



PATIENT

Peewee Doucette

PRESENTING CLINICAL SIGNS

Presented to the Toronto Animal Health Partners Surgery Service for evaluation of a possible thyroid mass. The mass was initially noticed approximately in June 2023. The mass has grown in size since initially noticed. Peewee was seen by Kingston Road Animal Hospital on July 7th 2023 for evaluation of hyporexia and wheezing. The suspected thyroid mass was palpated on examination. He always had a slight wheezing and gurgling noise. Not particularly progressing but more noticeable. He's comfortable and sleeping well. Breathing comfortably with no concerns at home. On extension of the neck, it is more prominent with the lump. Sensitive to touch. Started noticing mid-June 2023. No change in size that owner is aware of and does not seem to be bothered by it.

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Grade 2-3 heart murmur (no work up). Recent bloodwork (July 8th 2023): unremarkable CBC and biochemistry. Total T4 33.7nmol/L (10.0-60.0)

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COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

Plain and post contrast studies of the neck and thorax in soft tissue, bone, and lung windows are available for review.

AGE

10 Years

COMPUTED TOMOGRAPHIC FINDINGS

Neck

The CT study reveals severe expansile enlargement of the right thyroid lobe with mass effect. The right thyroid mass measures 4 cm in length and 3.5 cm in diameter. Dorsal and leftward deviation of the trachea is seen. The mass is directly adjacent to the tracheal and laryngeal wall. No invasion of the larynx or trachea is seen directly. The contrast enhancement pattern is moderate and nonuniform with fluid filled cavitations. The left thyroid lobe does not appear to be involved; however, it connects to the mass via an isthmus. No vascular invasion is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The right retropharyngeal and cervical lymph nodes present mild symmetric enlargement.

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Thorax

The mediastinal lymph nodes present within normal limits.

REFERRING VET

Debbie Reynolds

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.

DATE

8-16-23

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large expansile right thyroid lobe mass meeting neoplastic criteria.
- Mild right retropharyngeal and cervical lymphadenomegaly.



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- No evidence of pulmonary metastases.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a thyroid derived mass. Origin from the right lobe of the thyroid gland is considered likely. Differential diagnosis includes severe adenomatous hyperplasia, adenoma, as well as adenocarcinoma of the thyroid gland primarily. Correlation with the laboratory values is recommended. Concurrent hyperthyroidism is likely. The differentiation between adenomatous hyperplasia / adenoma and adenocarcinoma can typically be established by either nuclear medicine (Pertechnetate Scintigram) or histology. Benign neoplasia is by far more common in cats.

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The lymph node changes are likely to represent reactive hyperplasia. Metastatic spread is not likely. FNA could be considered.

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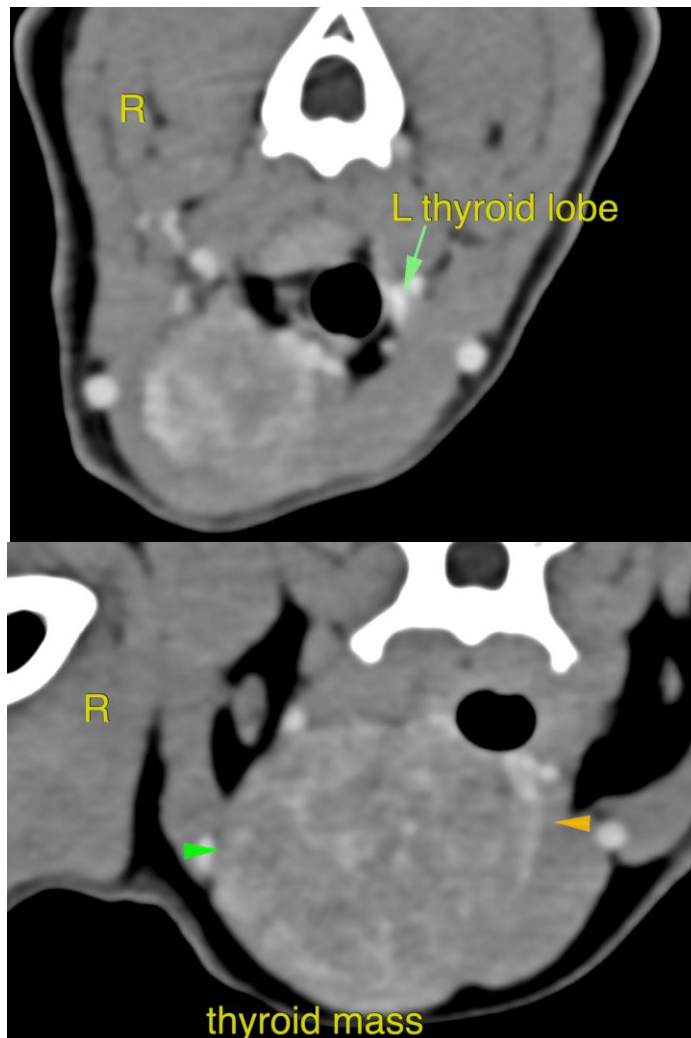
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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