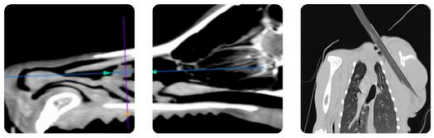


PATIENT

Mocha Woodman

SPECIES

Canine

BREED

Aussie Shep. Mix

SEX

FS

AGE

12Y, 4M

WEIGHT

52lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Lisa C./Kaylin D.

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Dr Connor Cashman

INVOICE

73338

DATE

1-15-26

PRESENTING CLINICAL SIGNS

referral from rDVM for possible thyroid tumor. P has Cushing's as well as suspect splenic tumor. O would like to know possible source of tumor for possible end of life planning or possible surgery, oncology.

COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the neurocranium, neck, thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Protruding from the region of the right tonsil, a pedunculated, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring approximately 1.5 x 1.5 x 3.2 cm. The left tonsil is prominent.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

The nasopharyngeal tonsils are prominent.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes bilaterally (R>>L), left parotid lymph node and left lateral retropharyngeal lymph node are significantly enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

Thorax

Along the thoracic wall, multiple variable sized lipomas are seen.

Level with the intervertebral disc space T12/T13 disc material is protruding into the vertebral canal, occupying approximately up to 20% of the cross-sectional area of the vertebral canal at the same level.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

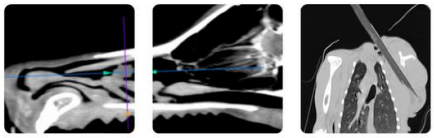
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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.

The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen



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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the body of the spleen, a heterogeneous contrast enhancing nodule is seen, protruding beyond the splenic surface; measuring 2.5 cm in diameter.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

In the right cranioventral abdominal wall, a well-defined intermuscular lipoma is appreciated, protruding into the peritoneal cavity.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right tonsillar mass
- Enlarged left tonsil
- Significant lymphadenopathy multiple lymph nodes of the skull
- Prominent nasopharyngeal tonsils
- Soft tissue nodule spleen
- Intermuscular lipoma right cranioventral abdominal wall
- Multiple lipomas along the thorax
- Intervertebral disc herniation T12/T13 with likely dynamic myelocompression
- Pulmonary osteomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlargement of multiple lymphatic structures along the skull are compatible with underlying neoplastic disease – the top differentials lymphosarcoma or a less likely squamous cell carcinoma. FNA sampling of the enlarged lymph nodes can be performed for specification. Excisional biopsy of the pedunculated right tonsillar mass can be considered alternatively.

The splenic nodule can present a second entity, such as nodular hyperplasia or sarcoma.

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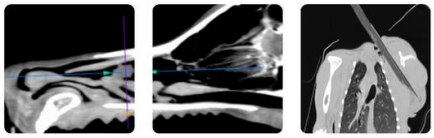

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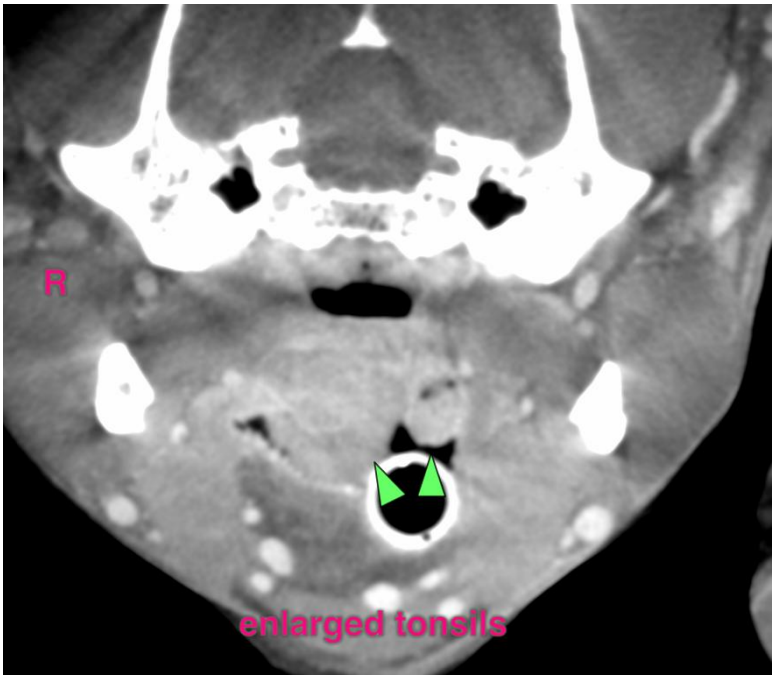

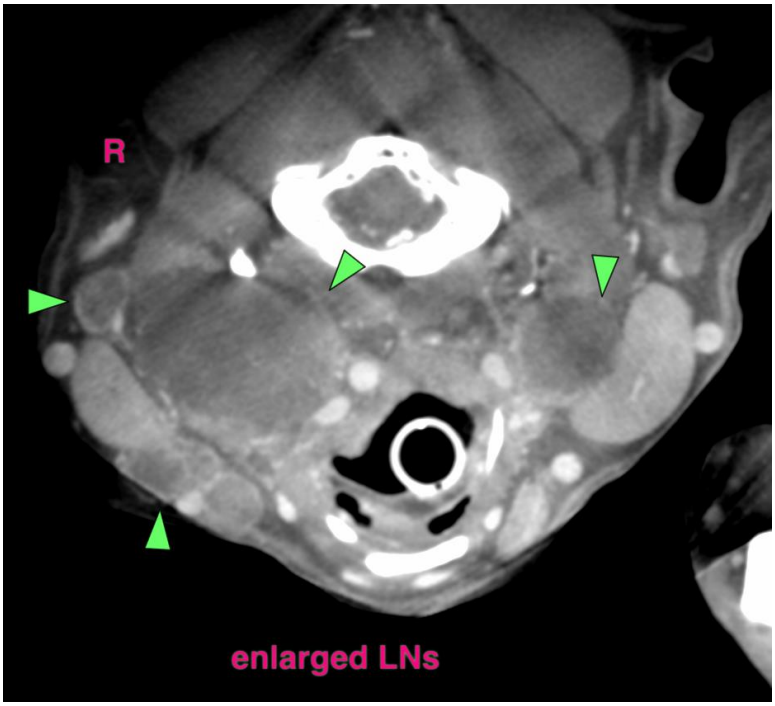

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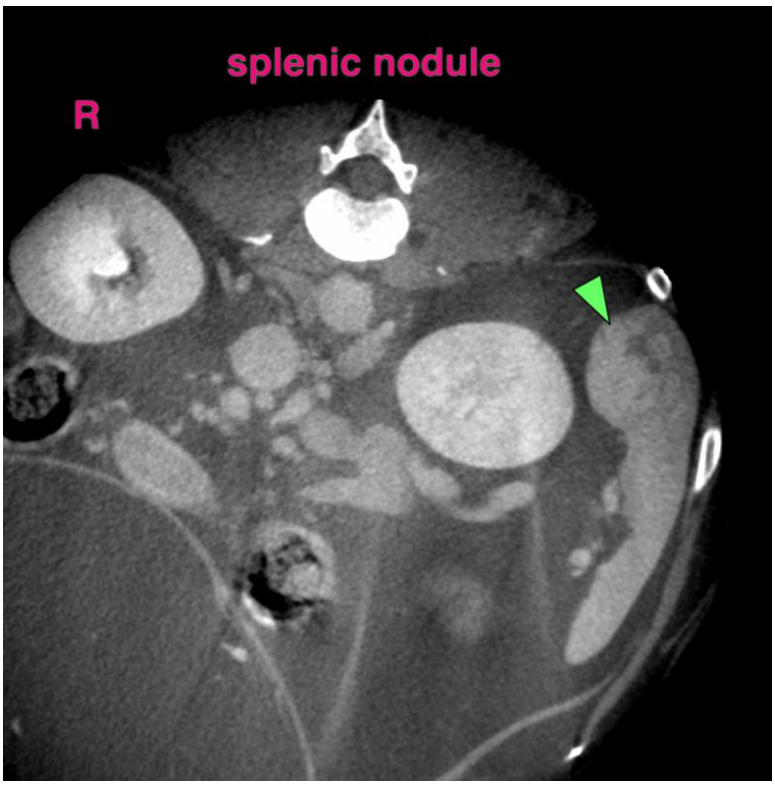

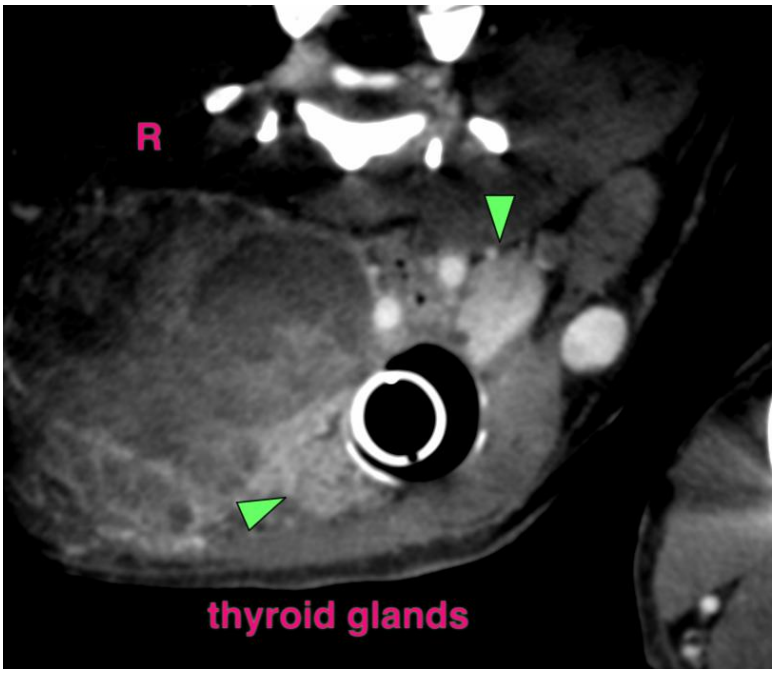

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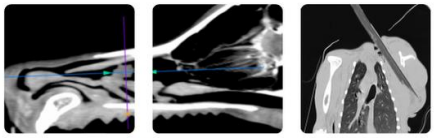

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com