



PATIENT

Molly Nye

PRESENTING CLINICAL SIGNS

thyroid carcinoma dx OCT21 (FNA DX) - CT screening surgical resect-ability/metastatic disease
Abnormal PE/Chem/CBC/UA Results: Ca+ elevated neutropenia moderate ALT mild elevation

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

BREED

Wolf Hound X

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

SEX

FN

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. A small roundish mineralized body is arising from the turbinates of the right nasal cavity, measuring 3 mm in diameter.

AGE

9

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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Caudal to the left medial retropharyngeal lymph node and at the left lateral aspect of the trachea - level with C2 to C4/C5 -, an ovoid shaped, mild heterogeneous soft tissue attenuating and strong heterogeneous contrast enhancing mass with mild blurred margins is visible. The mass at the left lateral aspect of the trachea is measuring 5.6 x 6.1 x 10.2 cm in size. The trachea is deviated to the right and the left common carotid artery dorsally and laterally by the mass effect. Post contrast administration, multiple small tortuous vessels are seen in at the cranial & caudal pole of the mass.

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Thorax

The vertebral endplates T10/T11 present mild spondylosis formation.

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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.

DATE

5-4-22

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.



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The lung parenchyma presents the expected architecture and attenuation behavior with sporadic punctuate mineralization of the lung parenchyma.

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

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

BREED
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.

Wolf Hound X
Nodular enlargement of the caudal pole of the left adrenal gland is noted, measuring 11 mm in diameter.

SEX
Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

FN
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.

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

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

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Multifocal moderate spondylosis formation is seen along the lumbar spine. The lumbosacral intervertebral disc is significantly protruding into the vertebral canal, occupying up to 90% of the cross-sectional area of the vertebral canal at the same level.

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An irregular ovoid shaped, well-defined subcutaneous nodule is seen dorsal to the sacrum.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Left thyroid soft tissue mass without evidence of vascular invasion
- Nodular enlargement left adrenal gland
- Degenerative lumbosacral stenosis with compression of the caudal equina fibers
- Small osseous turbinate hyperplasia right nasal cavity, incidental
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with the history of right thyroid carcinoma, forming a large well-vascularized mass. Complete surgical excision of the mass appears feasible, but as the margins of the mass appear mildly blurred, adhesion or early stage of invasion of the esophagus and trachea might be present.

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The nodular enlargement of the left adrenal gland is suggestive for (non)functional macronodular hyperplasia, incidentaloma or neoplastic transformation of the left adrenal gland (e.g. adenoma, adenocarcinoma, pheochromocytoma) – the first two differentials are considered most likely



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here. Testing of the pituitary adrenal axis can be used as advanced diagnostic test.

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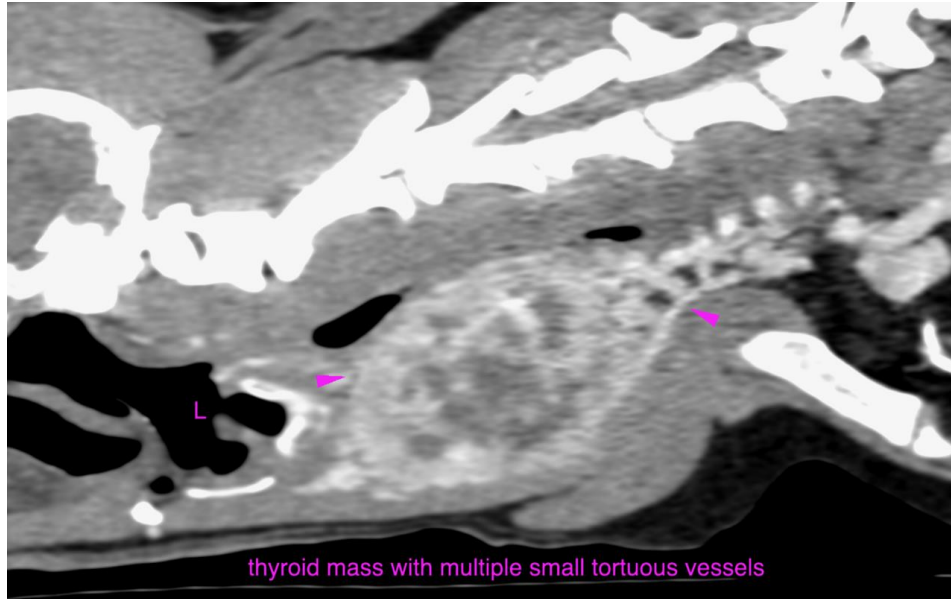
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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