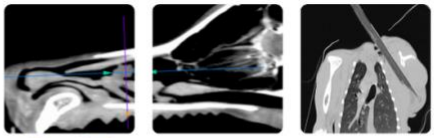



**PATIENT**

JunJun Hough

**SPECIES**

Canine

**BREED**

Mixed Breed

**SEX**

Neutered Male

**AGE**

14 Years 8 Months 18 Days

**WEIGHT**

31 Pounds

**INTERPRETED BY**

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

**IMAGING PERFORMED BY**

Joseph D'Abbraccio, DVM

**HOSPITAL NAME**

Catskill VS, PLLC

**REFERRING VET**

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## PRESENTING CLINICAL SIGNS

History: Owner presented JunJun for evaluation of a thyroid mass and a left hip/flank mass previously noted at other veterinary clinics. Owner stated the thyroid mass was first noticed incidentally during an annual wellness exam at Jeffersonville Animal Hospital; owner had not noticed it prior. The left hip/flank mass has been present for approximately six months and was initially thought to be a fatty deposit; owner reports it appears stable in size but not decreasing. Owner noted JunJun is eating, drinking, urinating, and defecating normally. Owner has observed occasional coughing but no vomiting. No current medications reported. JunJun previously underwent abdominal surgery for a foreign body (hair ties) and has had two dental procedures. Owner mentioned JunJun has cataracts advancing more rapidly than another dog in the household. Appetite: normal, he has started eating his breakfast slower, but he is still finishing it ASSESSMENTS Thyroid mass, r/o thyroid carcinoma vs. benign thyroid nodule; Left flank mass, r/o lipoma vs. infiltrative lipoma vs. liposarcoma; Geriatric patient with history of previous abdominal surgery and dental disease; Cataracts. CT scan of neck/chest and abdomen scheduled to evaluate thyroid and flank masses and screen for additional neoplasia.

Abnormal PE/Chem/CBC/UA Results: Eyes: OU: Cataracts present, advancing. Integument: 6 cm x 5 cm x 4.25 cm mass on the right neck. 11 cm x 6.5 cm mass on the left hip, not very movable, consistent with fat, well within muscle layers. CBC: RBC 5.46 M/µL, Hemoglobin 12.9 g/dL, Monocytes 1.14 K/µL, Plateletcrit 0.52 % Chemistry: IDEXX SDMA 15 µg/dL, ALT 132 U/L

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

At the right lateral aspect of the cervical segment of the trachea, a well-defined, ovoid shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 4.6 x 3.4 x 6.6 cm. Multiple tortuous vessels are seen in the periphery of the right thyroid mass – presenting intraluminal filling defects. In the caudal aspect the intraluminal filling defect in the internal right jugular vein is extending caudally into the most cranial segment of the cranial vena cava.

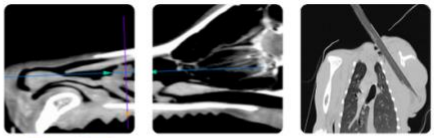
Along the thoracic wall and in the axillary region bilaterally, variable sized and shaped lipomas are noted.

The spinous process of T3, T4, T7, T8 and T9 is split in the midline.

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. In the cranial aspect of the left caudal lung lobe, a well-defined, roundish gas attenuating lesion, demarcated by a thin soft tissue attenuating capsule is seen, measuring 5 mm in diameter.

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

## Abdomen

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

In the cranial abdomen, a moderate enlarged, heterogeneous contrast enhancing lymph node is seen.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration well-defined, parenchymal filling defects are appreciated throughout the renal cortex bilaterally.

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

Centered on the left obliquus internus muscle of the left abdominal wall, a heterogeneous soft tissue and fat attenuating mass with a heterogenous contrast enhancement pattern, ovoid shaped mass is seen, measuring 12.5 x 9.9 x 13.8 cm. The mass is protruding into the peritoneal cavity, and the abdominal and retroperitoneal anatomical structures are deviated to the right by the mass effect. Multiple small tortuous vessels are appreciated in the periphery of the left abdominal soft tissue mass.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right thyroid soft tissue mass with vascular invasion – extending caudally into the cranial vena cava
- Large soft tissue mass left abdominal wall with fatty component
- Lymphadenopathy cranial mesenteric lymph node
- Spina bifida occulta, multifocal along the thoracic spine
- Multiple simple renal cortical cysts
- Multiple lipomas along the thoracic wall
- Pulmonary bulla left caudal lung lobe
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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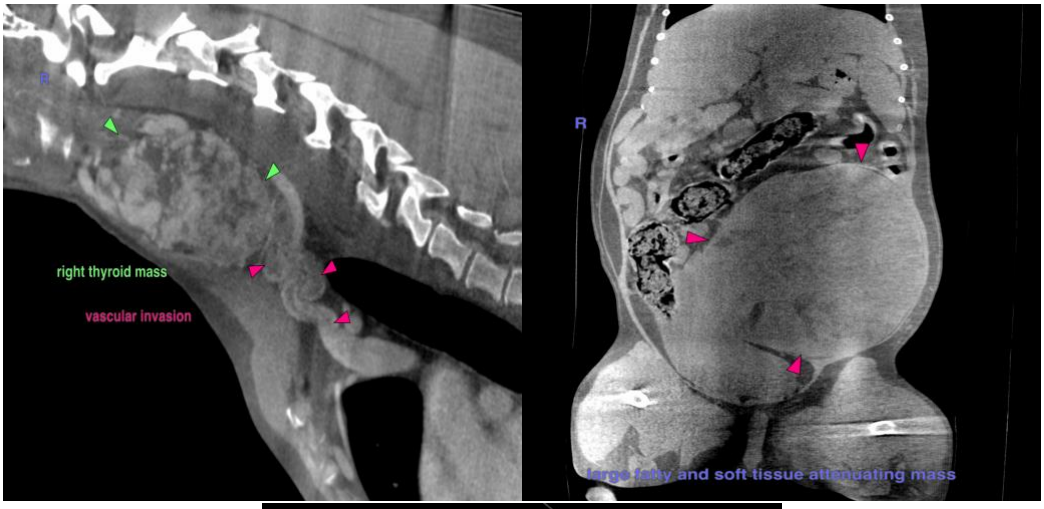
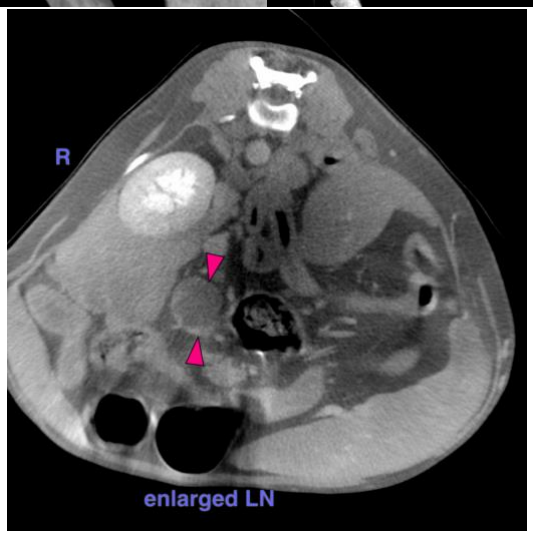
The CT is supporting the diagnosis of primary right thyroid soft tissue neoplasia – thyroid carcinoma is most likely – invading the local vasculature with tumor thrombus extending caudally up into the cranial vena cava.

The mass of the left abdominal wall has a mixed fat and soft tissue attenuation, highly suggestive for primary lipomatous origin – the odds for liposarcoma are high. The mass is affecting the caudal half of the left abdominal wall. The mass of the left abdominal wall is in contact with the left hypaxial musculature, local invasive growth is possible.

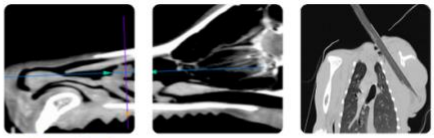
The enlarged cranial abdominal lymph node presents a fluid attenuating center, and potentials include lymphangiectasis or cystic metastasis.




**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





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can be of any further assistance please contact me.

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