

**PATIENT**

Max Revilla

**PRESENTING CLINICAL SIGNS**

Approx 6 month history of slow growing mass right ventral neck.  
Abnormal PE/Chem/CBC/UA Results: FNA/Cytology of mass: Concern for epithelial neoplasia, chronic inflammation, hemorrhage ALKP: 1602 U/L

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE NECK**

Pre/post contrast studies provided for review.

**BREED**

Pit Bull Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

The right side shows a large and rounded to oval shaped, paratracheal mass of 6.45 x 4.42 x 4.12 cm. A regular thyroid is not noted. The mass appears capsulated, is highly heterogeneous, shows multiple cystic sections and has broad based contact to the trachea. Integrity of the tracheal wall is questionable since there are irregularities and tiny lytic spots of the calcified tracheal rings noted. The trachea gets deviated to the left. Involvement of the deep cervical fascia and the adjacent carotid artery are not suspected. The supplying cranial and caudal vessels are markedly hypertrophic.

**SEX**

MN

**AGE**

11 Years

The left thyroid gland presents another small nodule in its cranial part with diameters of 1.12 x 0.99 cm. Invasion of the peripheral structures is not noted.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large thyroid mass on the right with suspicion of local invasive growth into the adjacent structures (trachea)
- Small nodule of the left thyroid gland

**HOSPITAL NAME**

Mobile Pet Imaging  
CFL

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although differentiation of benign and malignant neoplasia is not possible with CT, I assume malignant neoplasia as seen with thyroid carcinoma is very likely. The texture, size, the suspected invasion of the tracheal wall and the hypertrophic vessels would go along with that. These issues should be considered in case of planned resection as well as the small nodule on the left side. Sonographic evaluation of the tracheal wall is recommended. Rule out mediastinal and pulmonary metastasis prior to surgery.

**REFERRING VET**

Borecky

**INVOICE**

49718

**DATE**

1-21-22



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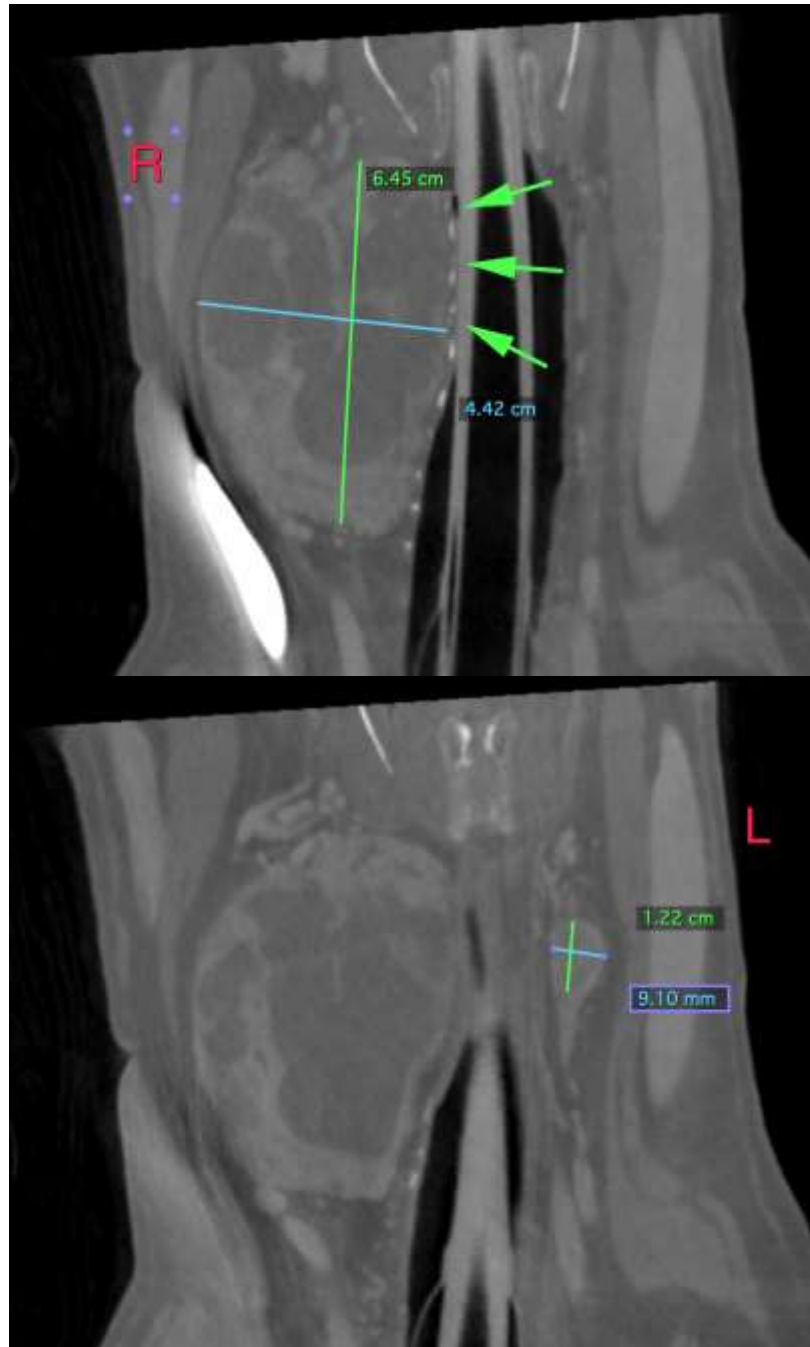
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com