



PATIENT

Simba Sanchez

PRESENTING CLINICAL SIGNS

there is a softball size mass on the left ventral neck area at the level of the scapula that developed suddenly - patient was examined on 3-3-22 no mass was palpated-- the mass is firm and adhered to underlying tissues --- ddx inflammatory process vs neoplastic dz cbc - borderline anemia platelets are normal FNA performed pending cytology -- came back as mesenchymal proliferation will give steroids and finish doxy protocol ree val in 14 days if mass is still there biopsy is indicated patient's mass has not responded to pred or doxy the mass still grapefruit size and kind of irregular not completely round will punch biopsy at multiple sites and send out the blood/fluid oozing is viscous in nature it is an odd place for a LN - thyroid mass - or sialocele
 Abnormal PE/Chem/CBC/UA Results: CBC --- mild anemia CHEM --- BUN and CREA moderate increased, TP severe increased

SPECIES

Canine

BREED

Rhodesian Ridgeback

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

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

SEX

NM

COMPUTED TOMOGRAPHIC FINDINGS

A photon starvation artefact is seen level with the cranial thoracic aperture – possibly originating from the front limbs.

AGE

8 Years

A the caudolateral aspect of the left thyroid gland, a well-defined, soft tissue attenuating mass with multifocal interspersed amorphous mineralization is seen, measuring approximately 14.4 x 12.1 x 14.0 cm in size is visible. The left thyroid gland is mildly deviated ventrally. The mass is extending caudally up to the prescapular region. In the medial aspect the mass is distorting the hypaxial musculature of the cervical spine at the same level. The left superficial cervical lymph node is displaced dorsally, the left jugular vein is displaced ventrally and the left common carotid artery medially by the mass effect. Right sided bending of the trachea level with the mass is noted. Post contrast administration the left sided cervical mass presents a heterogeneous contrast enhancement pattern, sparing multiple hypoattenuating areas.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Veterinary Image Center

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.

REFERRING VET

Dr. J. Colon, DVM

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 with interspersed punctuate mineralization

INVOICE

51744

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

4-25-22

- Large soft tissue mass left caudolateral aspect of the neck with dystrophic mineralization
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease



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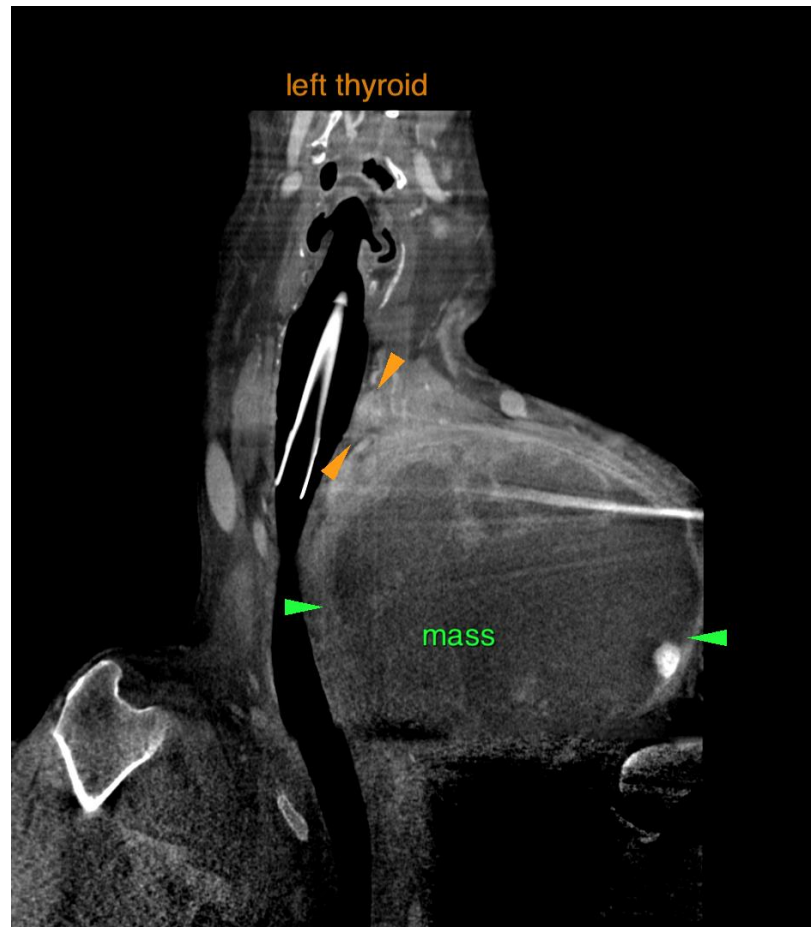
Veterinary Image
Center

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a soft tissue neoplasm in the left prescapular region/caudolateral aspect of the neck; the mass is not in association with a specific organ and sarcoma is considered likely here (e.g. myxosarcoma, hemangiosarcoma). Biopsy results are pending, surgical excision of the mass appears feasible, be aware of the mass effect on the large vessels of the neck.



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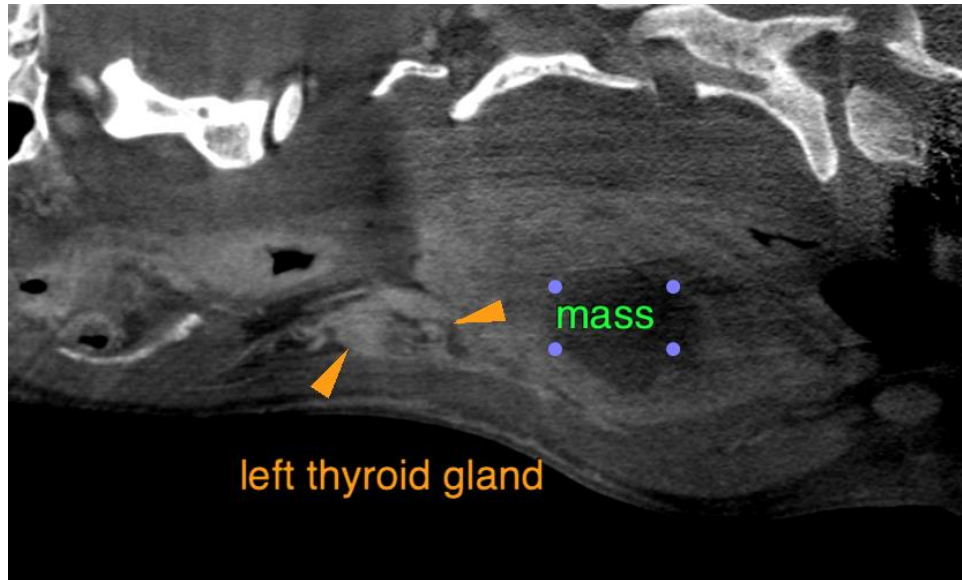
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DATE

4-25-22



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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