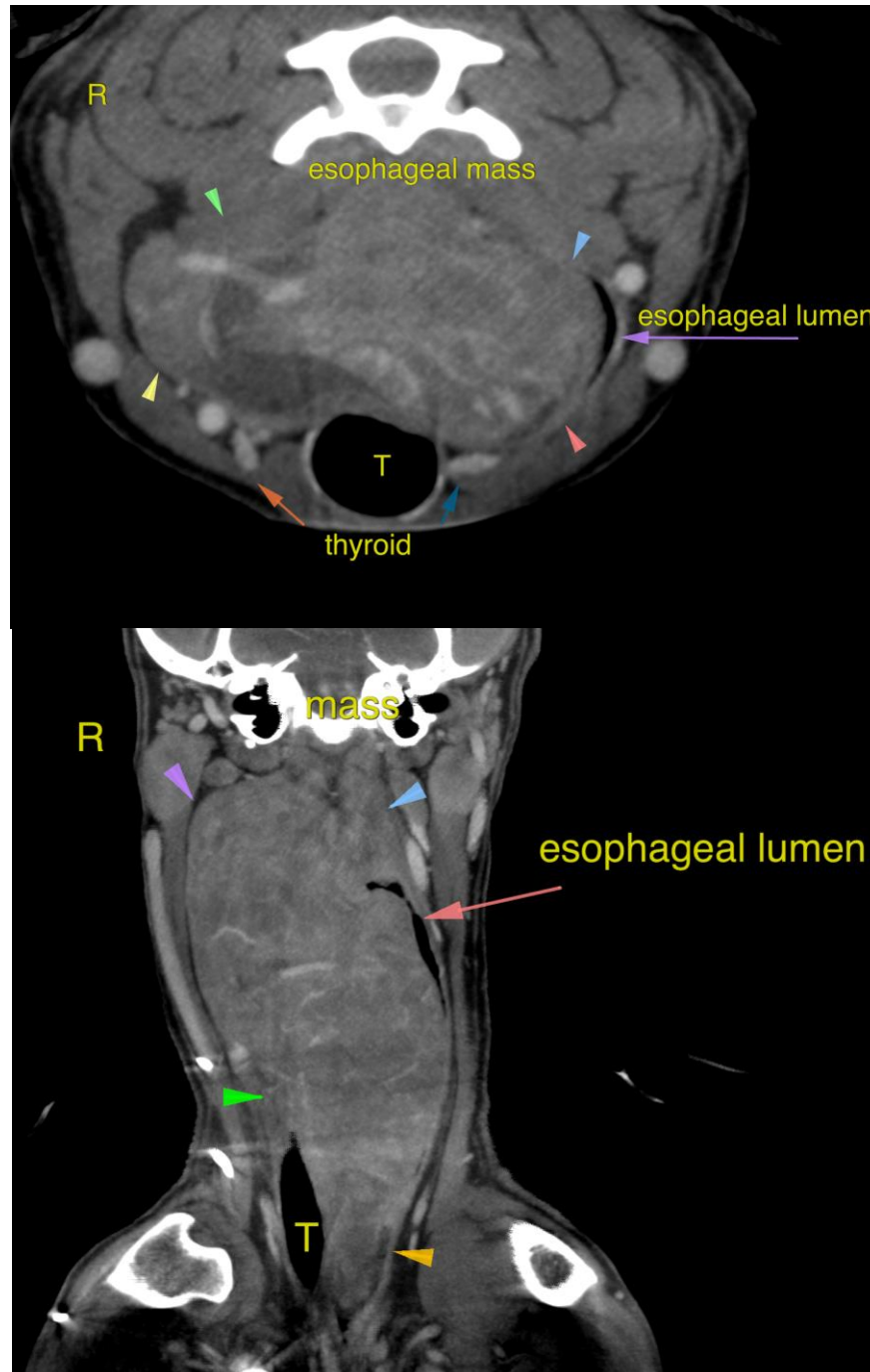
Blair Hollowell

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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.

SPECIES

Canine

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