



PATIENT

Riddick Arney/Addams

SPECIES

Canine

BREED

Bichon Frise Mix

SEX

MN

AGE

8 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

57934

DATE

4-22-23

PRESENTING CLINICAL SIGNS

P presented for respiratory distress (transfer from rDVM), harsh lung sounds bilaterally, increased RE/RR, concerned for problem in upper airway P started breathing harshly w/increased RR/RE 2 months ago P has had radiographs at rDVM, and has been placed on courses of antibiotics and steroids by RDVM w/no improvement.. rDVM referred P to us
Abnormal PE/Chem/CBC/UA Results: Increased RR/RE Wheezing Increased WBC (neutrophils), Decreased Lymphocytes Oral exam - WNL

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

Hypodontia and multiple moderate to severe periodontal disease and CORL are seen.

There is a large irregular shaped and ill-defined soft tissue mass with mineralizations and severe heterogeneous contrast enhancement in the position of the right thyroid lobe. The mass measures approximately 8 cm in length and 4 cm in diameter. Lesion margins are ill-defined. Multiple superficial vascular anastomoses are seen. Multiple vascular infiltration including the internal and external jugular veins is noted. The mass encompasses the trachea and causes leftward deviation as well as compression from a dorsal and ventral aspect. The left lobe of the thyroid gland can still be delineated, however, the margins between the mass and the left lobe of the thyroid gland are ill-defined as well. Tracheal and laryngeal infiltration appears to be present.

The right medial retropharyngeal lymph node is moderately enlarged and presents heterogeneous contrast enhancement.



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Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

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

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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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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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 mass of the right thyroid lobe with tracheal and laryngeal infiltration and compression.
- Moderate right medial retropharyngeal lymphadenomegaly.
- No evidence of pulmonary metastases.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large expansile mass emerging from the right lobe of the thyroid gland. Aggressive biological behavior is seen with ill-defined margins, vascular anastomoses, vascular invasion, and infiltration of the tracheal and laryngeal tissues. Thyroid carcinoma is considered by far most likely. Final diagnosis may require conformation by means of sampling and cytology or histology.

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The changes of the right retropharyngeal lymph node are suggestive for metastases. Reactive hyperplasia is thought less likely.

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No evidence of pulmonary metastases was seen at this time.

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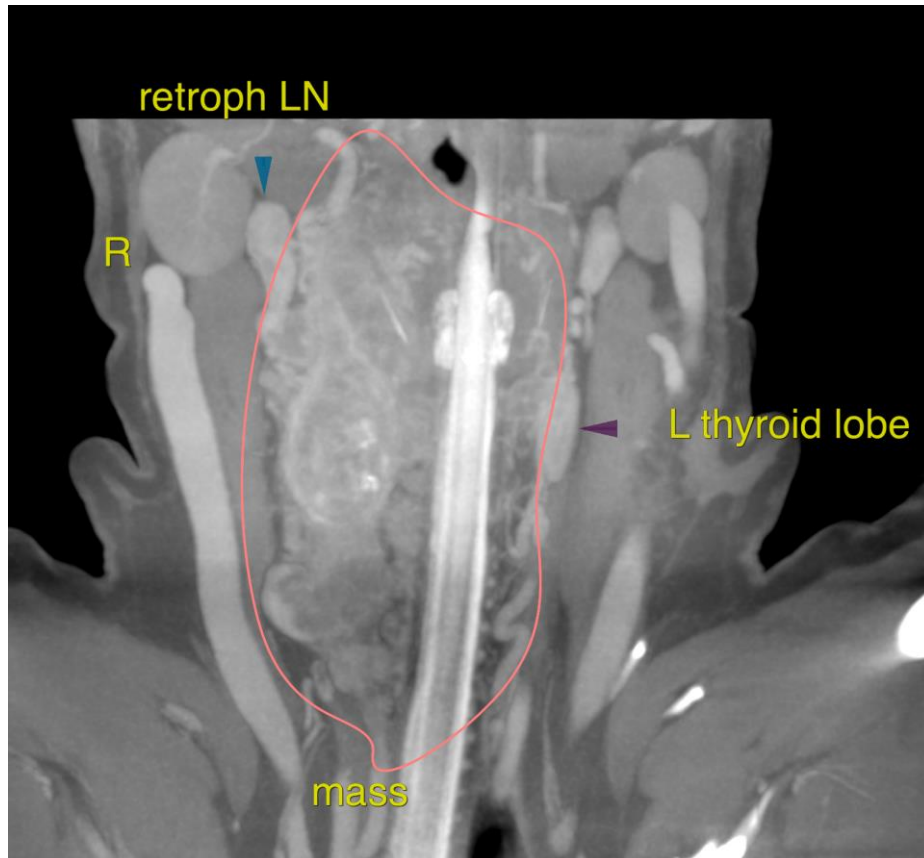
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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