



**PATIENT**

Shelby Coggins

**PRESENTING CLINICAL SIGNS**

Pet presented on 6/24 for having a large mass on the left portion of her neck. Patient has had the mass since February 2023. Rdmv has already done a biopsy, report is attached. O states that she cannot bark and is now panting often.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC WNL, Chem15 WNL, Heartworm Negative

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

Plain and post contrast studies of the neck and thorax are available for review.

**BREED**

Blue Heeler

**COMPUTED TOMOGRAPHIC FINDINGS**

**Neck**

A large irregular shaped and ill-defined mass is emerging from the thyroid gland and encompassing most of the cervical trachea. A mass effect onto the tracheal lumen and infiltration of the tracheal wall are noted. The lesion margins are ill-defined. Multifocal vascular invasion accentuation the left jugular vein is seen. There are multiple superficial tumor feeding vessels throughout the entire ventral neck and mandibular region. Laryngeal invasion is noted with compromise of the laryngeal lumen. Mass measurements are approximately 15 cm in length and 8 cm in width even though this is hard to determine because of the ill-defined wide spread margination of the mass.

**SEX**

Spayed Female

**AGE**

10 Years

The left medial retropharyngeal lymph node is severely enlarged and presents heterogeneous contrast enhancement as well as peripheral fat stranding.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The right medial retropharyngeal lymph node and the cervical lymph nodes present within normal limits.

**HOSPITAL NAME**

Neel Veterinary  
Hospital

**Thorax**

The patient's body condition score is excessive.

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**

Deepan Kishore,  
DVM,MS,DABVP

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

Multiple variably sized and up to 2 cm measuring soft tissue attenuating interstitial pulmonary nodules are seen within all lung lobes.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

6-26-23

- Malignant thyroid mass with tracheal and laryngeal infiltration as well as vascular invasion.
- Moderate left medial retropharyngeal lymphadenomegaly.



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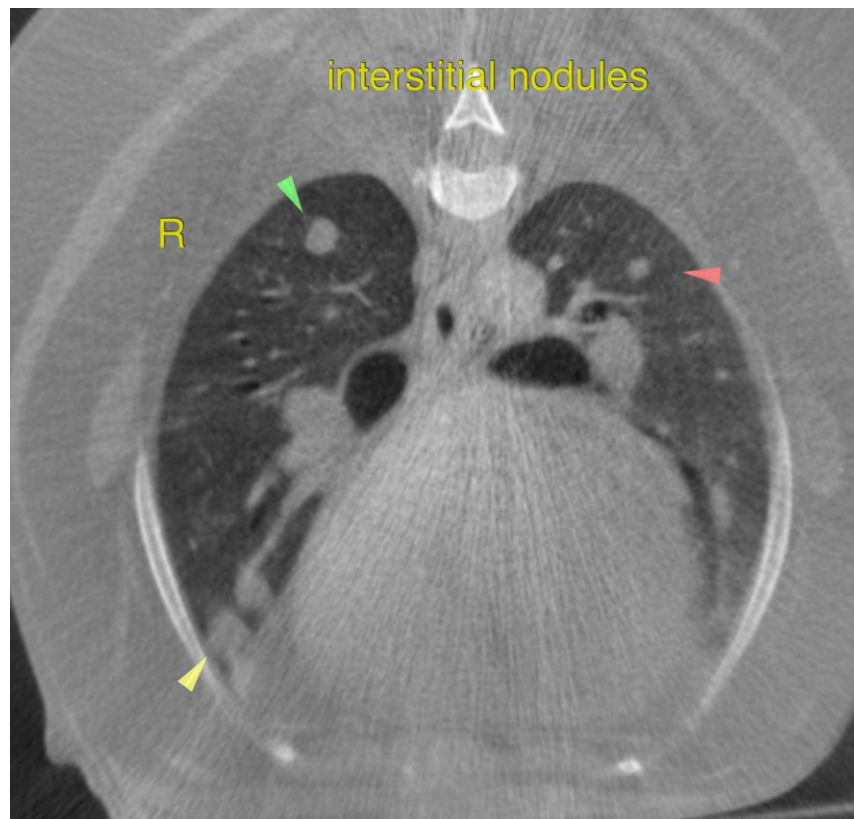
- Multiple interstitial pulmonary nodules compatible with metastatic disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with malignant thyroidal neoplasia. Thyroid carcinoma is considered by far most likely.

The findings of the left medial retropharyngeal lymph node and lung are unfortunately highly suggestive for metastatic disease and should be considered positive for tumor metastases until proven otherwise.

FNA or biopsy of the mass, FNA of the left medial retropharyngeal lymph node, and ultrasound guided FNA of the peripheral interstitial pulmonary nodules using a parasternal intercostal approach could be considered in case a final diagnosis is of interest.





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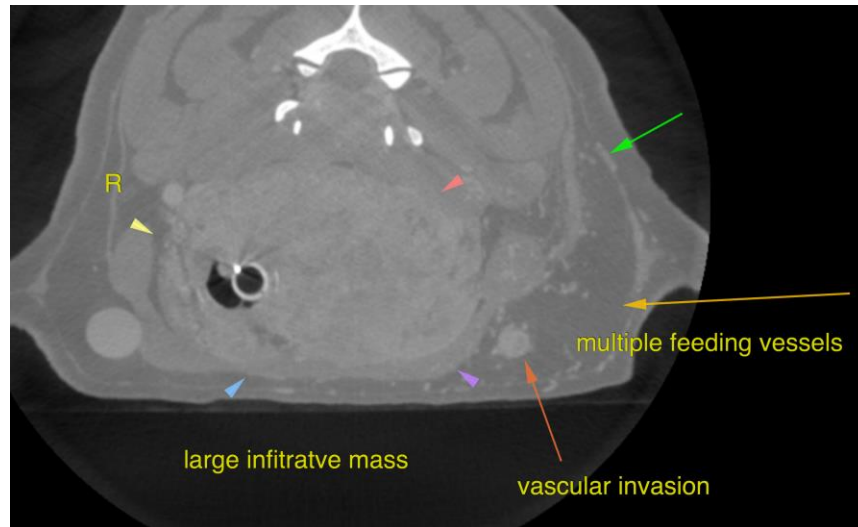
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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