



PATIENT

Oscar Bishop

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

11 Years

WEIGHT

14 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Sidney

HOSPITAL NAME

East Hill AH

REFERRING VET

Dr. Laura Hall

INVOICE

36480

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- Wheezing on bark and inspiration.
- Increased upper airway sound on annual 3/31
- e/d/u/d normally.
- Normal activity
- Abnormal PE/Chem/CBC/UA Results: something palpable near thyroid

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

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

Originating from the right thyroid gland, an ill-defined, multinodular mass is appreciated, merging with the anatomical structures dorsal to the trachea – including the esophagus – and the right laryngeal wall. The local venous structures associated with the mass are dilated and present multiple intraluminal filling defects. Cranially the right thyroid mass is extending up to the level of the retropharyngeal region. The right medial retropharyngeal lymph node is prominent and has a heterogeneous contrast enhancement pattern. Caudally the right thyroid mass is extending along the trachea up to the level of C6.

The left thyroid gland cannot be delineated.

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.

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Local invasive growth right thyroid soft tissue mass with vascular invasion
- Lymphadenopathy right medial retropharyngeal lymph node
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an invasive growing right thyroid soft tissue neoplasia – thyroid carcinoma is most likely – and lymph node metastasis to the right medial retropharyngeal lymph node. FNA sampling can be performed for confirmation of the diagnosis. Surgical management is not possible. The invasion of the laryngeal wall is a likely explanation for the described respiratory clinical signs.



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, DVM, Dr. med. vet. DipECVDI
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