



## PATIENT

Jax Callender

## SPECIES

Canine

## BREED

German Shepherd Mix

## SEX

MN

## AGE

8

## WEIGHT

25.8

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

David

## HOSPITAL NAME

Animal Surgical Center  
- Oceanside

## REFERRING VET

Kam

## INVOICE

73943

## DATE

2-25-26

## PRESENTING CLINICAL SIGNS

- Hypercalcemia
- parathyroid nodule
- suspect of parathyroid carcinoma

## COMPUTED TOMOGRAPHY OF THE NECK, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the neck, thorax and abdomen 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.

Originating from the right thyroid gland, a well-defined, ovoid shaped, soft tissue attenuating mass with interspersed granular mineralization is seen; measuring 2.0 x 2.1 x 3.1 cm. At the cranial and caudal pole of the right thyroid mass, multiple tortuous vessels are appreciated – presenting intraluminal filling defects.

The left thyroid gland presents an intraparenchymal nodular lesion with a heterogeneous contrast enhancement pattern; measuring 7 mm in diameter.

### Thorax

Multifocal along the epaxial muscles, faint mineralization along the fascial planes is appreciated. Along the joint capsule of both shoulder joints irregular mineralization are 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.

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.

### Abdomen

Only the cranial abdomen is included in the field of view.

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



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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted. In the urinary bladder, multiple mineral attenuating, gravity dependent calculi are seen; measuring <3 mm in diameter.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement.

The liver is normal in size and shape. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing with interspersed branching mineralization along the biliary tree.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right thyroid soft tissue mass with dystrophic mineralization and vascular invasion
- Intraparenchymal soft tissue nodule left thyroid gland
- Cystolithiasis without mechanical obstruction
- Mineralization along the intrahepatic biliary tree and common bile duct without mechanical obstruction
- Calcinosis cutis – secondary to the history of hypercalcemia
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right thyroid soft tissue mass is consistent with primary thyroid neoplasia – thyroid carcinoma is most likely. Complete surgical resection of the right thyroid mass is considered feasible.

The left intraparenchymal thyroid nodule in combination with the history is highly suggestive for functional parathyroid adenoma or less likely carcinoma.



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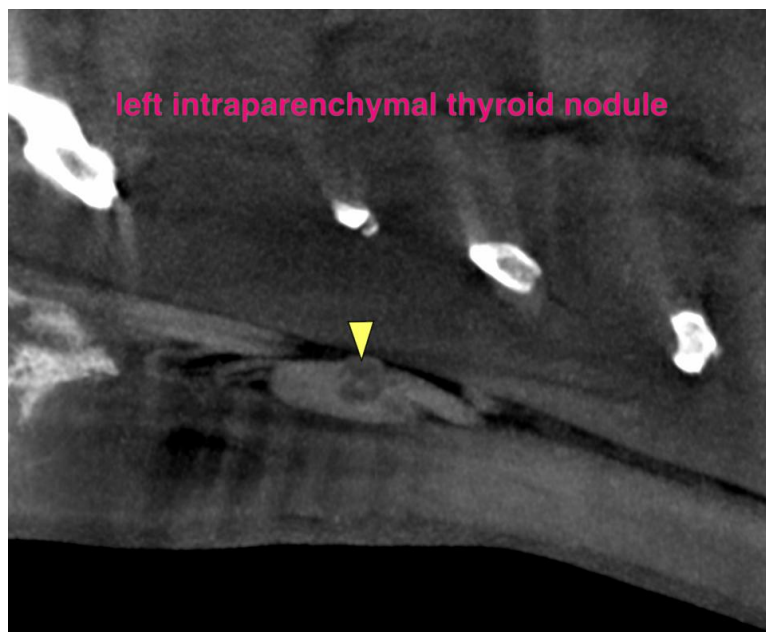
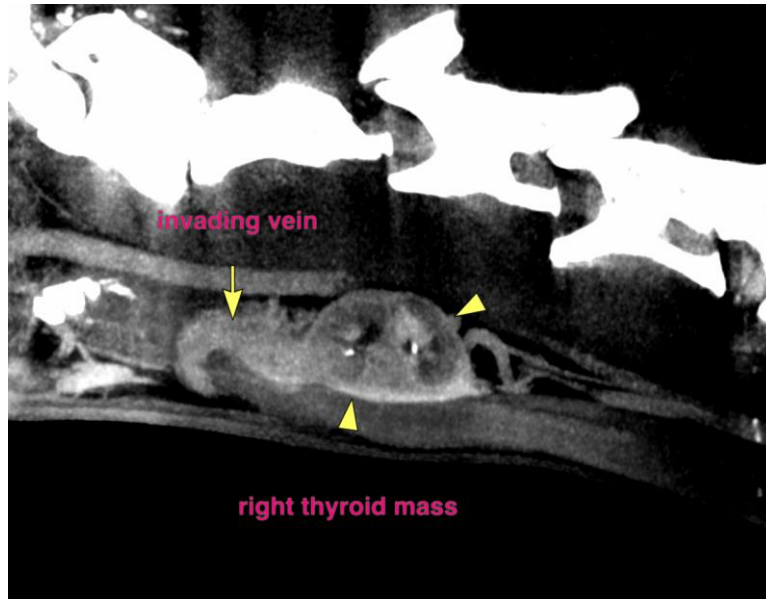
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)