



PATIENT

Max Matousek

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

5Y

WEIGHT

17.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Winrose Animal
Hospital

INVOICE

74136

DATE

3-11-26

PRESENTING CLINICAL SIGNS

- 5 to 6 cm cervical mass suspected to be a thyroid neoplasm based on FNA.
- Mass noticed Feb 24 - Max was not feeling well, lethargic. Started on Clindamycin and Deramaxx. Clinically feeling better but mass unchanged.
- Surgeon requested mets check of thorax and neck imaging.
- Max is very aggressive with handling.
- Mass not evident upon admittance for CT.

Abnormal PE/Chem/CBC/UA Results: Bloodwork NAF X-rays not definitive but some white opacifications in cranial section of left caudal lung lobe - could be artifact.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK AND THORAX

A pre- and post-contrast computed tomographic examination of the neck and thorax was provided for review, consisting of four series: One pre-contrast series of the thorax acquired using a bone algorithm. One pre-contrast series of the neck acquired using a bone algorithm. Two post-contrast series of the neck acquired using a soft tissue algorithm

COMPUTED TOMOGRAPHIC FINDINGS

NECK

The left medial mandibular lymph node is moderately enlarged, measuring approximately 1.6 × 0.8 cm. Surrounding this lymph node there is moderate regional subcutaneous swelling with adjacent fat stranding, extending along the ventral left cervical region. No radiopaque foreign material is identified.

The left medial and lateral retropharyngeal lymph nodes are mildly enlarged compared with the contralateral side.

The right medial and lateral retropharyngeal lymph nodes appear within normal limits.

The left thyroid gland is slightly larger than the contralateral gland, but remains within normal limits in size, shape, and attenuation. It measures approximately 2.3 × 0.6 cm.

The right thyroid gland is normal in size, contour, and attenuation, measuring approximately 2.1 × 0.3 cm.

The mandibular and parotid salivary glands are unremarkable.

The thyroid cartilage and tonsils are unremarkable.

The cervical trachea is normal in appearance.

The cervical esophagus contains a small amount of intraluminal gas, considered incidental.

THORAX

The trachea and main bronchi are within normal limits.

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



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The pulmonary parenchyma demonstrates normal attenuation, with no evidence of pulmonary micronodules, nodules, or mass lesions.

The bronchial tree shows normal branching and tapering, with thin and smooth bronchial walls and a normal bronchus-to-artery ratio.

The cardiac silhouette is within normal limits. Incidental mineralized foci are noted in the wall of the aortic root and the left subclavian artery.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate enlargement of the left medial mandibular lymph node with surrounding subcutaneous swelling and fat stranding in the ventral left cervical region. Primary differential diagnoses include reactive lymphadenitis, with concurrent inflammatory or infectious cellulitis and/or regional edema.
- Mild enlargement of the left medial and lateral retropharyngeal lymph nodes, most consistent with reactive lymphadenitis.
- Mild asymmetry of the thyroid glands, with the left thyroid slightly larger than the right but still within normal CT limits.
- No discrete cervical mass, or ectopic thyroid mass is identified on the present examination.
- No CT evidence of pulmonary metastatic disease.
- Incidental mineralization of the aortic root and left subclavian artery wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Computed tomography does not identify a discrete cervical mass corresponding to the previously reported palpable lesion. The observed lymph node enlargement and surrounding soft tissue inflammatory changes in the left cervical region may represent reactive or inflammatory lymphadenitis, particularly given the surrounding fat stranding. Primary differential diagnoses include reactive lymphadenitis, with concurrent inflammatory or infectious cellulitis and/or regional edema.

The thyroid glands appear overall within normal tomographic limits, with only mild asymmetry and no focal mass lesion identified.

No evidence of pulmonary metastatic disease is detected.

If clinical concern persists, ultrasound-guided fine-needle aspiration (FNA) of the left mandibular lymph node is recommended for cytologic evaluation and bacterial culture with antimicrobial susceptibility testing.



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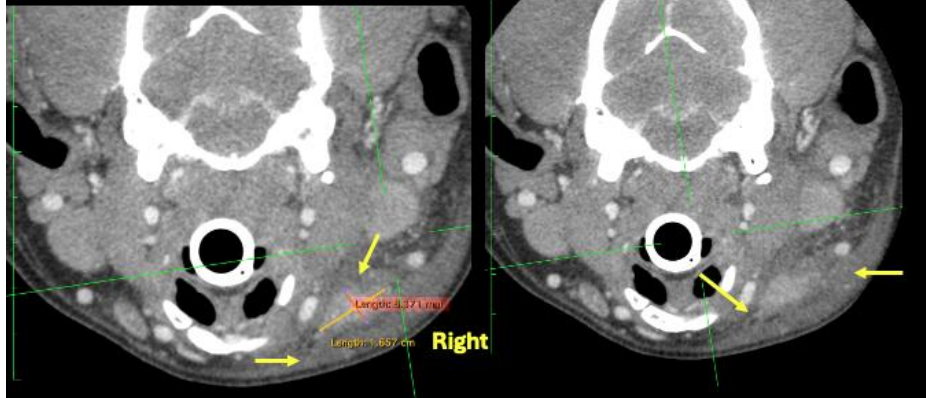
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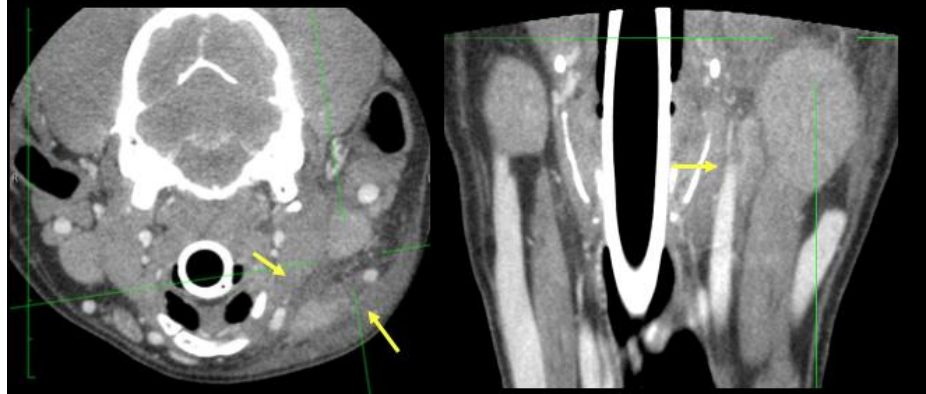
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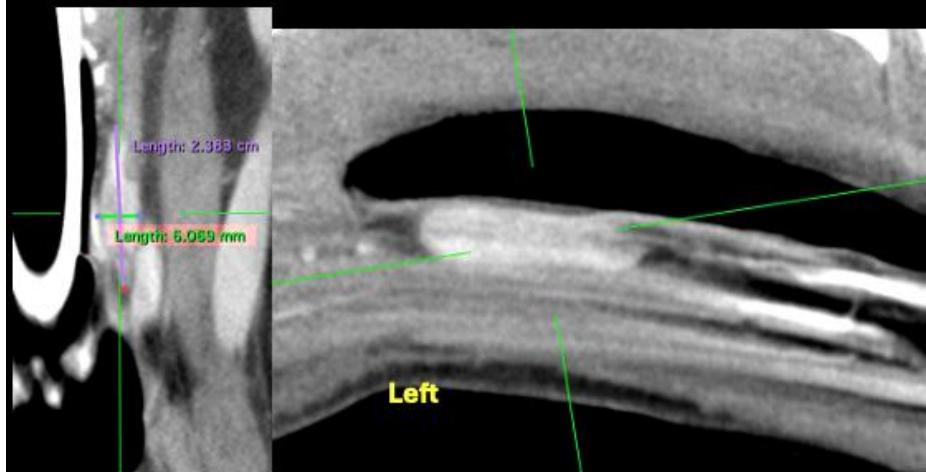
Enlargement of the Left Medial Mandibular Lymph Node with Adjacent Cervical Soft Tissue Inflammation



Enlargement of the Left Medial Mandibular and retropharyngeal Lymph Node with Adjacent Cervical Soft Tissue Inflammation



Normal left thyroid gland





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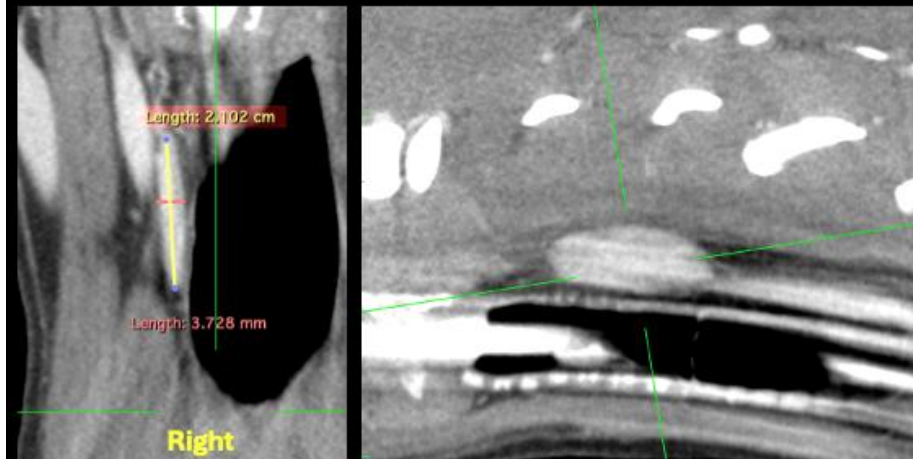
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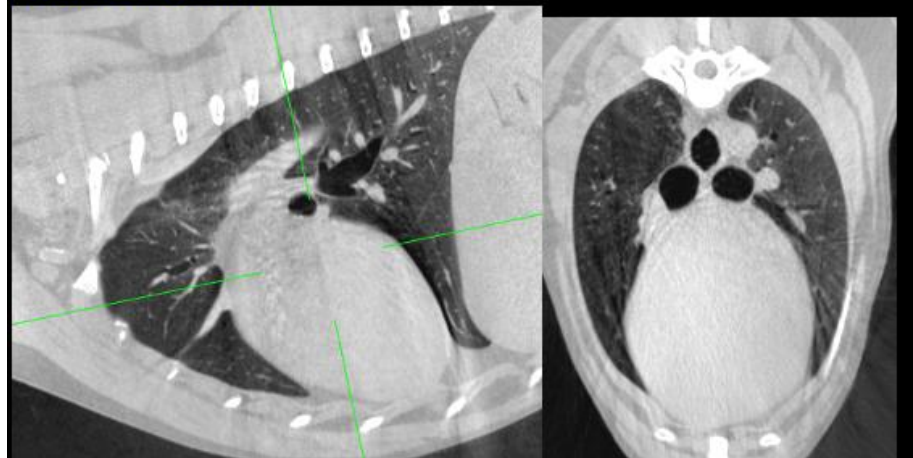
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Normal right thyroid gland



Normal lung fields



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
info@sonopath.com