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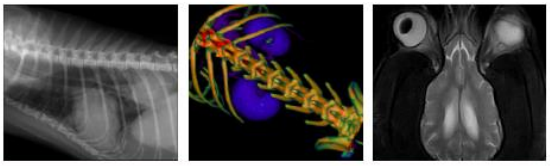


PATIENT

Marley Nichol

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Jerome Gagnon

INVOICE

52380

DATE

6-8-22

PRESENTING CLINICAL SIGNS

Growth on neck noted on April 24, ultrasound revealed large right sided thyroid mass suspect thyroid carcinoma. Presented today for further staging and possible surgical planning.
Abnormal PE/Chem/CBC/UA Results: TSH 0.67 H (0.05-0.60) On PE right ventral neck mass non movable 8.7 x 8.3 x 5 cm

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Neck

Level with C2, at the right dorsolateral aspect of the trachea, a well-defined ovoid shaped, heterogeneous soft tissue attenuating mass with a heterogeneous contrast enhancement pattern is appreciated; the mass is measuring 4.5 x 4.3 x 5.4 cm in size. The esophagus is deviated dorsally and to the right and the right common carotid artery laterally and dorsally by the mass effect. The trachea at the same level is deviated ventrally and mildly distorted. Post contrast administration, multiple small tortuous vessels are seen at the cranial & caudal pole of the mass.

The left thyroid gland is within normal limits for size, shape and attenuation behavior.

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.

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.

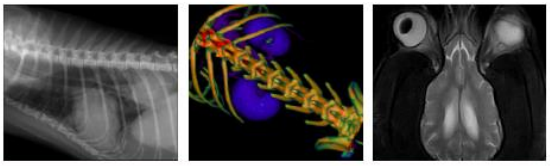
The cardiovascular structures including the pulmonary vasculature are within normal limits.

Multifocal throughout the lung parenchyma, randomly distributed, variable sized, well-defined soft tissue attenuating nodular lesions are appreciated. The caudodorsal aspect of the right caudal lung lobe presents a multicameral zone with gas filled, thin walled lesions.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right thyroid soft tissue mass without
- Structured nodular interstitial lung pattern
- Complex bulla caudodorsal aspect right caudal lung lobe



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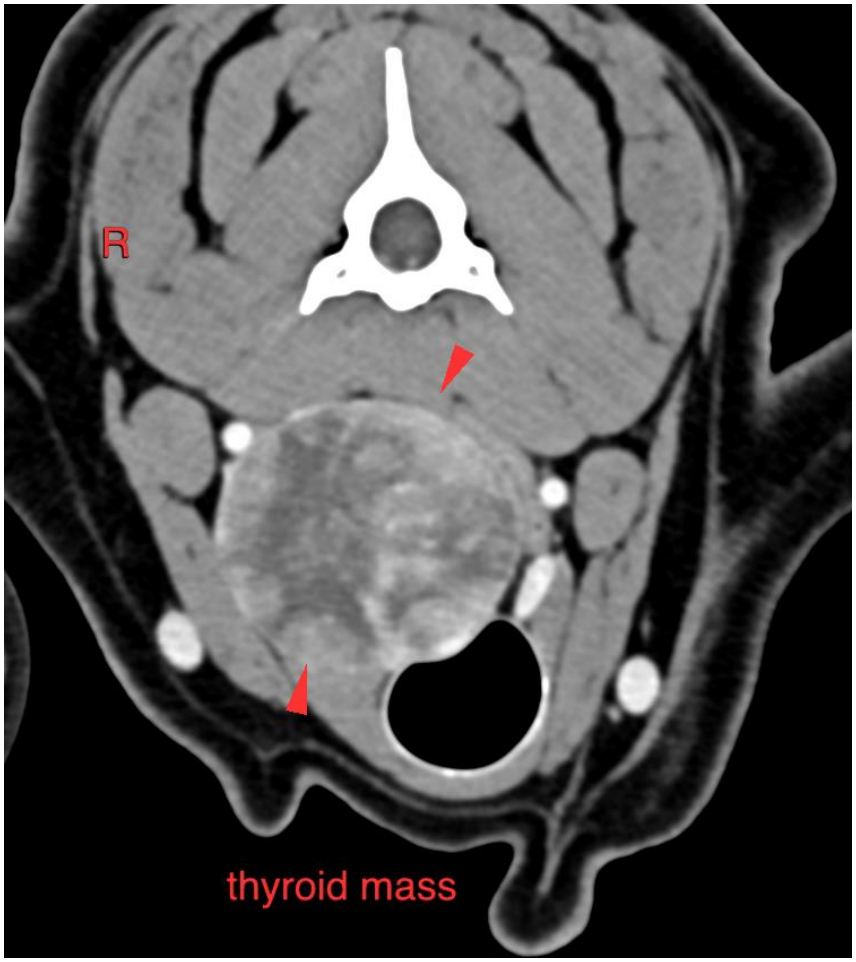
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is confirming the diagnosis of primary neoplasia originating from the right thyroid gland, thyroid carcinoma is most likely. The lung pattern is consistent with pulmonary metastatic spread.

The complex bulla of the right caudal lung lobe can be acquired (preceding trauma or lower airway infection) or represents congenital pulmonary malformation (congenital pulmonary adenomatoid malformation).



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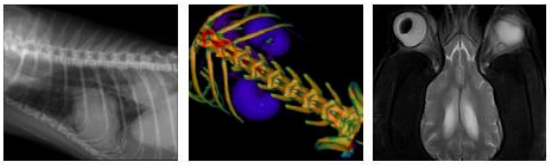

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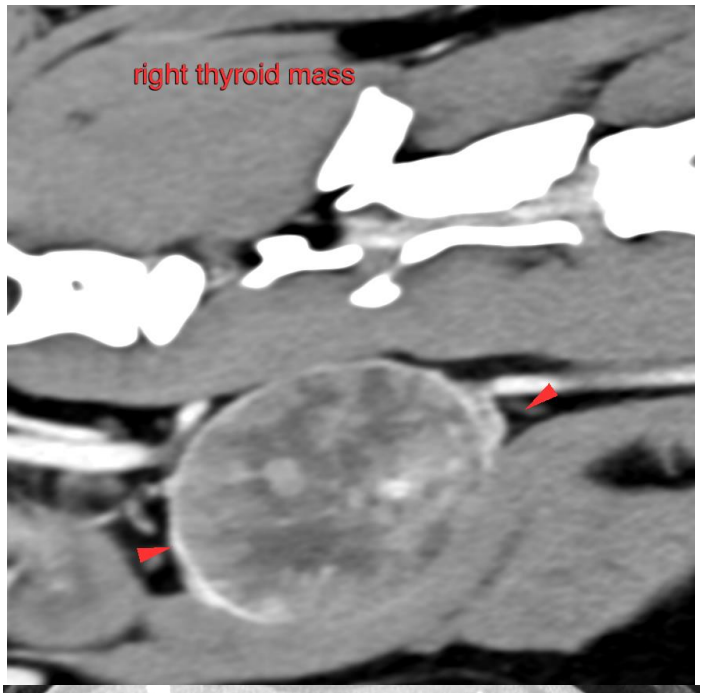

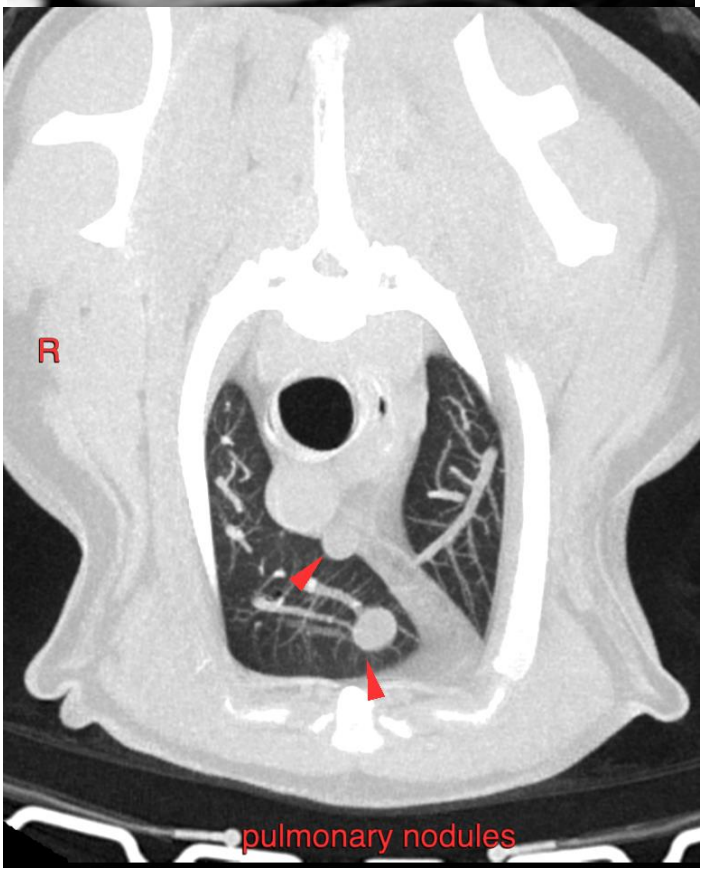

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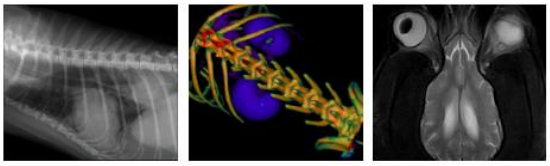

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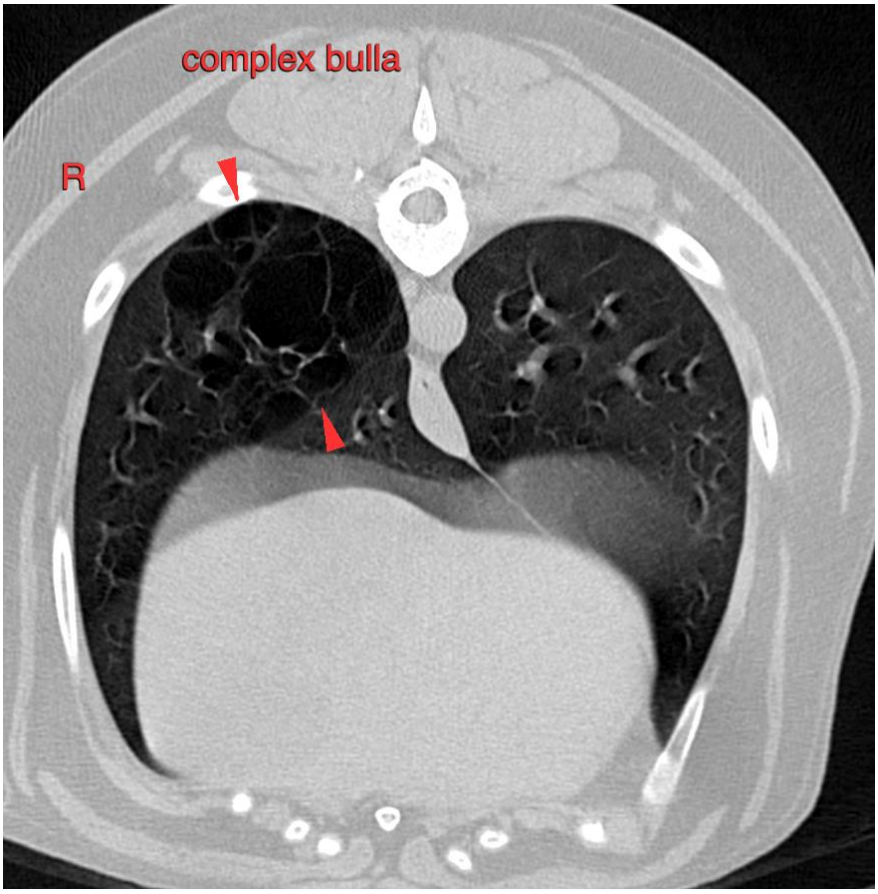

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com