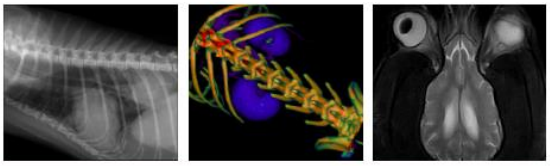
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Brooklyn Modami

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

6

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Radlinsky

INVOICE

58173

DATE

5-8-23

PRESENTING CLINICAL SIGNS

A mobile, right-sided cervical mass was noted on attempt to collect blood. She had a history of tremors treated with levetiracetam and apoquel for allergies. Prior cytology was consistent with thryoid origin of the right-sided mass (neuroendocrine cells were seen). Upon anesthetizing her, placing her in dorsal recumbency and extending the neck, bilateral masses were evident. CT scan was done with contrast to evaluate the structures involved.
Abnormal PE/Chem/CBC/UA Results: Mobile, right-sided cervical mass on physical examination. Bilateral mobile masses identified in dorsal recumbency with neck extension under general anesthesia. Concern for bilateral thyroid masses, lymph node involvement, involvement of other structures and concern for parathyroid glands. Mild lymphopenia noted on CBC, no biochemical abnormalities noted.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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 and medial retropharyngeal 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 is noted. No significant periodontal disease of the remaining teeth is seen.

Mass like and bilaterally symmetric enlargement of the thyroid gland is seen. The right and left thyroid lobes measure approximately 5 cm in length and 3 cm in width. Heterogeneous contrast enhancement with multifocal round cavitations and mineralizations is seen. The right and left lobe are connected via an enlarged isthmus. No evidence of regional lymphadenomegaly is noted. There is no evidence of peripheral tissue infiltration. The mass effect onto the hypoplastic trachea is mild.

The cervical spine presents within normal limits except for occasional chondroid disc degeneration.

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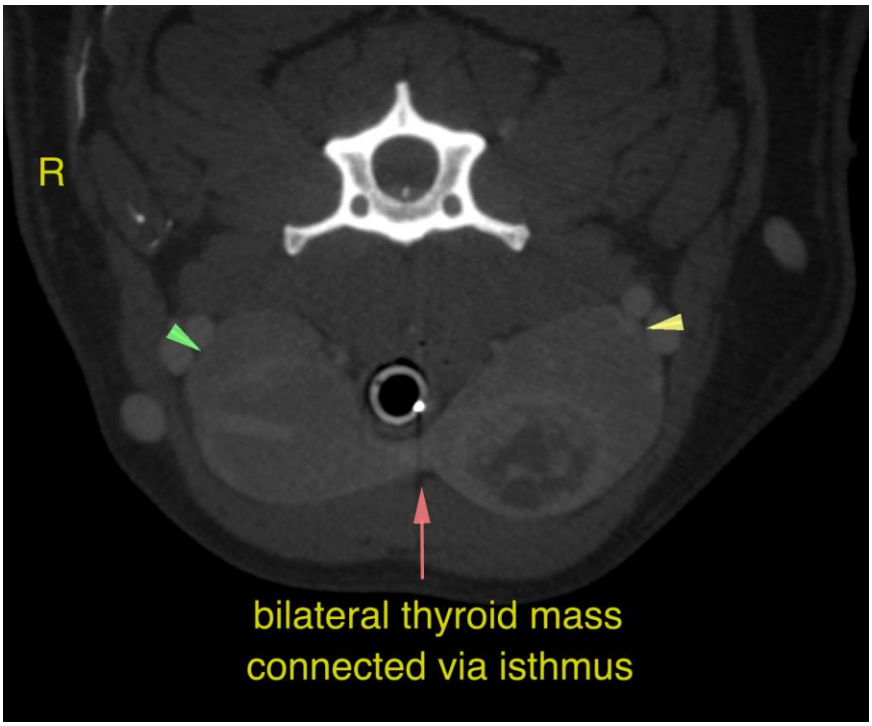
T2 is a hemivertebra.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilaterally symmetric thyroid gland mass with mineralization and no evidence of peripheral tissue infiltration.
- No evidence of regional lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals bilaterally symmetric mass like enlargement of the right and left lobes of the thyroid gland with multifocal cavitation and mineralization. No evidence of peripheral tissue infiltration is seen. The large and symmetric growth suggests benign neoplasia such as adenoma or adenomatous hyperplasia a high potential. Bilateral thyroid carcinoma cannot be ruled out as a differential diagnosis. Correlation with the cytology/sampling for histology recommended for further definition.



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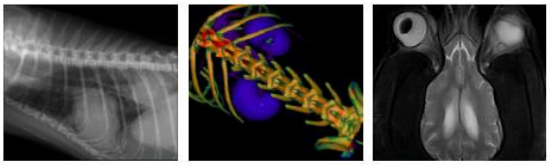

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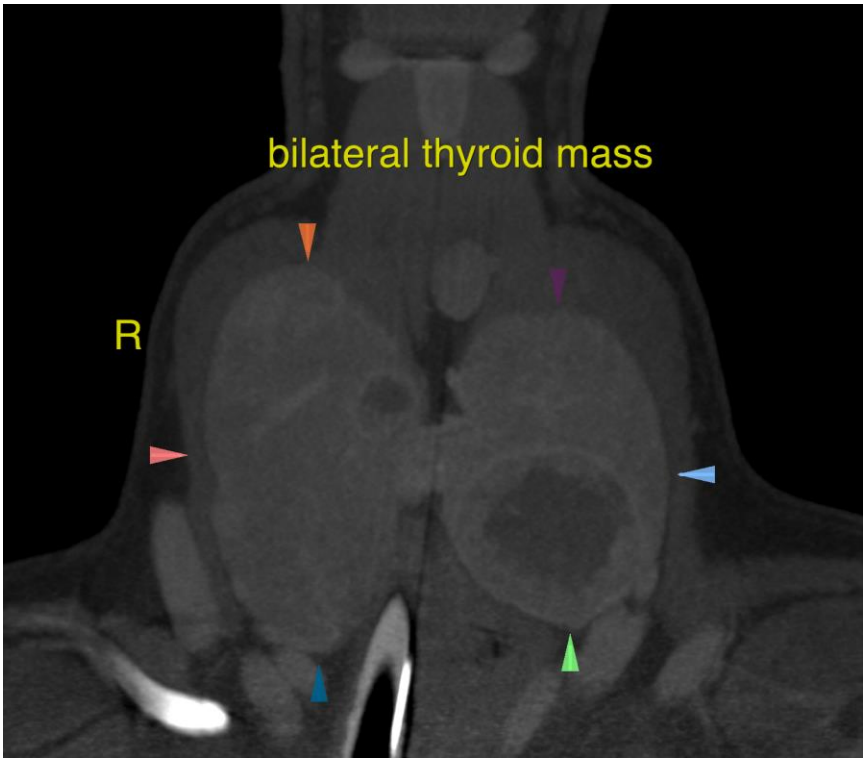

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com