

Diagnostic Imaging

Veterinary CT, Ultrasound & Telectology Services
veterinarian referral only

PATIENT PRESENTING CLINICAL SIGNS

- Tallulah Rossi**
- Equivocal on primary hyperparathyroid vs cancer. PTH production is still too high. Recommend neck/abdominal U/S vs CT scan for Parathyroid. If CT scan shows large parathyroid and go towards surgery.
- SPECIES**
- Current Medications: Apoquel 16MG

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

BREED

A pre- and post-contrast CT study of the neck are provided for review totaling 2 series. One pre-contrast series of the neck soft tissue algorithm. One post-contrast series of the neck soft tissue algorithm.

Great Pyrenees Mix

COMPUTED TOMOGRAPHIC FINDINGS

SEX

A well-defined, ovoid, hypoattenuating nodule is identified in the region of the right external ventrolateral parathyroid gland on the pre-contrast series, demonstrating homogeneous contrast enhancement on the post-contrast images. The lesion measures approximately 5.1 × 3.2 mm.

Female Spayed

AGE

6.5Y

The remaining parathyroid glands are unremarkable based on CT appearance.

The thyroid glands are within normal limits in size, shape, and attenuation. The right thyroid gland measures approximately 2.6 × 0.3 cm, and the left thyroid gland measures approximately 2.5 × 0.4 cm.

INTERPRETED BY

The hyoid apparatus and thyroid cartilage are within normal limits.

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

The cervical trachea and esophagus are unremarkable.

The caudal nasopharynx is within normal limits.

The regional cervical lymph nodes are normal in size, shape, and attenuation.

HOSPITAL NAME

Companion
Veterinary Hospital

The cervical spine demonstrates normal alignment, vertebral morphology, and attenuation, with no evidence of osseous lesions.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Benjamin Spitz

- Small, well-defined, contrast-enhancing nodule located at the right external parathyroid gland. Findings are most consistent with a parathyroid gland lesion. Differential diagnoses include parathyroid adenoma or hyperplasia, less likely adenocarcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

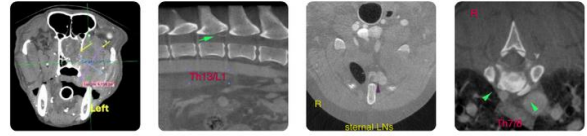
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The identified right parathyroid nodule is likely correlated with a primary parathyroid lesion and may correlate with the reported hyperparathyroidism. Definitive differentiation between adenoma, adenocarcinoma, and hyperplasia cannot be established based on CT imaging alone.

DATE

3-17-26

Correlation with serum calcium and parathyroid hormone (PTH) levels is recommended.



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The identified right parathyroid nodule is anatomically located adjacent to the right common carotid artery. This close vascular relationship, in combination with the small size of the lesion, may limit safe access for ultrasound-guided fine-needle aspiration.

SPECIES

Canine

Surgical excision with subsequent histopathological evaluation is suggested for definitive diagnosis. If clinically indicated, surgical exploration of the affected parathyroid gland should be considered.

BREED

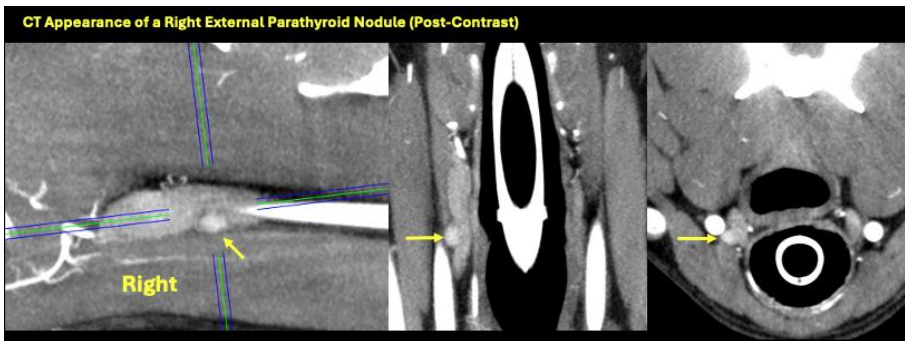
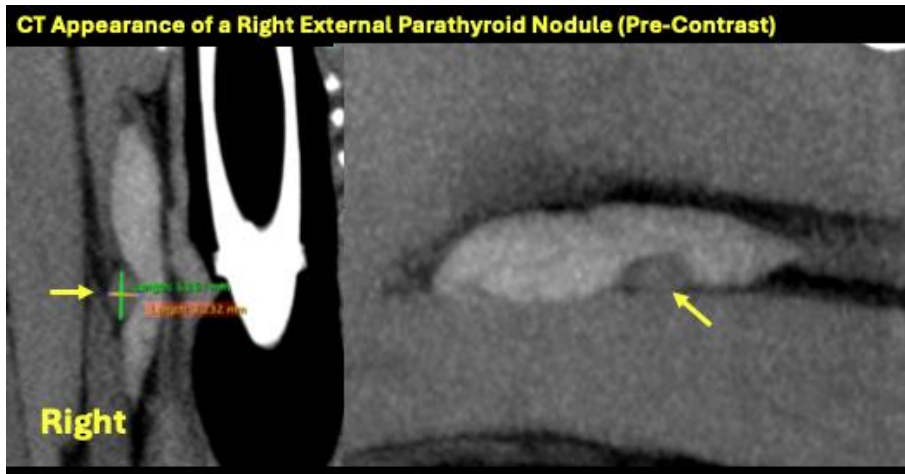
Great Pyrenees Mix

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HOSPITAL NAME

Companion Veterinary Hospital

REFERRING VET

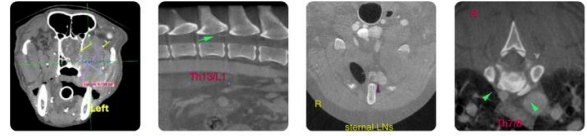
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141 Main St, Andover, NJ 07821

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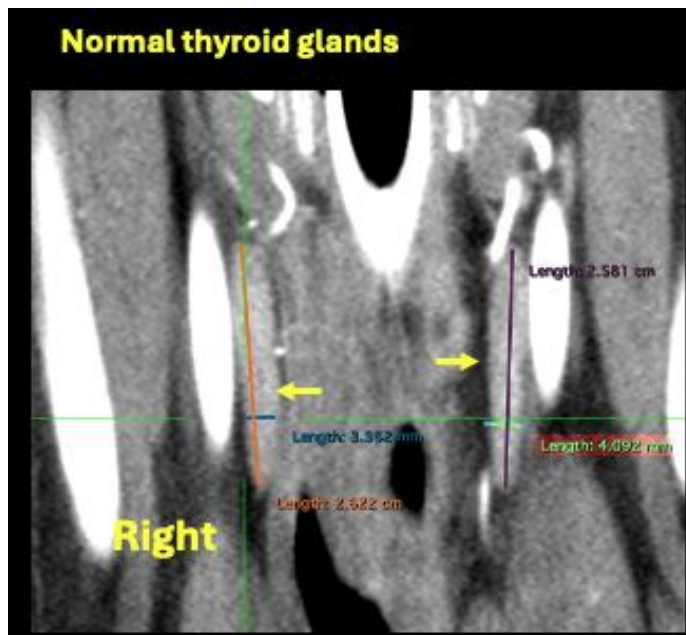
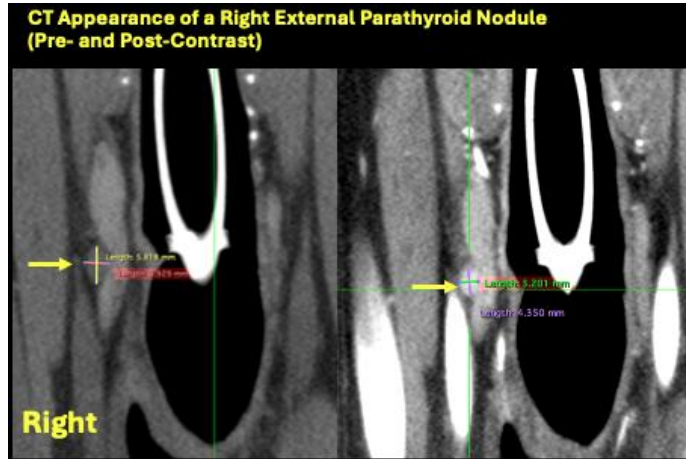
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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