



PATIENT PRESENTING CLINICAL SIGNS

Armin Rubel Presented for possible oral pain. Large mass in neck found. FNA shows thyroid tumor. Local lymph node not obviously involved on FNA. Chest x-ray shows normal heart size (has a heart murmur). Bloodwork shows elevated alpk and proteinuria (pot belly on exam enlarged liver -suspect cushings, not worked up yet). **Upon induction large mass in throat interfered with intubation - began bleeding upon intubation and extubation - unsure if rDVM is aware of this mass CT neck and chest for surgical planning of tumor removal and to look for spread of tumor to chest, but also to assess heart structure. CT abdomen to look into the enlarged liver and to image his adrenals at the same time.
 Abnormal PE/Chem/CBC/UA Results: Elevated alpk & proteinuria

SPECIES

Canine

BREED

Beagle

COMPUTED TOMOGRAPHY OF THE HEAD, THORAX, & ABDOMEN

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Head/neck:

MN

There is a large, amorphous mass noted at the right sided ground of the tongue expanding caudally to the midline und left and invading the right sided larynx. Maximum diameters measure approximately 4.2 cm. The hyoid bones show no signs of lysis. Invasion of the laryngeal cartilage is suspected.

AGE

7.5 Years

A thyroid mass is noted on the left measuring approximately 3.9 x 2.6 cm, appearing with an amorphous shape and a highly inhomogeneous texture and contrast uptake. Invasion of the trachea is not evident.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet
 Specialist in
 Diagnostic Imaging

The mass appears encapsulated and clearly defined with marked hypertrophy of the supplying vessels and multiple optional lymph nodes towards the thoracic inlet. The left medial retropharyngeal lymph node is asymmetrically enlarged and inhomogeneous.

The right thyroid gland is inconspicuous.

Chest:

There are multiple pulmonary soft tissue nodules noted on both sides and distributed over all lung sections with different size and partially poorly defined margins. The mediastinal lymph nodes are mildly enlarged. The other thoracic structures are considered to be normal.

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Abdomen:

REFERRING VET

Dr. Tara Guinn

The left lateral liver lobe is highly enlarged with a nodular/undulating surface. The gallbladder is inconspicuous. Both kidneys are unremarkable. The adrenal glands appear prominent but are still in normal limits.

The other abdominal parts, the large vessels and abdominal fat tissue are considered to be normal. No evidence of peritoneal/retroperitoneal effusion or free gas in the abdominal cavity.

INVOICE

57872

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

4-18-23

- Large right pharyngeal mass invading the larynx
- Large left thyroid mass
- Suspected involvement/metastases of the cervical and thoracic lymph nodes



PATIENT

Armin Rubel

- Multiple pulmonary metastases
- Lobar liver mass left lateral liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

CT findings show signs of a locally aggressive/invasive and malignant neoplasia of the right tongue root/larynx. The amorphous appearance, invasion of the laryngeal structures and contrast behavior would go along with that assumption. Differentials are numerous and include but are not limited to squamous cell carcinoma, tonsil carcinoma, oral melanoma, and lymphoma.

BREED

Beagle

The CT findings of the left thyroid gland are suspicious for a neoplastic process as seen with thyroid adenoma/-adenocarcinoma. Involvement of the local/adjacent structures is currently not recognized. This does not exclude invasion of the supplying vessels.

SEX

MN

The nodular pattern of the lungs and the lymph adenomegaly are highly suspicious for regional and distant metastases.

AGE

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The mass-like enlargement of the left lateral liver lobe is an unspecific finding and could present benign lesions as seen with nodular hyperplasia and hepatocellular adenoma as well as malignant neoplasia such as hepatocellular carcinoma. Biopsy/FNA would be needed for further evaluation.

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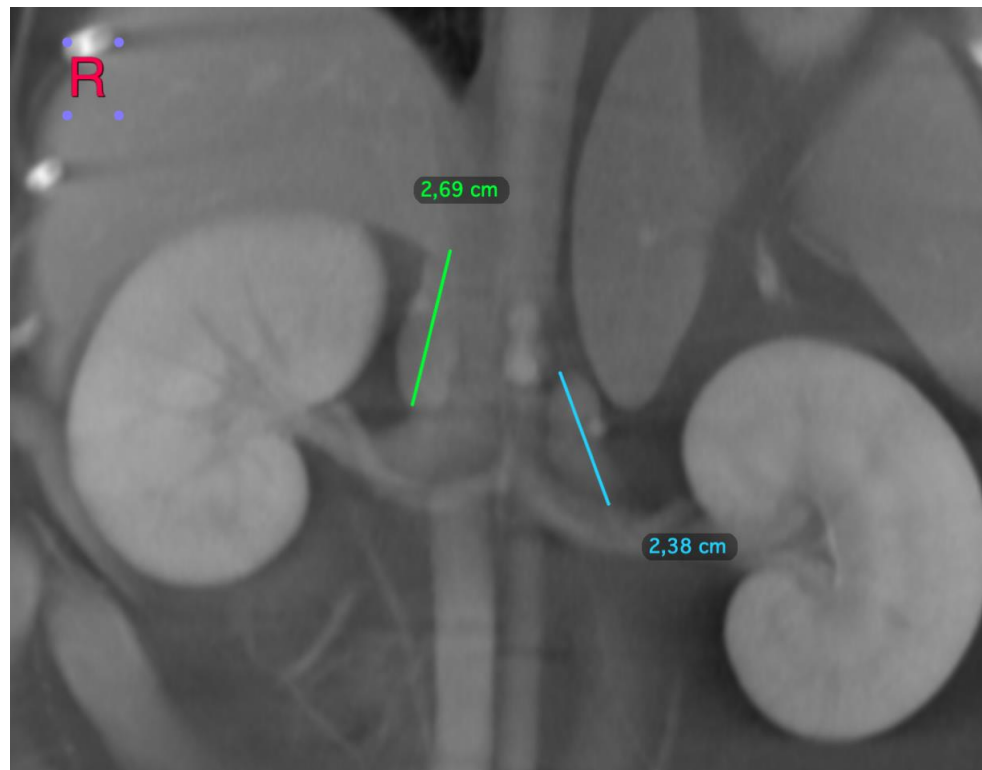
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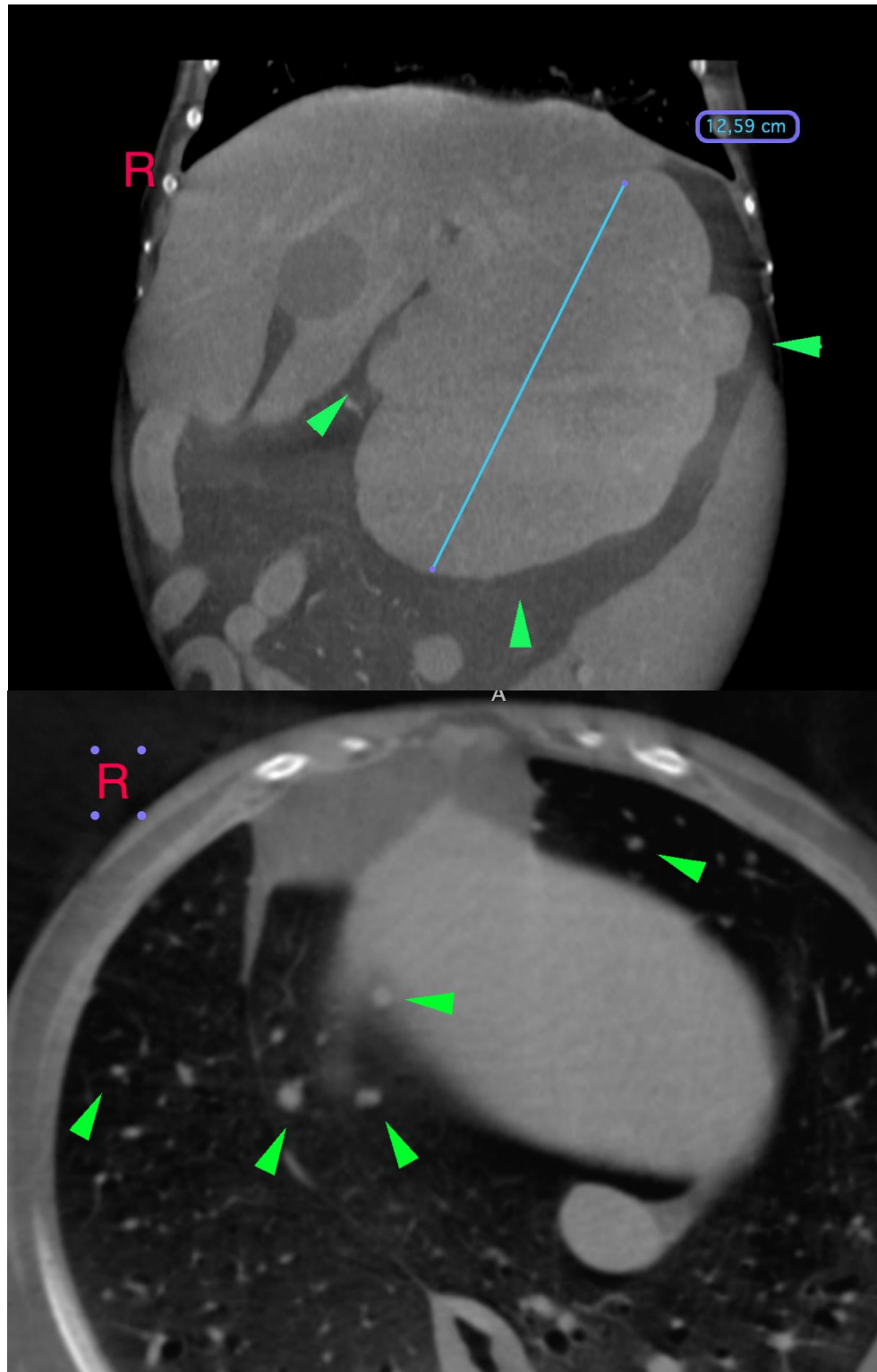
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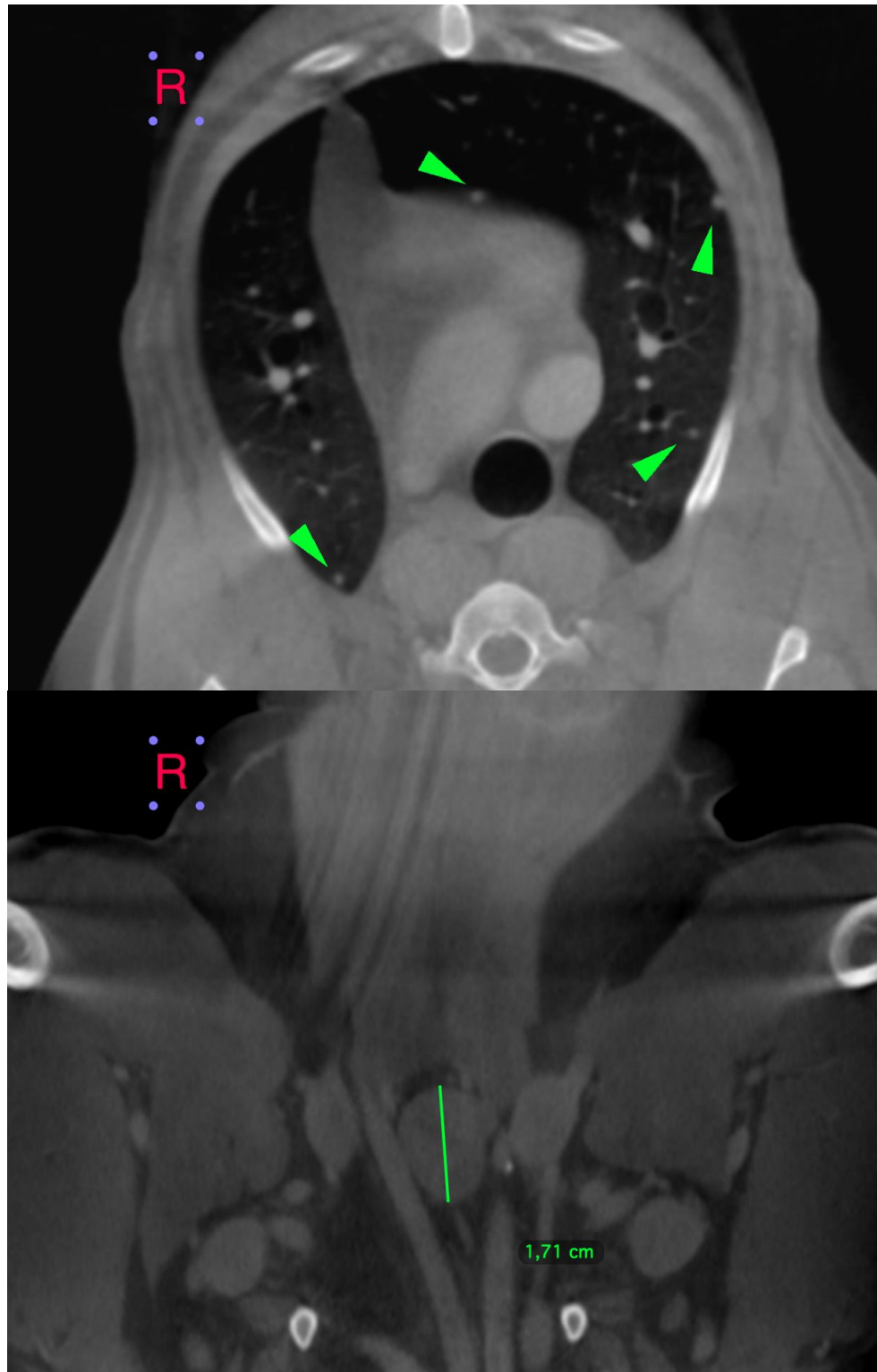
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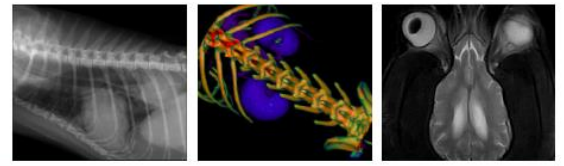
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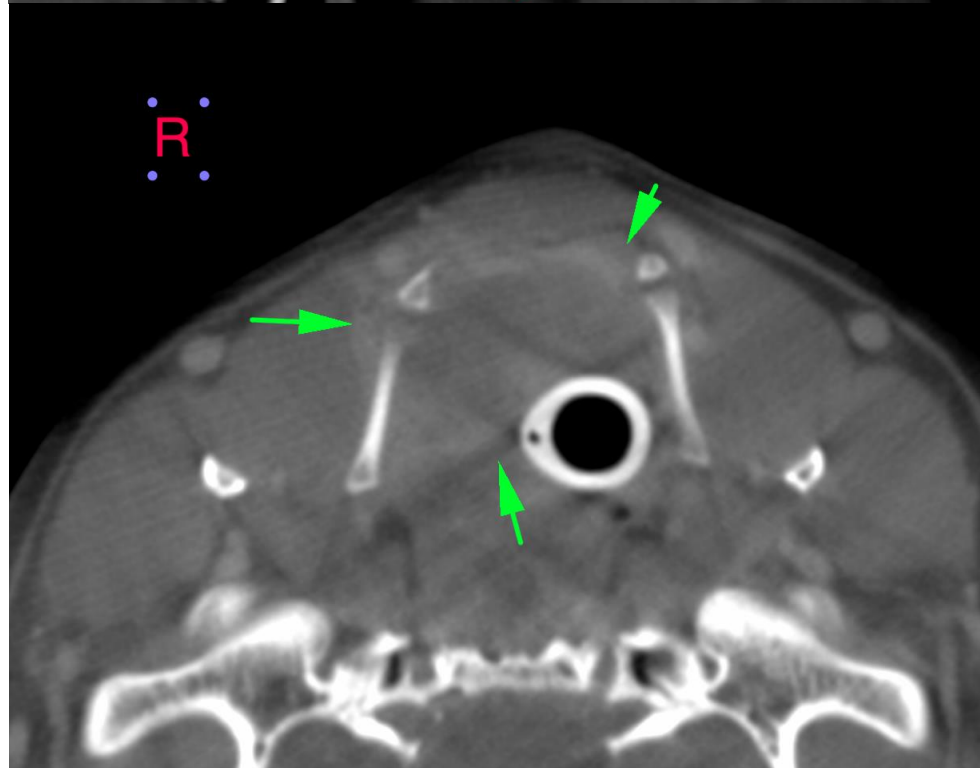
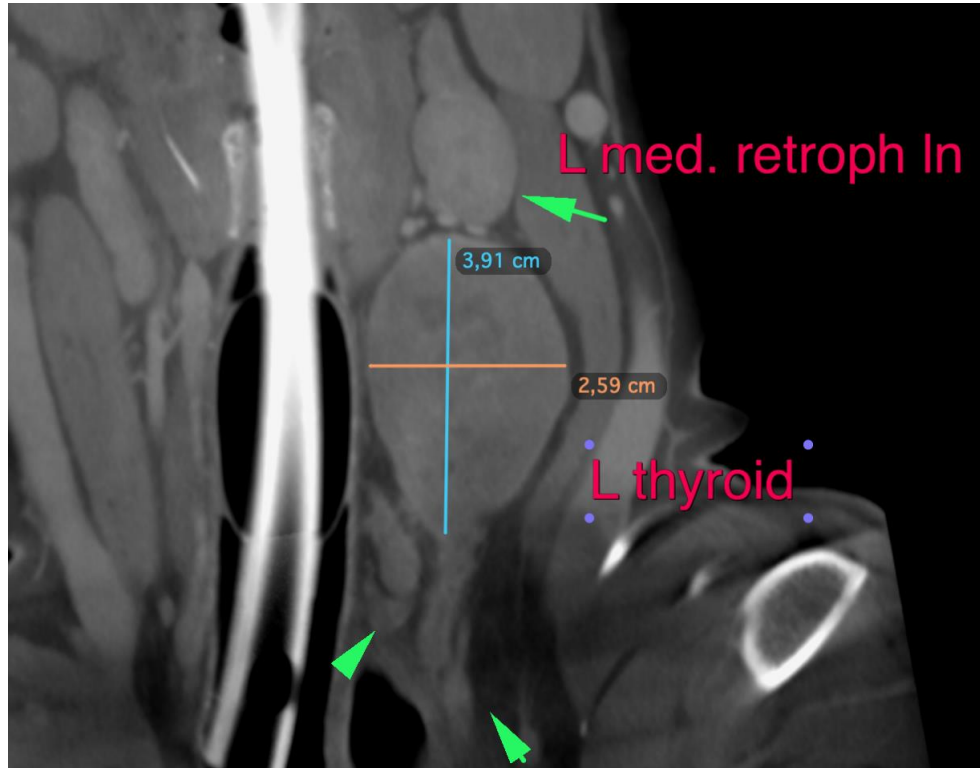
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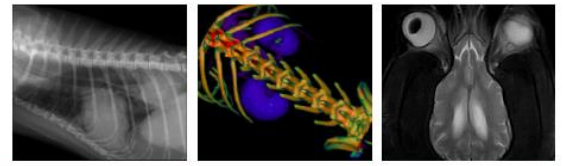
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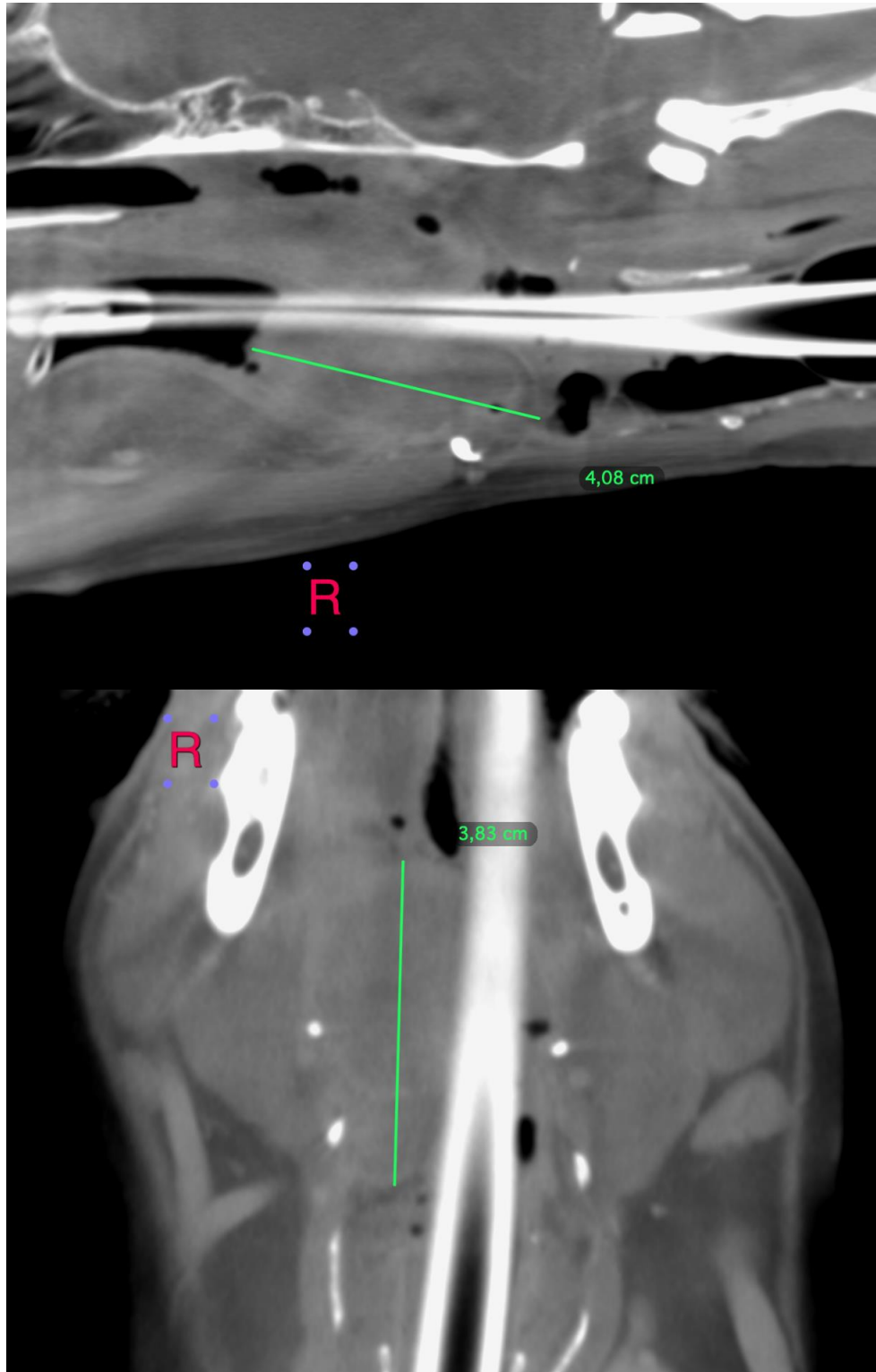
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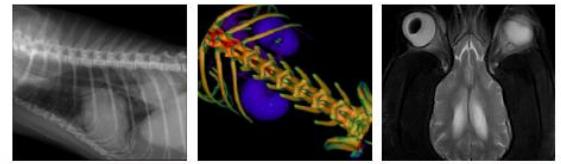
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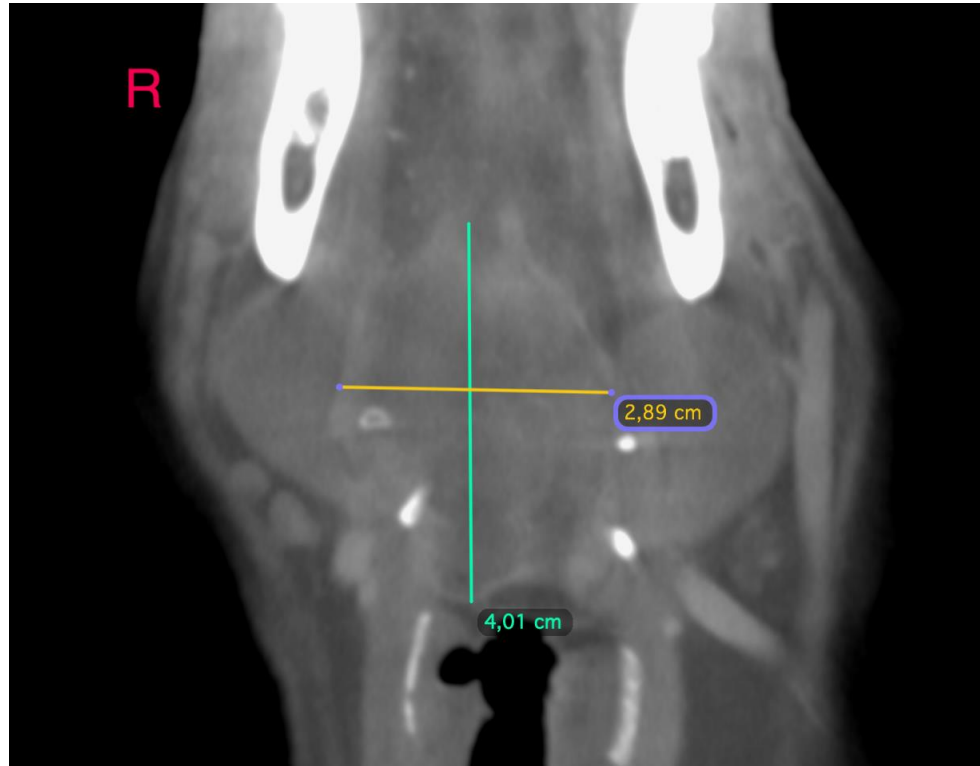
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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