



PATIENT

Ace Ford

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7 Years

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

Mobile Pet Imaging
CFL

REFERRING VET

Borecky

INVOICE

49996

DATE

2-1-22

PRESENTING CLINICAL SIGNS

History of ventral neck mass x several months and suspected thyroid neoplasia. Pet presented for CT scan of neck to evaluate cervical mass and thoracic MET Check.

Abnormal PE/Chem/CBC/UA Results: FNA/Cytology of ventral neck mass on 1/13/22: Neoplasm with concurrent spindle cell and epithelial morphology, mild mixed inflammation, necrosis and hemorrhage; probable thyroid carcinoma.

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck:

There is a large, oval mass noted on the left side with maximum diameters of 9.05 x 5.37 cm deviating the soft tissues of the left neck including larynx, trachea, esophagus, and the left mandibular salivary gland. Images after contrast present a fluid filled center with a peripheral ring-enhancement. The cranial aspect reveals enhancing soft tissue/musculature which is thought to be the origin of the mass. Possible origins include the caudal ending of the digastric muscle, the sternohyoid, and the cricothyroid muscle. Involvement of the larynx and cranial trachea is possible. Both thyroid glands are clearly defined with significant caudal displacement of the left thyroid. The latter aligns with the mass but seems separated as well as the left mandibular salivary gland, the left carotid artery, and the left jugular vein.

The left mandibular lymph nodes are moderately enlarged with a partially unsharp periphery. The left medial retropharyngeal lymph node is not detected.

Thorax:

There are multiple round nodules of soft tissue opacity throughout all lung parts with different sizes noted. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected. The heart is inconspicuous as far as can be assessed with CT. The diaphragm appears normal.

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Neoplasia of the left neck
- Regional lymph node metastases
- Multiple pulmonary metastases



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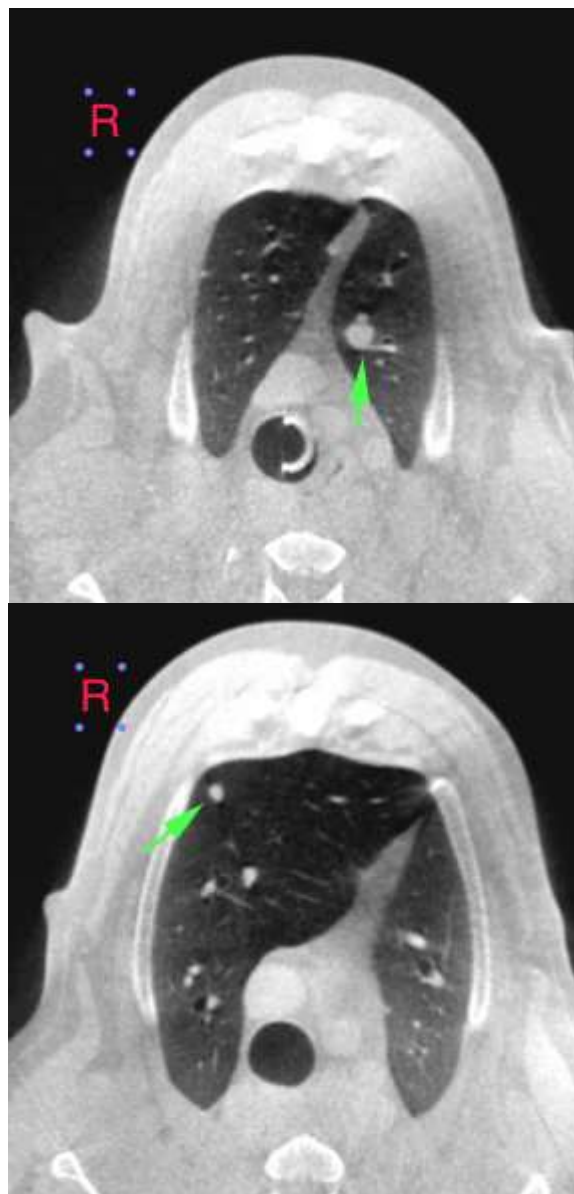
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings most likely represent an aggressive, local invasive malignant neoplasia of the left neck. The origin is not clearly defined but likely located in the neck musculature (s. above). The medial retropharyngeal lymph node is not clearly detected and may be involved as well as involvement of the larynx and tracheal wall are assumed. Differentials include but are not limited to, rhabdomyosarcoma and fibrosarcoma. Thyroid neoplasia is unlikely from a CT perspective. I would rule out carotid body tumors and paraganglioma. Findings of the mandibular lymph nodes and the thorax are consistent with multiple regional and distant metastases.





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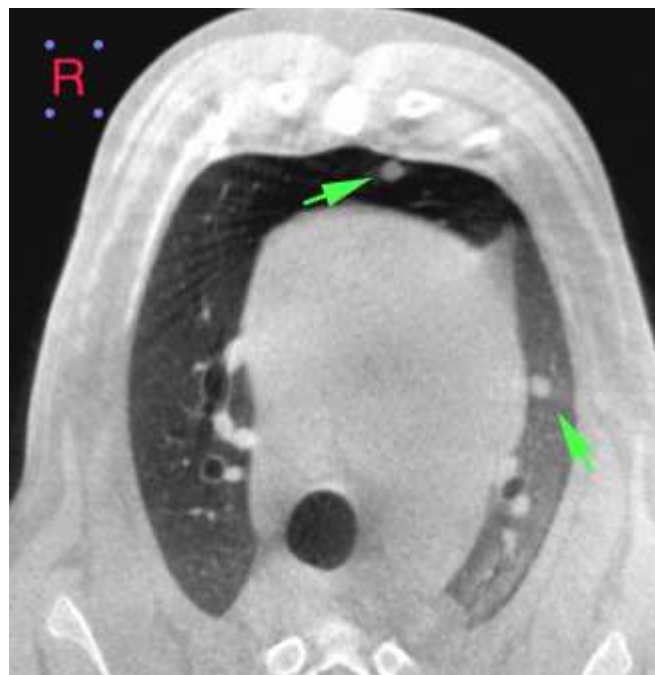
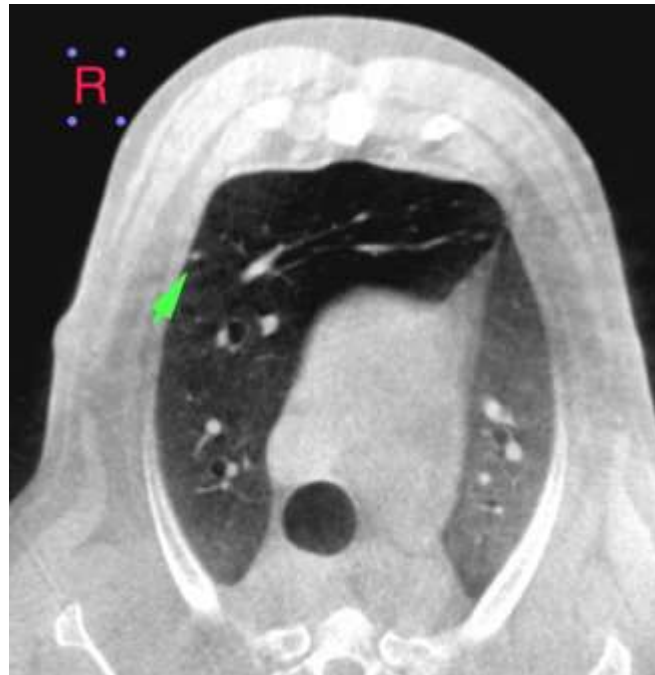
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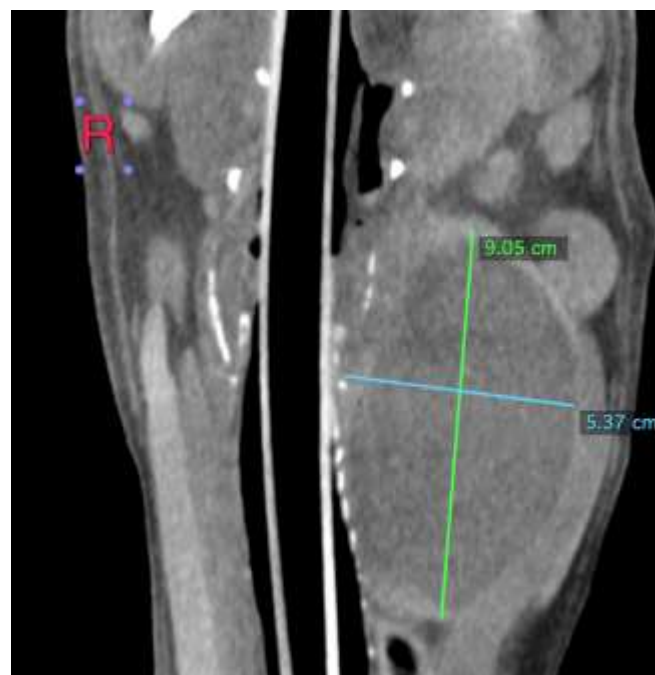
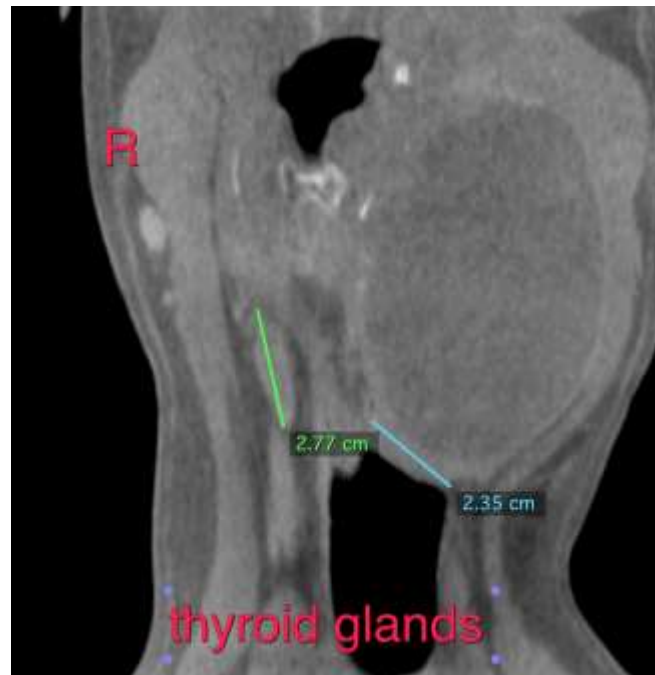
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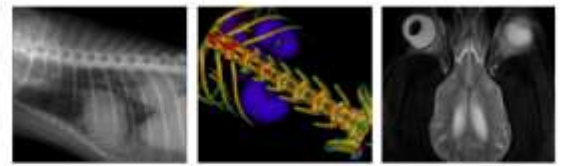
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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