



PATIENT

Cobb Haldeman

PRESENTING CLINICAL SIGNS

Patient was referred for CT due to difficulty swallowing and enlarged lymph nodes.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL AND THORAX

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

BREED

Border Collie

Skull

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

SEX

Neutered Male

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

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

AGE

12 Years, 2 Months

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.

HOSPITAL NAME

Neel Veterinary
Hospital

Originating from the right thyroid gland, an ovoid shaped, soft tissue attenuating mass is visible, presenting multifocal stippled mineralization. The right thyroid mass is measuring 2.2 cm in diameter and 4 cm in length. The internal jugular vein caudal to the mass is dilated and presents an irregular filling defect at the caudal aspect of the mass. Post contrast administration the right thyroid mass is heterogeneous moderate contrast enhancing.

The right medial retropharyngeal lymph nodes is moderately to markedly enlarged, rounded, uniform soft tissue attenuating and heterogeneous marked contrast enhancing with multiple small tortuous feeding vessels in the periphery. Some small veins closely associated with the larynx present intraluminal filling defects.

REFERRING VET

Dr. Deepan Kishore

Thorax

The bony and surrounding soft tissue structures are within normal limits.

INVOICE

46881

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

8-5-21

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 dorsal dependent aspects of the lung shows regions with compression atelectasis, secondary to general anesthesia. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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

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Border Collie

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right thyroid mass with dystrophic mineralization and vascular invasion
- Lymphadenopathy right medial retropharyngeal lymph node with multiple peripheral feeding vessels
- Structural normal thorax, no evidence of metastatic spread

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with primary neoplasia of the right thyroid gland and thyroid carcinoma is consider most likely here. Secondary vascular invasion of the internal jugular vein and multiple smaller veins in the cranial aspect as well as lymph node metastasis to the right medial retropharyngeal lymph node. Complete surgical excision of the mass including the right medial retropharyngeal lymph node appears feasible. Although, there is risk for retained tumor material in the veins close to the larynx.

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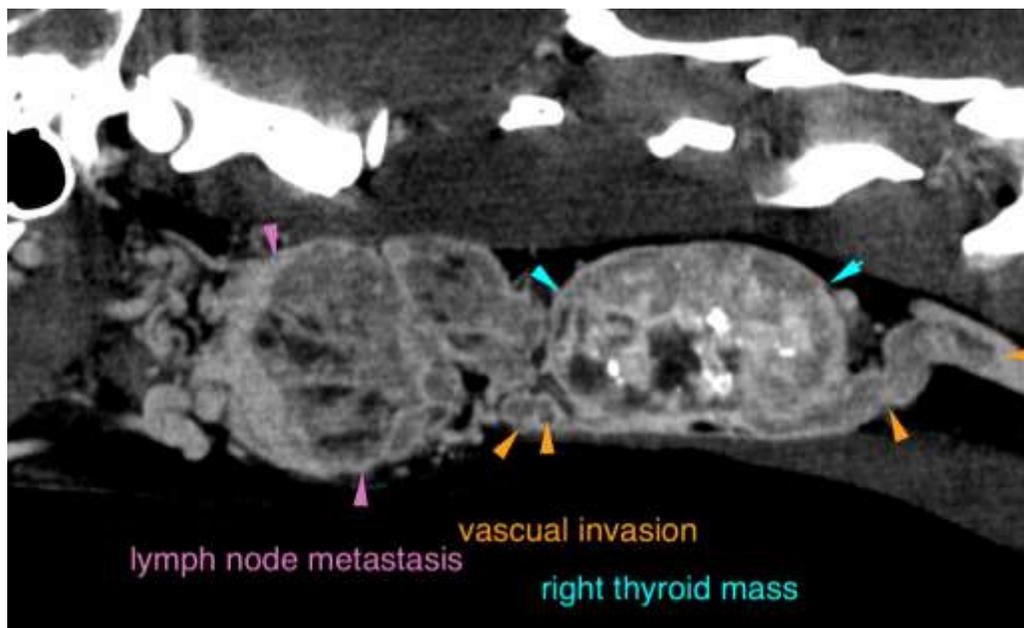
Dr. Deepan Kishore

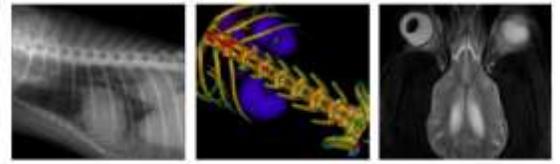
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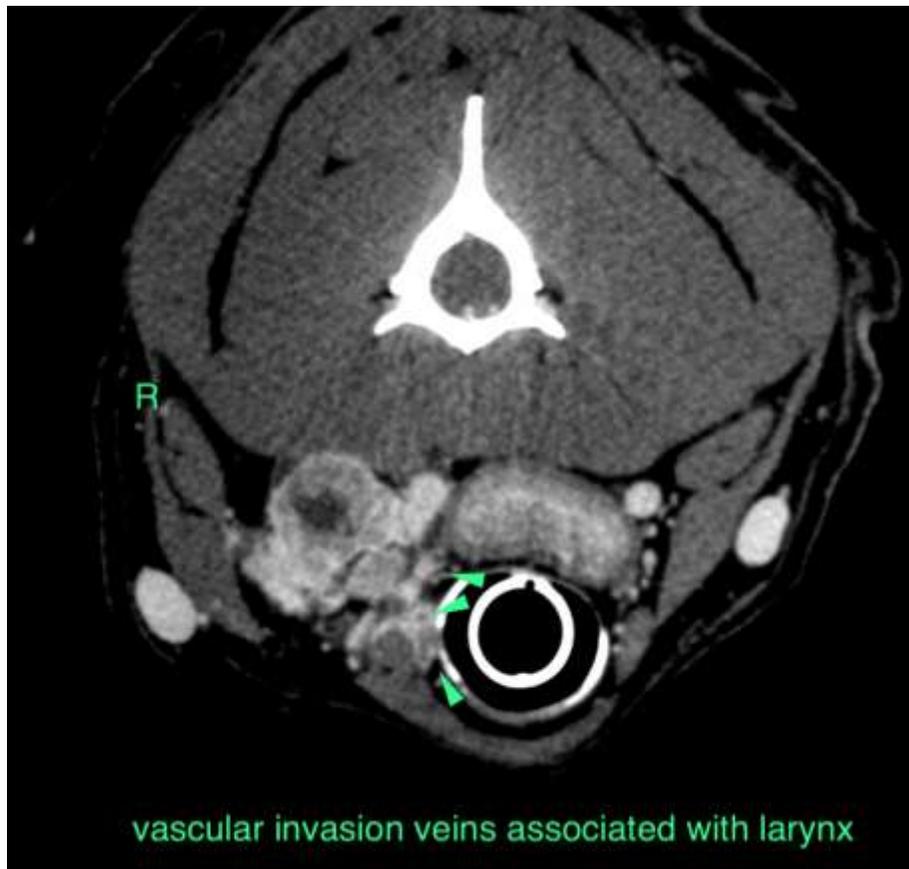
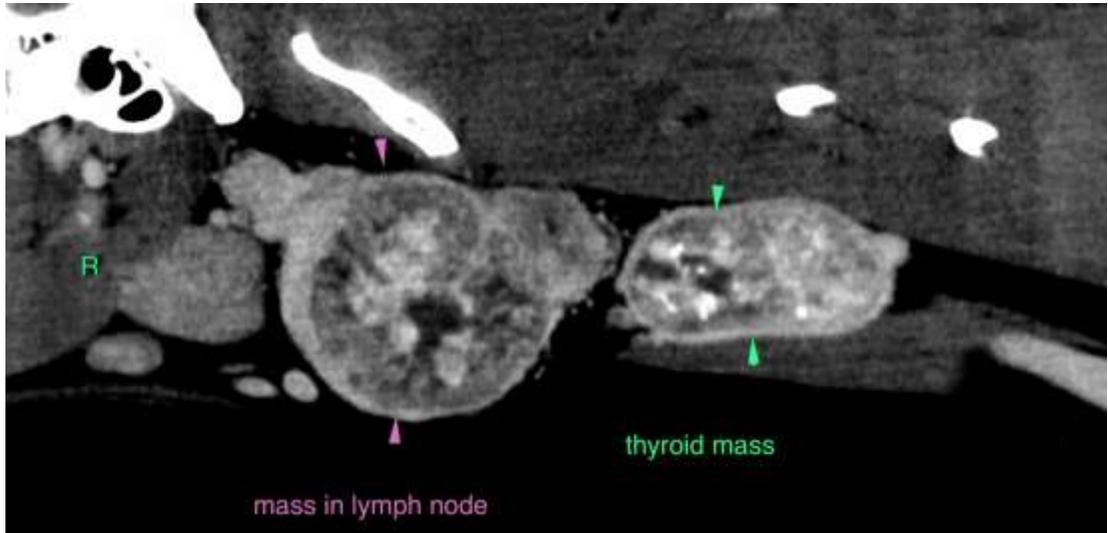
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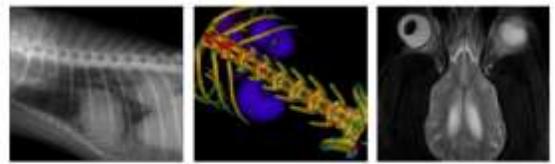
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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