



**PATIENT**

Reous Sinclair

**PRESENTING CLINICAL SIGNS**

Labrador retriever with markedly elevated thyroid level, no exogenous source of thyroid. Cachexia, weight loss, vomiting, PU/PD. Palpable small firm boney mass in thyroid / laryngeal region. Strongly suspect functional thyroid carcinoma.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: Cachexia, BAR, palpable mass in thyroid region. Increased total T4.

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX**

**BREED**

Plain and post contrast studies in soft tissue, bone, and lung windows available for review.

Labrador Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

**Head & Neck**

MN

The CT study reveals an expansile mixed osteolytic and osteoproliferative mass emerging from the basihyoid bone at the base of the tongue ventral to the larynx. The mass measures approximately 28mm in length, 28mm in width, and 19mm in height. The aggressive osteolytic changes are limited to the basihyoid bone, which is severely expanded, presents granular mineralizations, and moderate nonuniform contrast enhancement.

**AGE**

7 Years

The regional retropharyngeal and submandibular lymph nodes present within normal limits.

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

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**Thorax**

Multiple variably sized cystic lesions are seen within the included hepatic parenchyma.

**HOSPITAL NAME**

Animal Health  
Partners

The left shoulder joint presents a vacuum phenomenon. Bilateral mineralizing supraspinatus tendinopathy is seen.

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.

**REFERRING VET**

Dr. Ashley Gold

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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The lung parenchyma presents the expected architecture and attenuation behavior.

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

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

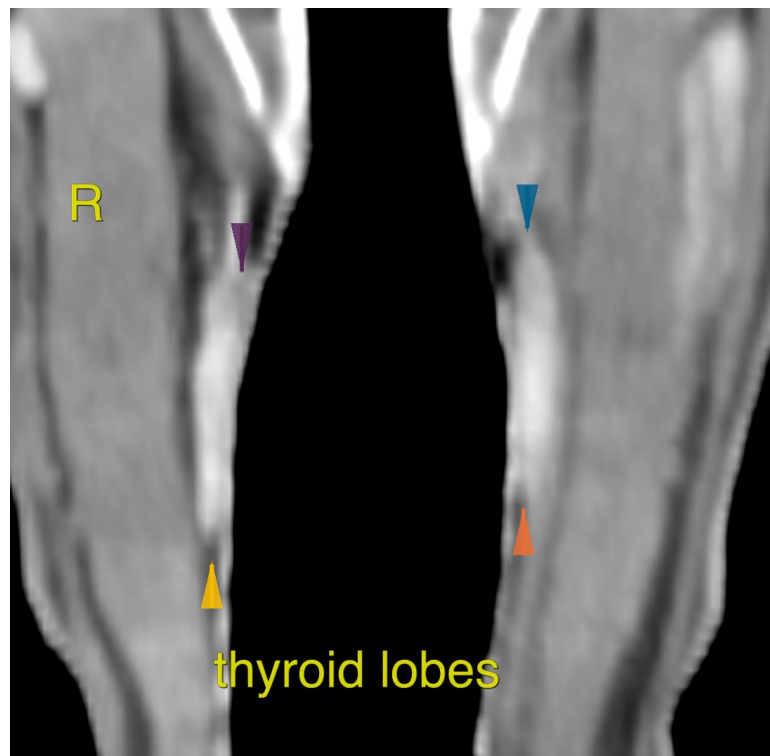
- Expansile aggressive osteolytic osteoproliferative mass of the basihyoid bone.
- No evidence of regional lymph node metastases.
- No evidence of pulmonary metastases.
- Cystic lesions within the hepatic parenchyma.
- Normal CT presentation of the thyroid lobes and parathyroid glands.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals an expansile aggressive mixed osteolytic osteoproliferative mass of the basihyoid bone. Ectopic thyroid neoplasia such as carcinoma is a primary differential diagnosis. Osteosarcoma, chondrosarcoma, and other neoplasia cannot be ruled out entirely as a differential diagnosis. However, functional ectopic thyroid carcinoma appears most likely in conjunction with the clinical history of the patient. Final diagnosis will require histology.

The CT study did not reveal evidence of regional lymph node or pulmonary metastases.

The cystic lesions within the liver may represent uncomplicated parenchymal cysts. Cystic neoplasia including metastatic disease is not necessarily very likely but can never be ruled out entirely.



thyroid lobes



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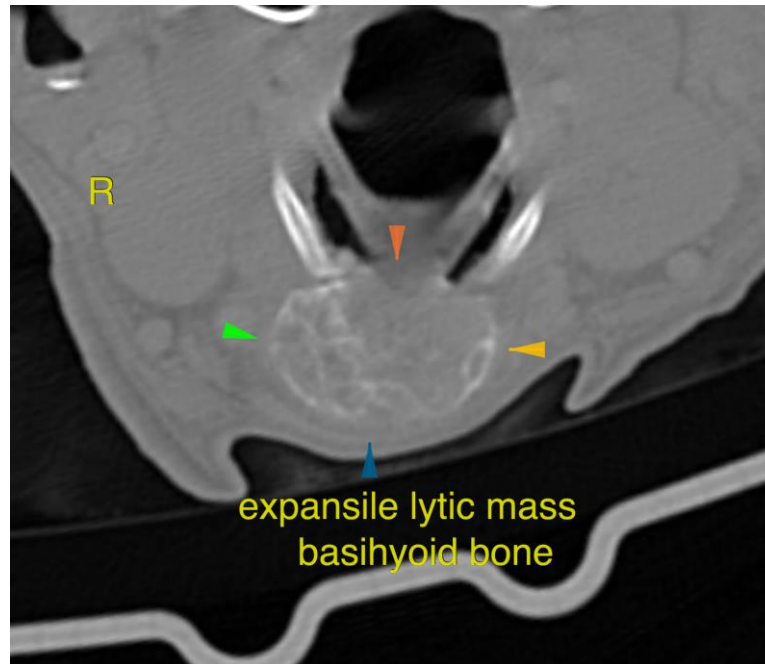
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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