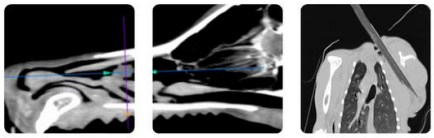

PATIENT

Scotch Robertson

SPECIES

Canine

BREED

Boxer x

SEX

M Neutered

AGE

12

WEIGHT

76

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

Animal Medical Center of Corona

REFERRING VET

Bart Huber

INVOICE

73076

DATE

12-19-25

PRESENTING CLINICAL SIGNS

Referred to us for CT evaluation for known neuroendocrine tumor in the neck, suspect thyroid mass. Looking for any signs of mets, vascular invasion, as well as surgical margins. Notes from rDVM (Dr. William FitzPatrick DVM DACVIM Oncology) Senior Profile with Fecal Dx Antigen, Giardia, Lab 4Dx Plus Test, Urinalysis, and UPC (IDEXX) (11/08/2025) Result: Hematology showed low WBC (5.3 K/uL). Chemistry showed high total protein (7.7 g/dL), high globulin (4.1 g/dL), high ALT (361 U/L), high ALP (173 U/L), and high cholesterol (397 mg/dL). The urine protein to creatinine ratio was 0.4 (borderline proteinuric). All serology and parasitology tests were negative. CBC/Chem10 (In-House) (11/15/2025) Result: Hematology showed lymphopenia (LYM 0.50 10^3/uL). Chemistry showed elevated ALT (319 U/L) and elevated ALP (170 U/L). Thoracic Radiographs (11/15/2025) Result: A round soft tissue opacity mass was noted at the level of the larynx/thyroid, causing dorsal deviation of the trachea. The heart size and shape appeared normal. A mild diffuse bronchiole pattern was observed, with no obvious pulmonary nodules or evidence of metastasis. Cytology of Ventral Cervical Mass (11/15/2025) Result: The sample had moderate to high cellularity. The findings were consistent with a neuroendocrine tumor. The pathologist noted that given the location, a thyroid-origin tumor is most likely. Histopathology was recommended for full characterization.

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

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.

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.

At the left lateral aspect of the trachea – ventral to the left common carotid artery – a well-defined, ovoid shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 1.8 x 2.0 x 4.0 cm. Multiple tortuous vessels are seen along the cranial and caudal pole of the left cervical mass.

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

The vertebral endplates C4/C5 present mild ventral spondylosis formation.

Thorax

Along the 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.

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

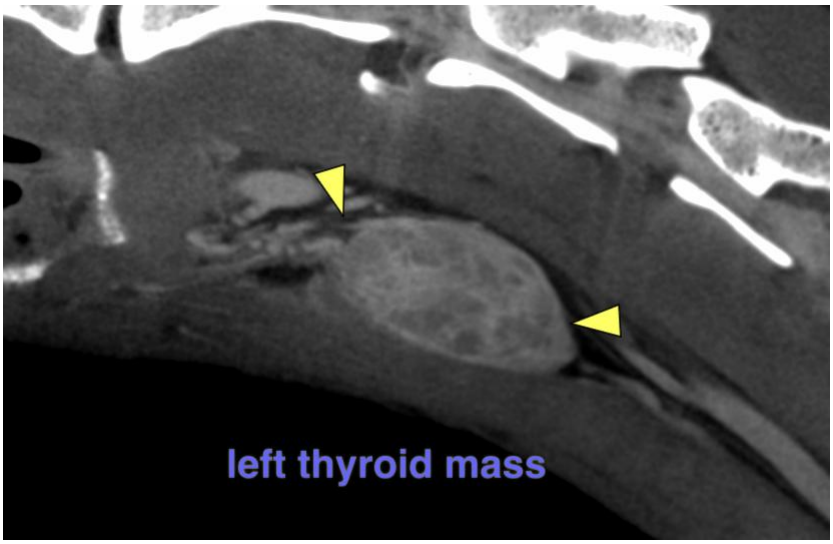
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left thyroid soft tissue mass without vascular invasion
- Pulmonary osteomas
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is confirming the diagnosis of primary left thyroid neoplasia – thyroid carcinoma is most common. Complete surgical excision of the thyroid mass is feasible.



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