



**PATIENT**

Tolkien Adleman

**PRESENTING CLINICAL SIGNS**

Presented to AHP for evaluation of a thyroid tumour. Adopted 1 year ago, therefore the complete history of the mass is unknown, but the mass was first noticed a month ago. Hypothyroidism was noted.

**SPECIES**

Canine

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

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

**BREED**

Labrador Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

**Neck**

A large irregular shaped ill-defined severely and heterogeneously enhancing mass of the left thyroid lobe is noted. The mass measures 5.5 cm in length, 3.5 cm in height, and 3.5 cm in width. Mild rightward deviation of the trachea is noted.

**SEX**

MN

The right thyroid lobe presents within normal limits.

**AGE**

10 Years

No evidence of regional lymphadenomegaly is noted.

**Thorax**

The cranial mediastinal and tracheobronchial lymph nodes present within normal limits.

There is no evidence of pulmonary metastatic disease. The presentation of the lung is within age related normal limits.

No evidence of cardiovascular pathology is noted.

A 5.0 cm sized intermuscular lipoma is seen in the right armpit.

**Abdomen**

Multiple small cortical renal cysts are seen in both kidneys.

Focal mineralization of the caudal pole of the right adrenal gland is noted. There is no definitive mass or nodule present within the right adrenal gland. The left adrenal gland presents within normal limits.

Multiple hyper- and hypo- enhancing splenic nodules are seen.

Generalized irregular enlargement of the liver is seen with multiple irregular shaped and partially expansile hyper- and hypo- enhancing nodules being present throughout the parenchyma of all liver lobes. No solid mass is identified within the liver.

A mild amount of mineral attenuating material is present within the gallbladder.

The pancreas is mildly nodular in appearance.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Jeffery Biskup

**INVOICE**

47575

**DATE**

9-28-21

**PATIENT**

Tolkien Adleman

One of the sublumbar para-aortic lymph nodes caudal and dorsal of the left adrenal gland is mildly prominent and rounded and measures 12mm in diameter. The remainder of the abdominal lymph nodes present within normal limits.

**SPECIES**

Canine

A small subcutaneous soft tissue nodule of 15mm diameter is seen dorsal and to the left of the midline level with the 2<sup>nd</sup> lumbar vertebra.

**COMPUTED TOMOGRAPHIC DIAGNOSIS****BREED**

Labrador Retriever

- Large ill-defined soft tissue mass of the left thyroid lobe meeting neoplastic criteria.
- No evidence of pulmonary metastatic disease.
- No evidence of metastatic disease of the regional lymph nodes.
- Right axillar lipoma.
- Hepatopathy with multiple variably enhancing nodules.
- Splenopathy with multiple variably enhancing nodules.
- Focal mineralization of the right adrenal gland - presumed to be incidental.
- Single para-aortic abdominal lymphadenomegaly.
- Presumed degenerative cysts of both kidneys.
- Presumed benign nodular hyperplasia of the pancreas versus chronic pancreatitis.

**SEX**

MN

**AGE**

10 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study confirms the presence of a thyroid mass meeting neoplastic criteria. Differential diagnosis includes adenoma as well as adenocarcinoma. The right lobe is not involved. The mass appears to be resectable. No definitive peripheral tissue invasion is noted. No evidence of regional metastatic disease is noted.

There is no evidence of mediastinal lymphadenomegaly or pulmonary nodules.

The hepatosplenic nodules may represent nodular hyperplasia, regenerative nodules, or metastatic disease. Parenchymal sampling could be considered for further definition. However, it will not be possible to sample all the different types of nodules as many false negative results occur and correlation with the laboratory values is as important as further ultrasonographic monitoring.

The para-aortic lymphadenomegaly may well be incidental. Reactive hyperplasia is considered more likely than a neoplastic infiltrate.

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Animal Health  
Partners**REFERRING VET**

Dr. Jeffery Biskup

**INVOICE**

47575

**DATE**

9-28-21



**PATIENT**

Tolkien Adleman

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

10 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

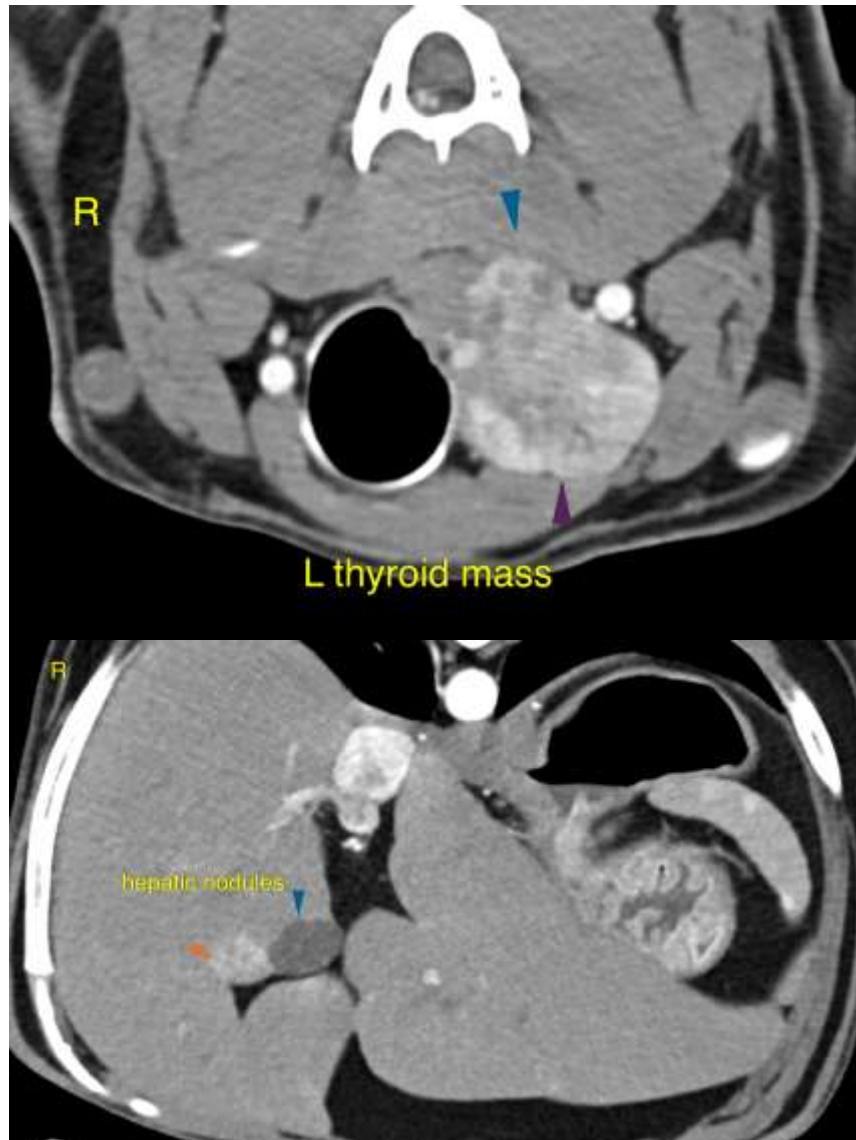
Dr. Jeffery Biskup

**INVOICE**

47575

**DATE**

9-28-21





**PATIENT**

Tolkien Adleman

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

10 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

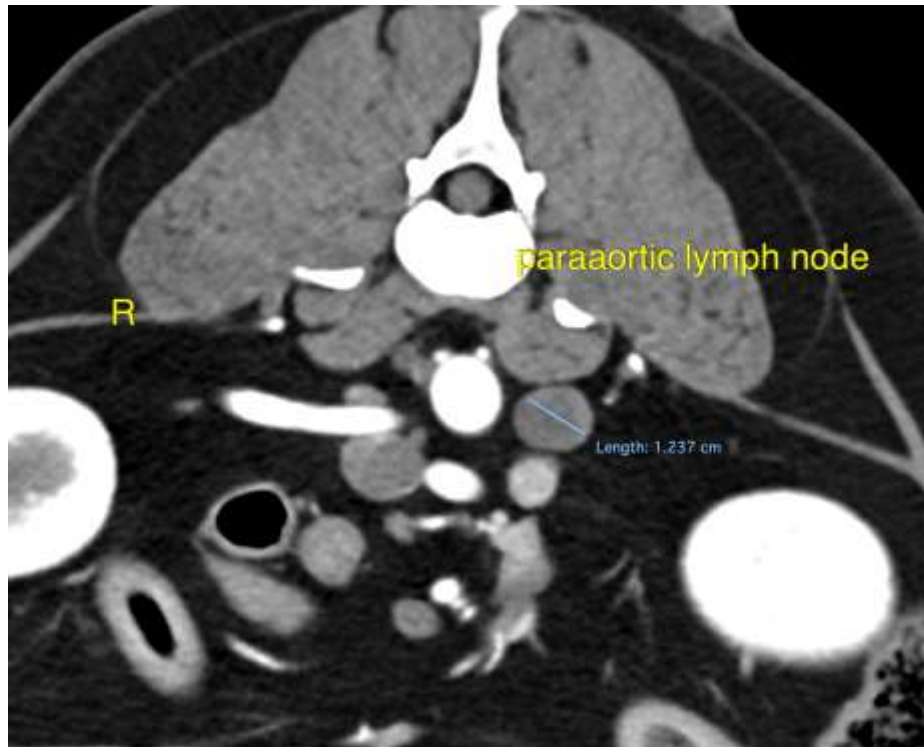
Dr. Jeffery Biskup

**INVOICE**

47575

**DATE**

9-28-21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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