



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Mercedes Nout  
**SPECIES** Canine  
**BREED** Siberian Husky  
**SEX** Spayed Female  
**AGE** 9 Years 3 Months

History: Mercedes, a 9 yr old Female Spayed Siberian Husky, was presented to the Toronto Animal Health Partners Surgery Service for evaluation of a large neck mass and a mass on the abdomen. Both masses were initially noticed earlier this spring. The mass on the neck appeared first and is larger. The masses were initially a few cm in size and were noted to be growing slowly. Mercedes was seen by Sheridan Veterinary Services and the mass on the neck was aspirated. Blood was retrieved and the mass was suspected to be a hematoma. No other relevant history. CT with contrast done 9/29/21 with biopsy of neck mass and FNA of abdominal mass which revealed lipoma.

Abnormal PE/Chem/CBC/UA Results:

**COMPUTED TOMOGRAPHIC STUDY OF THE NECK AND THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**Neck**

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

Originating from the right thyroid gland, a well-defined ovoid shaped, heterogeneous soft tissue attenuating and strong contrast enhancing mass measuring 4.8 cm in diameter and 6.6 cm in length is visible. The tracheal level with the right thyroid mass is displaced to the left and the right common carotid artery is displaced laterally. Multiple small tortuous feeding vessels are seen in the periphery of the mass.

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The pole of the right medial retropharyngeal lymph node is prominent and moderate contrast enhancing in the post contrast study.

The left thyroid gland is small and unremarkable.

**Thorax**

**REFERRING VET**

Lea Mehrkens

A small subcutaneous lipoma is seen at the caudoventral thoracic wall.

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.

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

**DATE**

9/29/21



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 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 punctate mineralizations.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**BREED**

- Siberian Husky
- Right thyroid mass
  - Lymphadenopathy right medial retropharyngeal lymph node
  - Lipoma caudoventral thoracic wall
  - No evidence of pulmonary metastatic disease

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The right thyroid mass is highly suggestive for right sided thyroid carcinoma. There is no evidence of vascular invasion or invasion of the local anatomical structures and complete surgical excision is feasible.

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 Recommend FNA sampling of the caudal aspect of the right medial retropharyngeal lymph node to rule in/out metastasis.

**INTERPRETED BY**

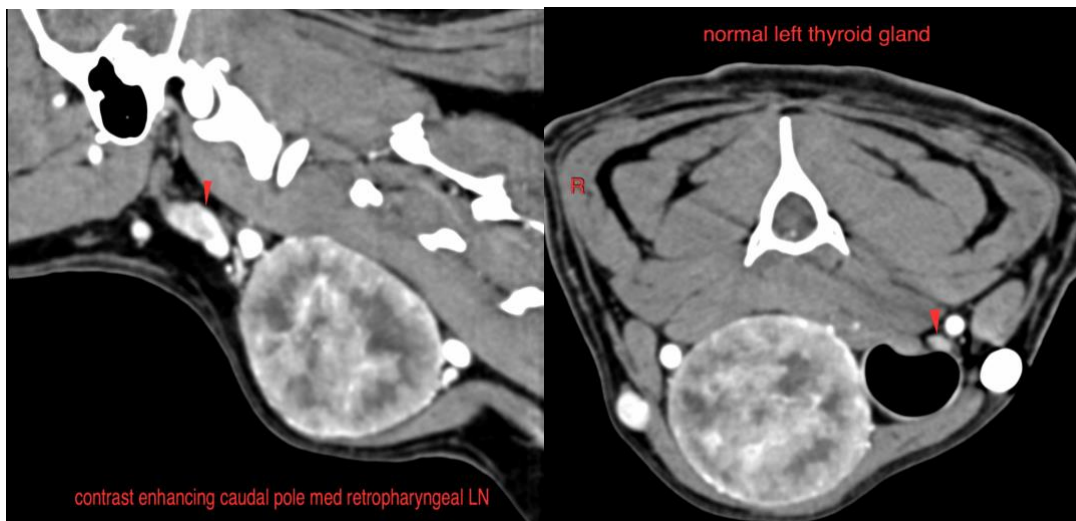
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**PATIENT**

Mercedes Nout

**SPECIES**

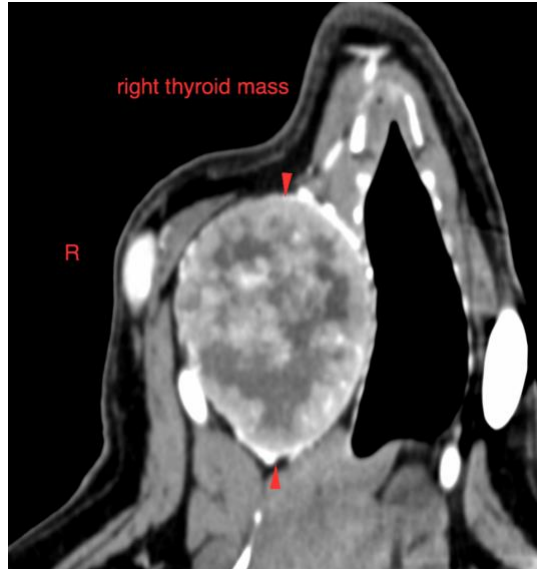
Canine

**BREED**

Siberian Husky

**SEX**

Spayed Female



**AGE**

9 Years 3 Months

**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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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