



## PATIENT

Luna Saima

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

6 Years 6 Months

## WEIGHT

3.8 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Lisa S.

## HOSPITAL NAME

ASC Oceanside

## REFERRING VET

Dr. Infernuso

## INVOICE

35609

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

History: cervical mass 2x3x2 cm Cervical mass rule out thyroid CT scan of neck / chest / abdomen.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

The soft tissue and osseous structures along the left dorsal aspect of the neck, thorax and abdomen are partially burned out by image artefact.

### Neck

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

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.

Centered on the right aspect of the larynx, protruding into the right retropharyngeal space, an ill-defined, peripherally accentuated contrast enhancing semicircular mass is seen – merging with the larynx. Right laryngeal soft tissue mass is measuring approximately 2.6 x 2.1 x 3.9 cm. The larynx, esophagus and tracheal level with the mass are deviated to the left by the mass effect.

The right medial & lateral retropharyngeal lymph node are moderately enlarged and has a heterogeneous contrast enhancement pattern.

The thyroid glands present the expected size, shape and attenuation behavior.

No additional abnormalities along the osseous and soft tissue structures of the neck.

### Thorax

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

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 is generalized burned out by the image artefacts and only the vascular structures of the lung can be appreciated.

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.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

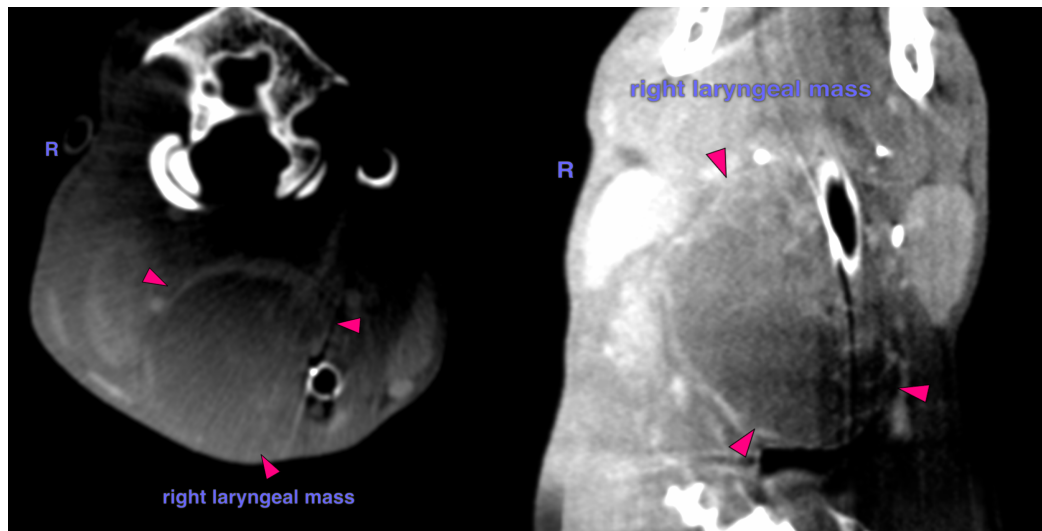
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

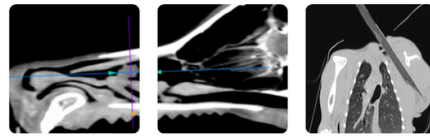
- Right laryngeal soft tissue mass with invasion of the laryngeal wall
- Lymphadenopathy right medial & lateral retropharyngeal lymph node
- No overt evidence of pulmonary metastatic disease
- Normal appearing abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass is consistent with primary laryngeal soft tissue neoplasm – such as round cell tumor or squamous cell carcinoma. Theoretically carcinoma of ectopic thyroid tissue is a potential. FNA sampling/biopsy of the mass can be used for specification. Due to the invasion of the larynx, there are no surgical treatment options.

The enlarged regional right retropharyngeal lymph nodes are consistent with metastatic spread.





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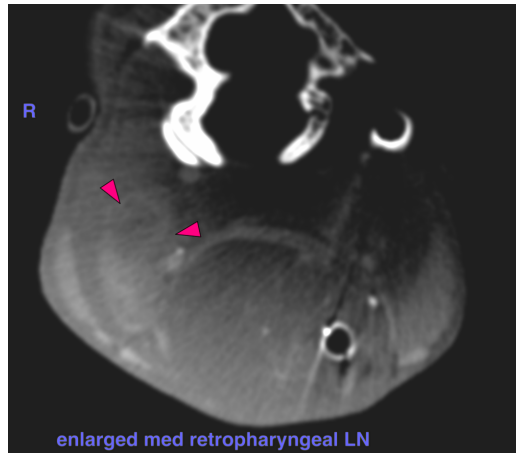
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enlarged med retropharyngeal LN

**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**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)