



PATIENT PRESENTING CLINICAL SIGNS

Cane Haglund History: Cane presented for a swelling in the left cervical region that has grown recently and is coughing a degree of dysphagia. He can eat soft food but coughs when trying to eat dry kibble.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

Terrier Mix Skull

SEX The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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

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

11 Years 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.

INTERPRETED BY 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.

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME The left medial retropharyngeal lymph nodes are significantly enlarged and rounded, presenting a heterogeneous strong contrast enhancement pattern with multiple surrounding tortuous dilated vessels.

Critical Vet
Care/Suncoast Vet

REFERRING VET Along the left aspect of the tracheal, extending from the level of the larynx caudally up to the level of C4, an ill-defined amorphous, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, partially encompassing the trachea and deviating the esophagus dorsally and to the right. The amorphous mass is confluent with the tracheal wall and is infiltrating the wall of the larynx. The left jugular vein is dilated and presents intraluminal irregular filling defects.

Dr. Young

Thorax

INVOICE Level with the intervertebral disc space T11/T12, heterogenous mineralized material is protruding into the vertebral canal, occupying approximately 15 % of the cross-sectional area of the vertebral canal at the same level.

21816

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3/24/23



PATIENT Multifocal spondylosis formation is seen along the caudal segment of the thoracic spine.

Cane Haglund 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.

SPECIES The cardiovascular structures including the pulmonary vasculature are within normal limits.

Canine

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.

BREED

Terrier Mix

Multifocal throughout the lung parenchyma, randomly distributed, well-defined, soft tissue attenuating nodular lesions, measuring up to 7 mm in diameter are appreciated.

SEX

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

Neutered Male

COMPUTED TOMOGRAPHIC DIAGNOSIS

AGE

11 Years

- Amorphous local invasive growing soft tissue mass along the left cranial tracheal segment with multiple tortuous vessels and vascular invasion
- Lymphadenopathy left medial retropharyngeal lymph node
- Structured nodular interstitial lung pattern
- Chronic intervertebral disc protrusion T11/T12 with possible dynamic myelocompression
- Spondylosis deformans

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The amorphous mass along the left aspect of the trachea is consistent with local invasive growing soft tissue neoplasia – thyroid carcinoma is considered most likely here. Secondary metastatic spread to the left medial retropharyngeal lymph node and the lung. Complete surgical excision of the mass is not feasible and treatment options are limited to palliative measures. FNA sampling ± biopsy can be used for further specification of the mass.

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SEX

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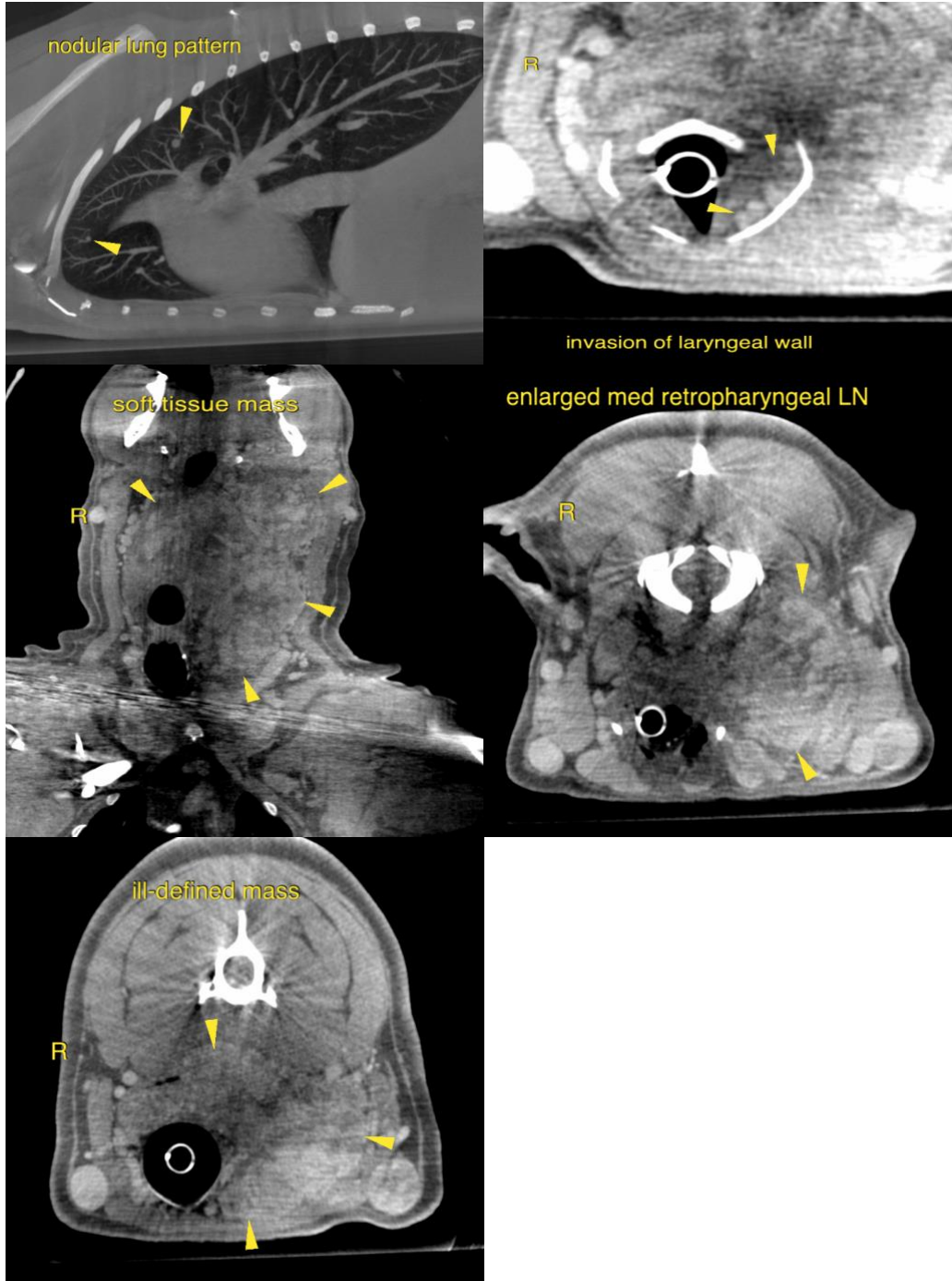
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Cane Haglund

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.

SPECIES

Canine

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BREED

Terrier Mix

SEX

Neutered Male

AGE

11 Years

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