



## PATIENT

Rufus Carter

## SPECIES

Canine

## BREED

Mixed

## SEX

Male Neutered

## AGE

10Y

## WEIGHT

28.9kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Kirsten Bodie

## HOSPITAL NAME

Bluegrass Veterinary  
Specialists

## REFERRING VET

Dr. Kelly Gavin

## INVOICE

73944

## DATE

2-25-26

## PRESENTING CLINICAL SIGNS

- 1 year history of growing mass caudal to the mandible on the neck, firm non-movable
- hypercalcemic 12.1 mg/dL
- mass now affecting breathing, noted that larynx is severely obstructed by mass when intubating, respiration improved drastically once intubated

## COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND THORAX

A pre- and post-contrast CT study of the skull, neck and thorax in a bone and soft tissue reconstruction is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull & Neck

A supernumerary triadan 105 and 205 is present.

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.

In the left retropharyngeal region, an ovoidal shaped, mild irregular soft tissue attenuating mass with faint interspersed granular mineralization is seen; measuring 6.0 x 5.2 x 7.5 cm. In the periphery of the left retropharyngeal soft tissue mass multiple tortuous vessels are appreciated. The larynx and cranial segment of the trachea are deviated to the right by the mass effect. The pharynx is distorted by the mass effect. The left medial retropharyngeal lymph node is deviated laterally.

The thyroid gland bilaterally presents the expected size shape and attenuating behavior.

### Thorax

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 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.



## PATIENT

Rufus Carter

## SPECIES

Canine

## BREED

Mixed

## SEX

Male Neutered

## AGE

10Y

## WEIGHT

28.9kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Kirsten Bodie

## HOSPITAL NAME

Bluegrass Veterinary  
Specialists

## REFERRING VET

Dr. Kelly Gavin

## INVOICE

73944

## DATE

2-25-26

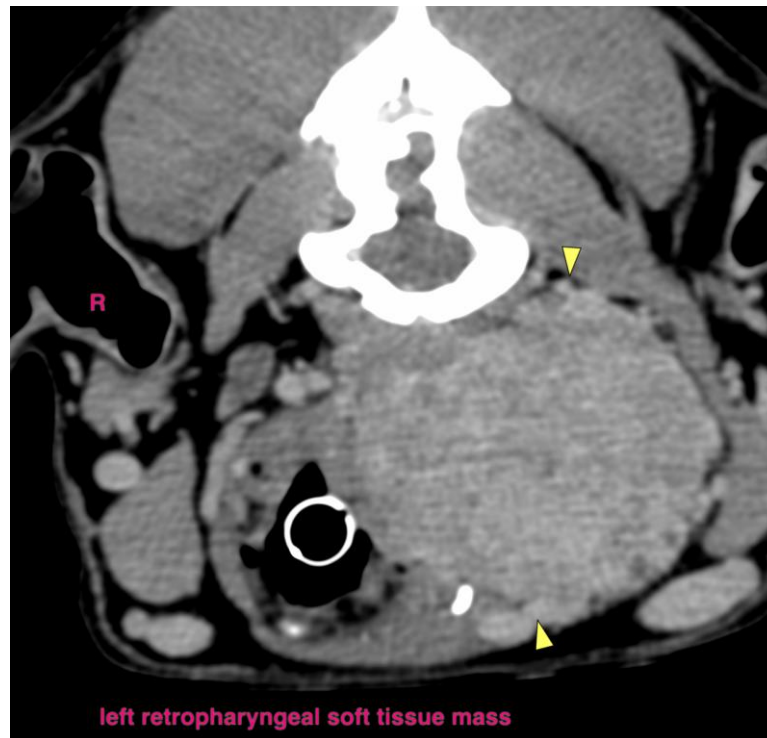
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Well vascularized left retropharyngeal soft tissue mass – incorporating the left common carotid artery
- Secondary partial upper airway obstruction
- Supernumerary triadan 105 and 205
- No evidence of pulmonary metastatic disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large left retropharyngeal soft tissue mass is most consistent with neuroendocrine tumor and ectopic thyroid carcinoma or paraganglioma are the top differentials. Surgical management may be challenging due to the vascularization and extent of the mass nearly up to the left jugular foramen as well as possible incorporation of the vagosympathetic trunk.





## PATIENT

Rufus Carter

## SPECIES

Canine

## BREED

Mixed

## SEX

Male Neutered

## AGE

10Y

## WEIGHT

28.9kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Kirsten Bodie

## HOSPITAL NAME

Bluegrass Veterinary  
Specialists

## REFERRING VET

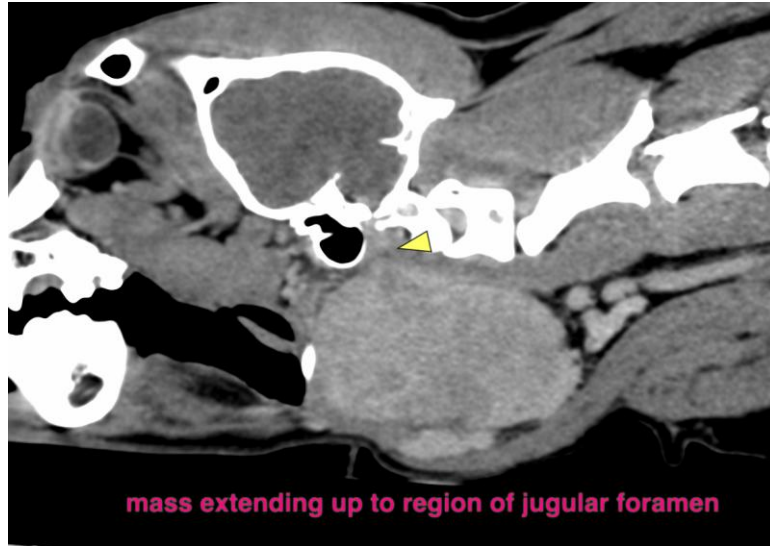
Dr. Kelly Gavin

## INVOICE

73944

## DATE

2-25-26



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)