



PATIENT PRESENTING CLINICAL SIGNS

Roxy Roberts Neuroendocrine tumor: Suspect thyroid Upper respiratory strider: R/O Laryngeal paralysis verse tumor verse other Multiple SQ nodules throughout body

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

Canine A high resolution pre- and post-contrast CT study of the skull and the thorax are provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Golden Retriever Skull
Triadan 411 is absent. Triadan 105, 106, 205, 206, 209 & 309 present a moderate widening of the periodontal space.

SEX The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. A small polypoid mural lesion is protruding from the roof of the nasopharynx into the lumen, measuring 3.3 mm in size.

MN

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

AGE

11 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Animal Surgical
Center

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

REFERRING VET

Dix Hills Animal
Hospital

Centered on the left lateral and ventral aspect of the larynx, an ill-defined, soft tissue attenuating and heterogeneous mild contrast enhancing intramural mass is appreciated, presenting an eccentric growth pattern and is protruding into the laryngeal lumen. The laryngeal mass causes left sided deviation of the hyoid apparatus by the mass effect. The thyroid cartilage of the larynx presents with lytic lesions. In the caudal aspect, the laryngeal mass appears to be confluent a fusiform shaped mass measuring 2.5 x 1.5 x 5.4 cm in size. Multiple small tortuous vessels are seen in the periphery of the mass.

In the subcutaneous tissue along the neck, multiple variable sized, heterogeneous contrast enhancing nodular lesions are appreciated, measuring 2.8 cm in size.

INVOICE Thorax

54838

The bony and surrounding soft tissue structures are within normal limits.

DATE

10-27-22

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.



PATIENT

Roxy Roberts

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.

SPECIES

Canine

The cranioventral aspects of the lung parenchyma are consolidated and present a moderately decreased volume. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intramural laryngeal mass with concentric and eccentric growth pattern
- Possible left thyroid mass
- Multiple non-specific subcutaneous nodules along the neck
- Polypoid mucosal lining roof of nasopharynx - incidental
- Periodontal disease 105, 106, 205, 206, 209 & 309
- Absent triadan 411
- Regions of dystelectasis of the lung parenchyma
- No evidence of pulmonary metastatic disease

SEX

MN

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is supporting the diagnosis of primary left thyroid tumor – carcinoma is most common – with local invasive growth into the larynx. The latter is explaining the upper airway stridor. Complete surgical excision of the mass is not possible due to the invasive growth into the larynx.

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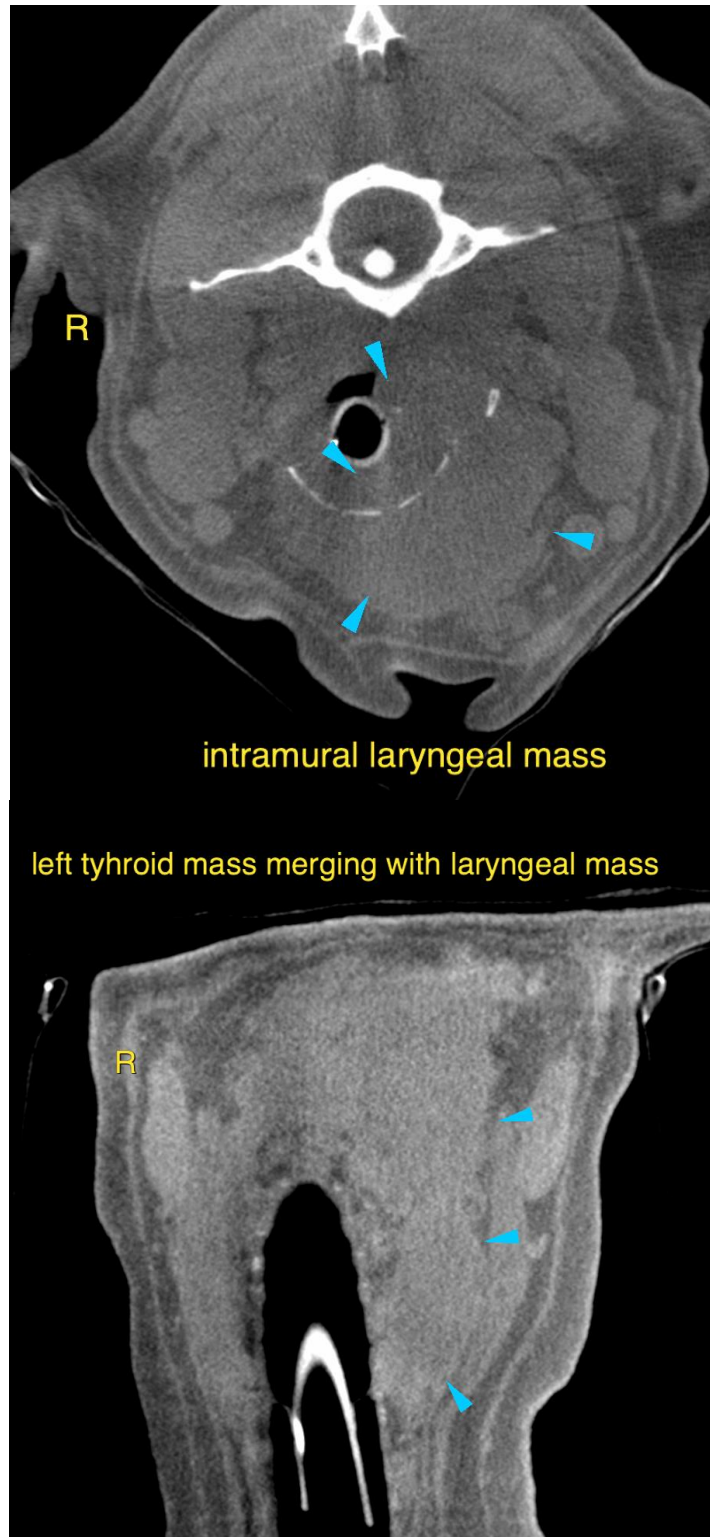
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SPECIES

Canine

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.

BREED

Golden Retriever

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
sebast.schaub@gmail.com

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