



PATIENT

Willie Vigilante

SPECIES

Canine

BREED

Schnoodle

SEX

MN

AGE

13Y, 6M

WEIGHT

9.6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Christina N

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Dr. Kamran
Babamohammadi

INVOICE

72905

DATE

12-8-25

PRESENTING CLINICAL SIGNS

Two palpable, movable masses on neck region.

COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Multiple teeth are absent. The remaining teeth present generalized mild widening of the periodontal space.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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 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.

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.

Originating from the thyroid gland bilaterally, a well-defined, ovoid shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is appreciated respectively; measuring 3.0 x 3.0 x 4.9 cm (right)/2.2 x 1.9 x 2.8 (left). At the cranial and caudal aspect of the thyroid mass, multiple small tortuous vessels are seen.

Thorax

Medial to the right latissimus dorsi muscle, a well-defined, fat attenuating mass seen; measuring 9.5 x 3.2 x 10.0 cm.

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.

In the cranial aspect of the left caudal lung lobe, an irregular ovoid shaped, gas attenuating lesion, demarcated by a mild prominent soft tissue capsule is seen; measuring 13 mm. In the dorsal aspect of the left caudal lung lobe, a well-defined, roundish gas attenuating lesion, demarcated by a thin soft tissue capsule is seen; measuring 3 mm in diameter. The ventral dependent aspects of the lung present zones with dystelectasis of the lung parenchyma.



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

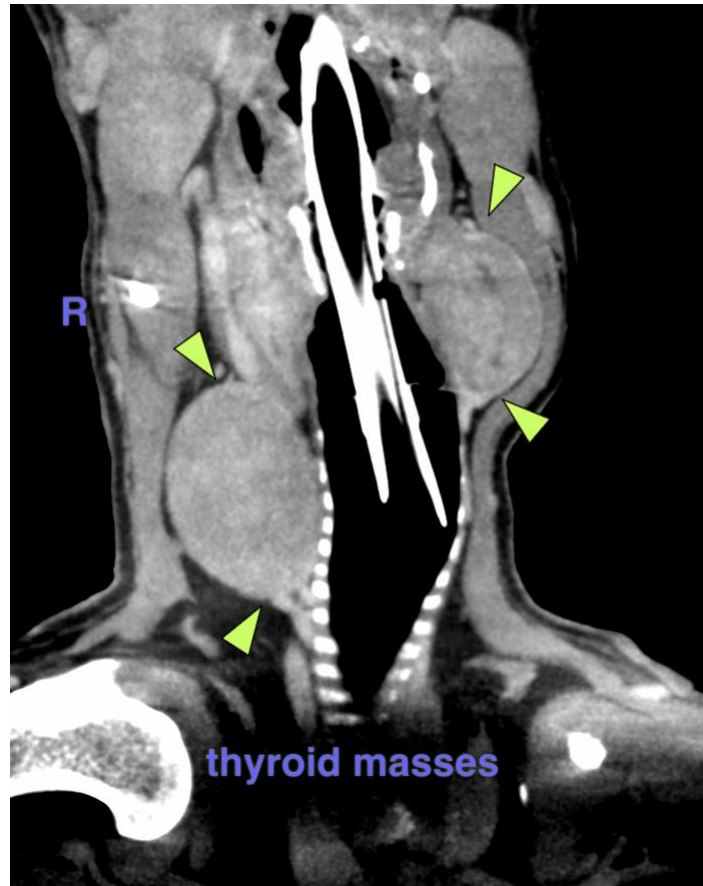
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral thyroid soft tissue mass without vascular invasion
- Cavitory lesion right caudal lung lobe with a mild prominent soft tissue capsule
- Pulmonary bulla left caudal lung lobe
- Generalized mild periodontal disease of the remaining teeth
- Multiple absent teeth
- Large lipoma along right thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated cervical soft tissue masses are consistent with primary neoplastic transformation of both thyroid glands – thyroid carcinoma is most likely. Complete surgical excision of both thyroid masses is feasible.

The cavitory lesion in the right caudal lung lobe is most consistent with a pulmonary bulla, as the capsule is mildly prominent there is a slight increase in the odds for cavitory pulmonary metastasis.





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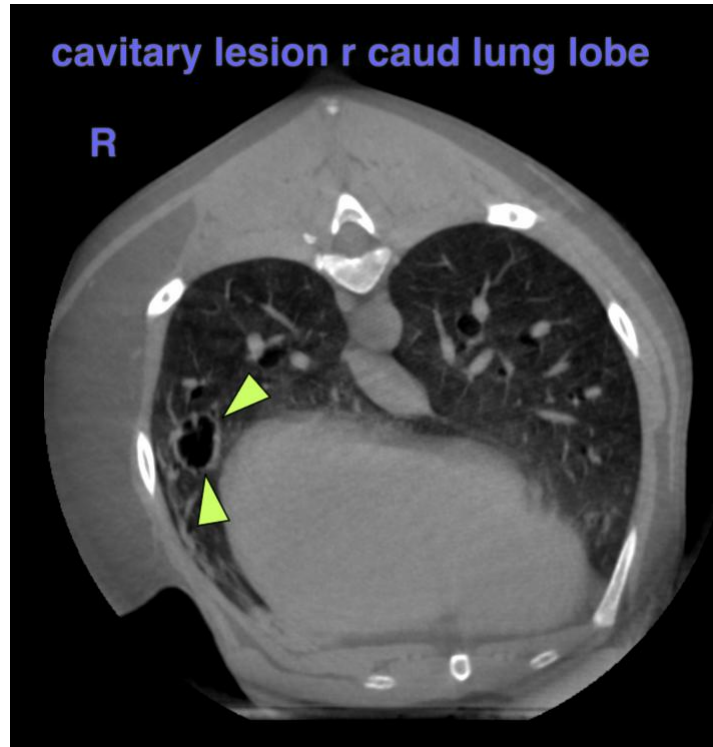
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cavitary lesion r caud lung lobe



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.

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info@sonopath.com