



PATIENT

Izzy Haugsdal

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

11M

WEIGHT

27lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr Raul Casas

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr Raul Casas

INVOICE

73927

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- Referral from Dakota Prairie Veterinary Service
- Presents for CT of head, neck, and thorax to evaluate palpable masses.
- Occasional vomiting (a few episodes, not recent).
- Occasional coughing/sneezing; described as "talking a lot" or clearing throat.
- No dysphagia; swallowing normal.
- Pending Thyroid Panel 4-Canine, US of cervical region, FNA and Pocket Path reports

2 firm masses on neck:

- one is craniocaudally, longitudinally oriented on the R side of the proximal neck; seems attached; no pain on palpation; homogeneous on US

- one is horizontally oriented on the ventral aspect of the proximal neck; more mobile than the one on the R side but potentially attached as well; homogeneous on US

COMPUTED TOMOGRAPHY OF THE SKULL, NECK & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth.

Multiple teeth are absent. Triadan 106 and 107 present a significant widened 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 present a moderate thickened wall and increased contrast uptake.

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.

In the right submandibular region, a spindle shaped soft tissue mass is visible, measuring 5.0 x 2.1 x 1.6 cm – suspect vascular structure.

At the right aspect of the trachea, an ill-defined, mild irregular contrast enhancing mass is appreciated, extending cranially into the right retropharyngeal space. The right cervical mass is measuring approximately 3.7 x 2.8 x 8.9 cm. The right cervical mass merges with the surrounding soft tissue structures.



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Thorax

The vertebral endplates T12/T13 present ventral spondylosis formation.

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

- Large right cervical soft tissue mass with evidence of local invasive growth and likely vascular invasion
- Right subcutaneous submandibular soft tissue mass
- Bilateral otitis externa with stenosis of the ear canals
- Advanced periodontal disease triadan 106 and 107
- Multiple absent teeth
- Spondylosis deformans T12/T13
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right cervical mass is highly suggestive for primary thyroid neoplasia – carcinoma is most common. The mass presents evidence of local invasive growth, possibly explaining the described clinical signs of 'clearing throat'. FNA sampling has already been performed for specification. Given the image findings, surgical management is considered not feasible.



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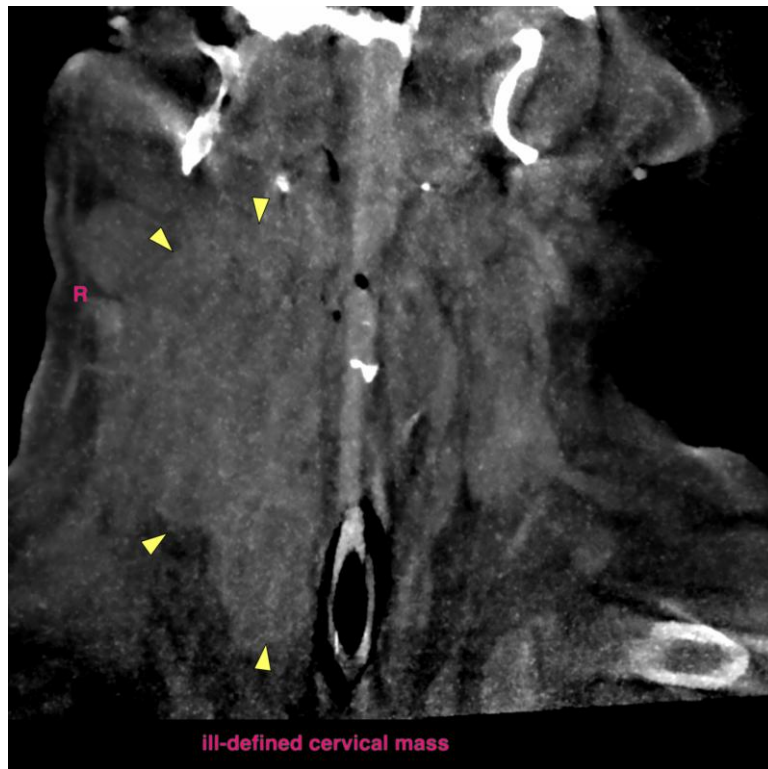
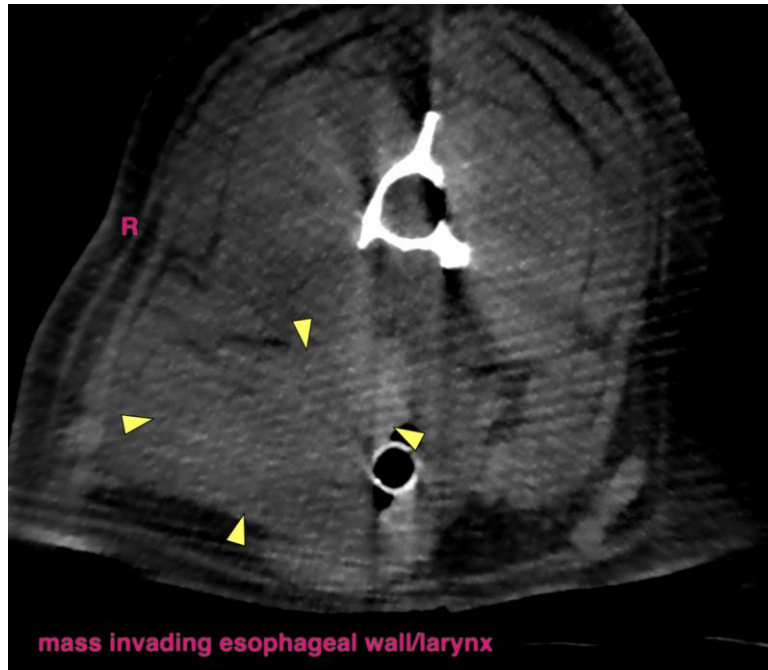
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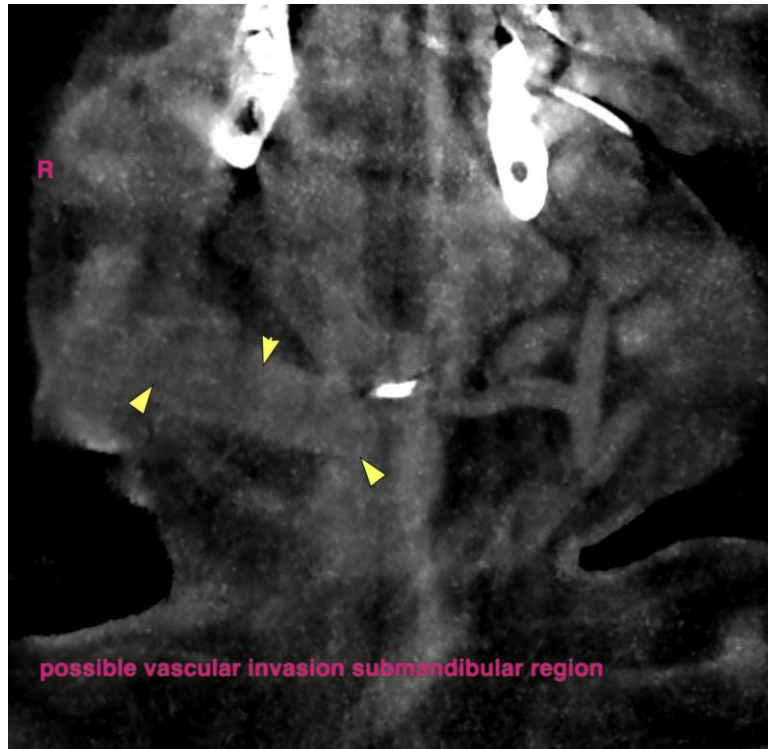
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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