



PATIENT

Chapo Nable

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

9Y

WEIGHT

77.4lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kelsey McCloskey, LVT

HOSPITAL NAME

Advanced Animal
Imaging

REFERRING VET

Blair Hollowell, DVM

INVOICE

73000

DATE

12-15-25

PRESENTING CLINICAL SIGNS

P was seen at emergency over the weekend for acute swelling of the neck and lower jaw area. O said that he recently got a puppy and shortly after bringing the puppy home they noticed the swelling. He was originally treated with a steroid injection but did not improve. There is a cytology pending of the submandibular lymph nodes as well as a palpable mass in the ventral neck region. P had some bruising visible in the armpits and ventral neck area today.

Abnormal PE/Chem/CBC/UA Results: Pt/Ptt = normal Mild anemia on BW from Saturday 12/13

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

A high resolution pre- and post-contrast CT study of the neck and a post contrast CT series of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The left medial retropharyngeal lymph node is prominent and has a mild irregular contrast enhancement pattern.

At the left aspect of the tracheal, level with C1/C2 up to the cranial thoracic aperture, an ill-defined, uniform soft tissue attenuating swelling is seen; measuring approximately 8.6 x 6.3 x 17.2 cm – the swelling presents mild peripheral contrast uptake. Post contrast administration in the cranial aspect of the left cervical mass, an ovoid shaped, heterogeneous contrast enhancing lesion is appreciated; measuring approximately 5.0 x 5.0 x 6.8 cm. The caudal aspect of the heterogenous contrast enhancing lesion presents loss of distinction of the parenchymal capsule, merging with the soft tissue swelling along the neck. Along the irregular contrast enhancing lesion, multiple small vessels are appreciated. The trachea is deviated to the right and the left common carotid artery laterally by the mass effect.

Generalized edematous swelling of the subcutaneous tissue along the neck is seen.

The left thyroid gland is normal in size, shape and attenuation behavior.

Along the caudal thoracic spine, multifocal spondylosis formation is seen.

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.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left cervical soft tissue mass with surrounding diffuse soft tissue swelling
- Lymphadenopathy left medial retropharyngeal lymph node
- Spondylosis deformans
- No evidence of pulmonary metastatic disease



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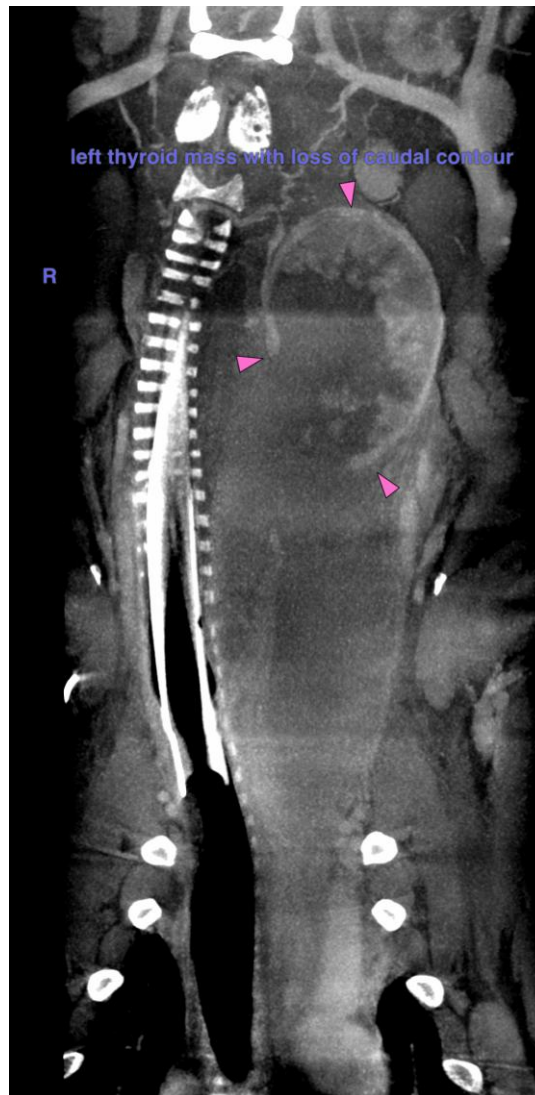
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are highly suggestive for left sided primary thyroid soft tissue neoplasia – thyroid carcinoma is most common – and rupture of the left thyroid mass with secondary extensive hemorrhage along the neck; the latter will explain the acute swelling along the neck. Surgical management of the left thyroid mass is considered as the therapy of choice.

Recommend FNA sampling of the left medial retropharyngeal lymph node to differentiate between reactive lymphoid hyperplasia versus metastatic spread.





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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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info@sonopath.com

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