



PATIENT PRESENTING CLINICAL SIGNS

Carl Oberland Hx of previous fluid filled cervical mass; removed; histopath consistent with thyroid carcinoma; more recently new swelling; fluid filled; cytology not submitted; had an episode of collapse/syncope/difficulty breathing; rDVM did BW (unremarkable) and chest rads (unremarkable)

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution pre- and post-contrast CT study of the neck and a plain CT study of the skull & thorax are provided for review.

BREED

Boxer

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. A supernumerary triadan 105&205 is seen. Triadan 305 is retained within the alveolar bone and a well-defined geographic osteolytic lesions of the rostral segment of the mandible is seen at the caudodistal aspect of retained triadan 305.

SEX

MN

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

AGE

8 Years, 8 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

At the left lateral aspect of the tracheal, extending from the level of the larynx caudally up to the level of C6, peripheral mild contrast enhancing, and central fluid attenuating mass is seen. The left sided cervical mass is partially encompassing the trachea and esophagus from the left. The trachea and esophagus are deviated to the right by the mass effect. The cranial margins of the left cervical mass are indistinct. The left common carotid artery is surrounded by the mass.

REFERRING VET

Dr. Raul Casas

The right thyroid gland cannot be delineated.

Thorax

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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 pattern is uniform..

DATE

2-20-23

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 caudodorsal aspect of the right caudal lung lobe, a well-defined soft tissue attenuating



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nodule is seen, measuring 2.6 mm in diameter. Multifocal punctuate mineralization of the lung parenchyma is appreciated.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of cavitory thyroid carcinoma
- Large thin walled cavitory lesion along the left aspect of the trachea
- Solitary pulmonary nodule
- Suspect retention cyst formation triadan 305
- Pulmonary osteomas
- Multiple absent teeth

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cavitory cervical lesion in combination with the history is highly suggestive for either reoccurrence or neoplastic transformation of the contralateral left thyroid gland – depending on which gland was excised as the right thyroid gland cannot be delineated.

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The solitary pulmonary nodule is concerning for pulmonary metastatic disease, however the diagnosis is not definitive with the solitary pulmonary nodule and differentials include granuloma, pulmonary cyst, mucus impaction, fibrosis, non-mineralized osteoma.

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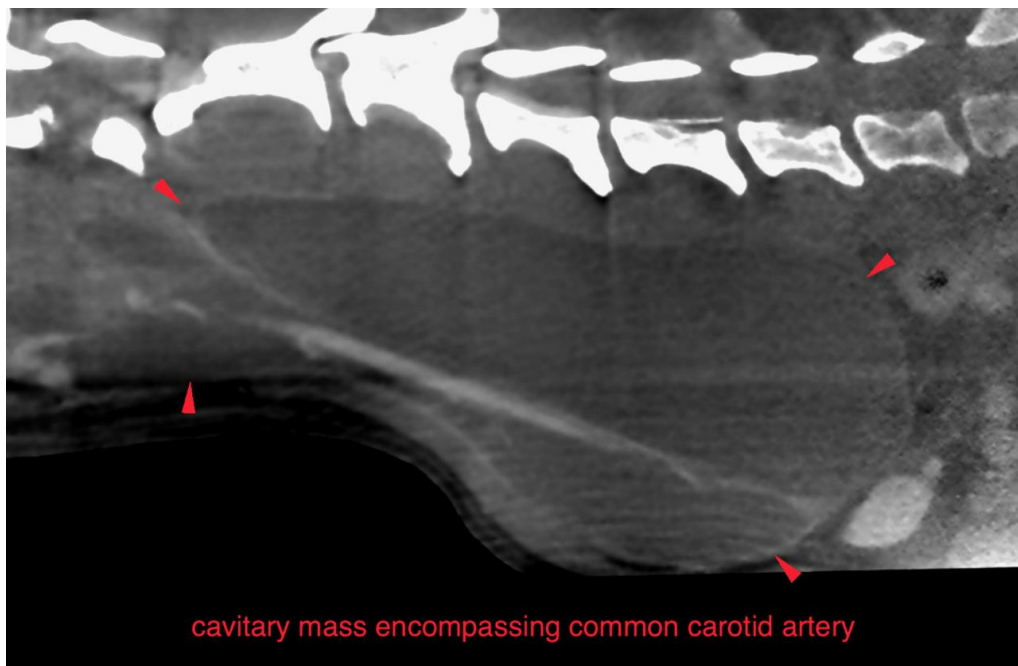
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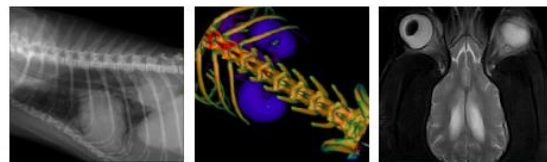
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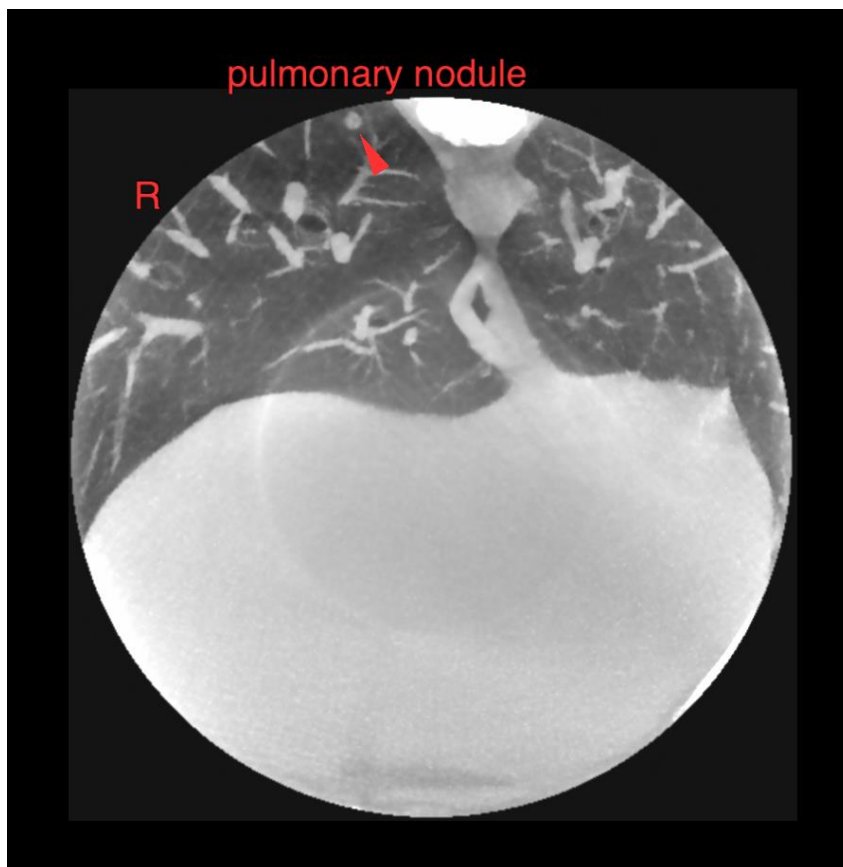
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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