



## PATIENT

Zeus Ortega

## SPECIES

Canine

## BREED

Cane Corso

## SEX

M

## AGE

2Y

## WEIGHT

108.8lbs

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Alondra Aviles Lopez  
VT

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Dra. Miranda, DVM

## INVOICE

72837

## DATE

12-3-25

## PRESENTING CLINICAL SIGNS

Patient presented for acute growth in left pre scapular region that is firm and not painful on palpation, measuring approximately 140 mm, was first noted by owner 12-1-25 while giving bath. Tx Amoxi/Clav, Rimadyl and Famotidine.

Abnormal PE/Chem/CBC/UA Results: CBC: PLT 118 (148-484) CHEM: WNL

## COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

A pre- and post-contrast CT study of the neck and thorax was provided for review, totaling four series. One pre-contrast series of the neck (soft tissue algorithm), one pre-contrast series of the thorax (bone algorithm), one pre-contrast series of the neck (soft tissue algorithm), and one pre-contrast series of the thorax (soft tissue algorithm).

## COMPUTED TOMOGRAPHIC FINDINGS

### NECK

A large, extensive, rounded, well-defined, heterogeneously contrast-enhancing mass is identified in the left cervical region, extending caudally into the pre scapular and cranial thorax due to its size. The lesion is positioned just caudal to the left thyroid gland and measures approximately 13.8 × 9.9 × 8.6 cm. The mass causes marked rightward displacement of the trachea and displacement of the ipsilateral common carotid artery and left jugular veins. Although no intravascular invasion is observed, the lesion maintains close contact with adjacent vascular walls. Small shunting-type vessels are visible at the cranial margins of the mass.

The thyroid glands are within normal limits in size and attenuation (left thyroid: 2.1 × 0.7 cm; right thyroid: 2.6 × 0.9 cm).

The nasopharynx, oropharynx, thyroid cartilage, medial retropharyngeal and mandibular lymph nodes, salivary glands, tympanic cavities, and external ear canals are unremarkable.

### THORAX

The trachea and main bronchi are within normal limits.

Mild peripheral consolidation and ground-glass attenuation are present in the caudal dorsal lung lobes, associated with reduced regional volume expansion—consistent with passive atelectasis. The remaining pulmonary parenchyma exhibits normal attenuation without evidence of micronodules, nodules, or mass lesions.

The bronchial tree presents normal tapering, smooth walls, and appropriate bronchus-to-artery ratios.

The cardiac silhouette and pulmonary vasculature appear normal. Contrast medium demonstrates adequate intravascular opacification.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pleural space, diaphragm, thoracic wall, thoracic esophagus, and musculoskeletal structures are within normal limits.



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive, large, well-defined, heterogeneously contrast-enhancing mass involving the left cervical region, pre scapular and extending into the cranial thorax, associated with marked tracheal displacement and vascular compression and deviation without visible invasion. Differential diagnoses include soft tissue neoplasia, such as ectopic thyroid carcinoma, less likely, carotid body tumor, or soft tissue sarcoma (e.g., fibrosarcoma, liposarcoma)
- No evidence of thoracic metastatic disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large, well-defined, heterogeneously contrast-enhancing, mass occupying the left cervical & pre scapular soft tissues with significant mass effect on the trachea and adjacent vascular structures. Differential diagnoses include soft tissue neoplasia, such as ectopic thyroid carcinoma, less likely, carotid body tumor, or soft tissue sarcoma (e.g., fibrosarcoma, liposarcoma). Consider ultrasound-guided fine-needle aspiration or core-needle biopsy of the cervical mass for definitive diagnosis.

Although no intravascular invasion is detected, the close association with the common carotid artery and jugular veins increases the complexity of potential surgical planning and may affect resectability.

There is no evidence of pulmonary metastasis; the mild ground-glass pattern is compatible with passive atelectasis.

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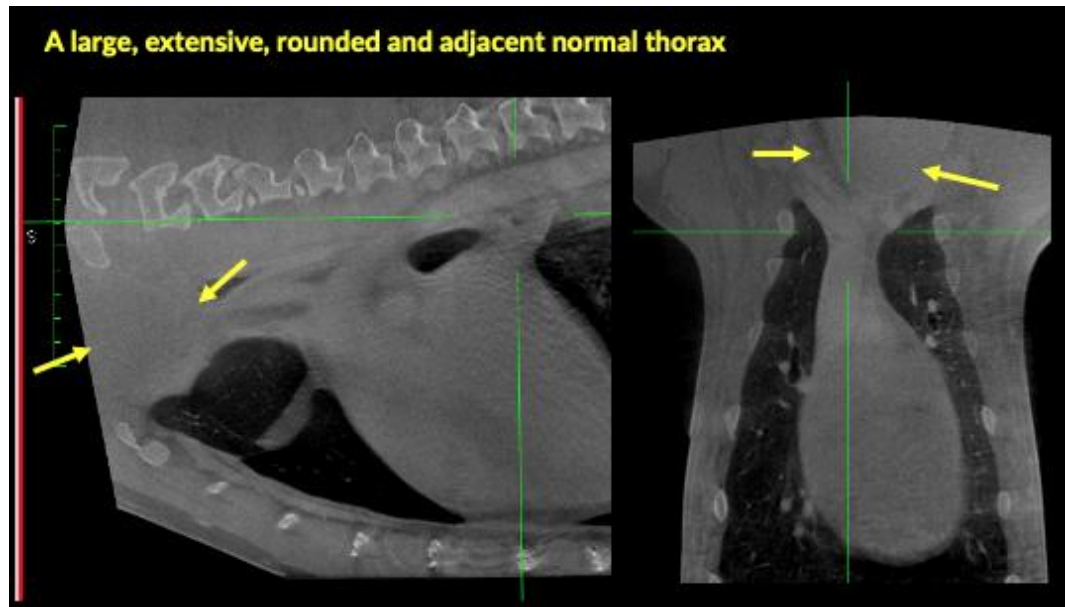
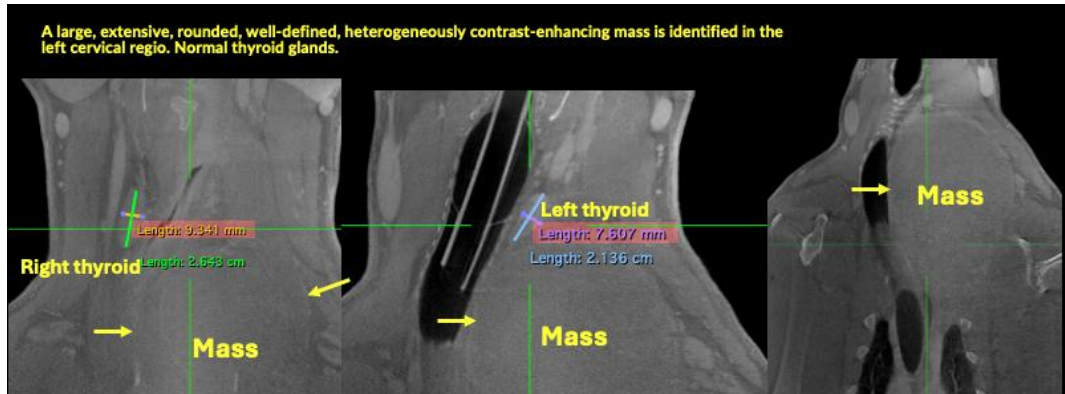
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet  
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