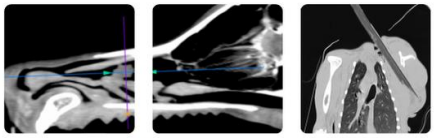

PATIENT

Memphis Canzoneri

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

11

WEIGHT

37

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

74756

DATE

4-22-26

PRESENTING CLINICAL SIGNS

stiff gait on both hind limbs, crepitus stifle joints.
5x5 cm firm mass on ventral neck region was palpated.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK AND THORAX

A pre- and post-contrast CT study of the neck and thorax are provided for review totaling 2 series. One pre-contrast series of the neck and thorax (bone algorithm). One post-contrast series of the neck and thorax (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

NECK

Large, elongated, amorphous soft tissue mass is identified in the right cervical region, extending from the level of the hyoid apparatus to the thoracic inlet. The mass measures approximately 12.6 cm in length and 4.6 cm in width. The lesion demonstrates heterogeneous attenuation and contrast enhancement, with multiple internal cystic/cavitary areas and scattered dystrophic mineralizations.

There is intimate contact with the trachea and adjacent soft tissues, with loss of a clear fat plane, suggesting infiltration. The mass causes deviation of the trachea toward the contralateral side.

The right thyroid gland is not identified and is presumed to be the site of origin of the mass. The left thyroid gland is within normal limits.

The right common carotid artery is partially visualized cranially but becomes indistinct as it courses through the mass, particularly toward the thoracic inlet, suggesting vascular encasement or invasion.

The right medial retropharyngeal lymph node is severely enlarged. The left medial retropharyngeal lymph node is within normal limits.

The mandibular and parotid salivary glands are unremarkable.

THORAX

There is moderate reduction in lung volume in the gravity-dependent regions, particularly caudally, associated with increased attenuation consistent with passive atelectasis.

Scattered small subpleural mineral foci are present within the lungs. The remaining pulmonary parenchyma is unremarkable, with no evidence of nodules or masses.

The trachea and bronchi are within normal limits.

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

The cardiac silhouette is within normal limits.

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

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

Multifocal ventral endplate enthesophytes in the cervical, thoracic, and thoracolumbar spine.

Narrowing of the intervertebral disc space at C6–C7.

Bilateral shoulder osteoarthrosis.

Periarticular ossification at the insertion of the supraspinatus and subscapularis tendons (right side).

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right cervical mass (likely of thyroid origin) with features highly suggestive of an aggressive neoplastic process, most consistent with thyroid carcinoma.
- Right medial retropharyngeal lymphadenomegaly, differential diagnoses include metastatic involvement or reactive lymphadenitis.
- Pulmonary findings include passive atelectasis and incidental subpleural mineral foci.
- No evidence of pulmonary metastatic disease.
- Degenerative musculoskeletal changes, including spondylosis deformans, intervertebral disc degeneration (C6–C7), and bilateral shoulder osteoarthrosis, with suspected supraspinatus and subscapularis tendinopathy on the right side.

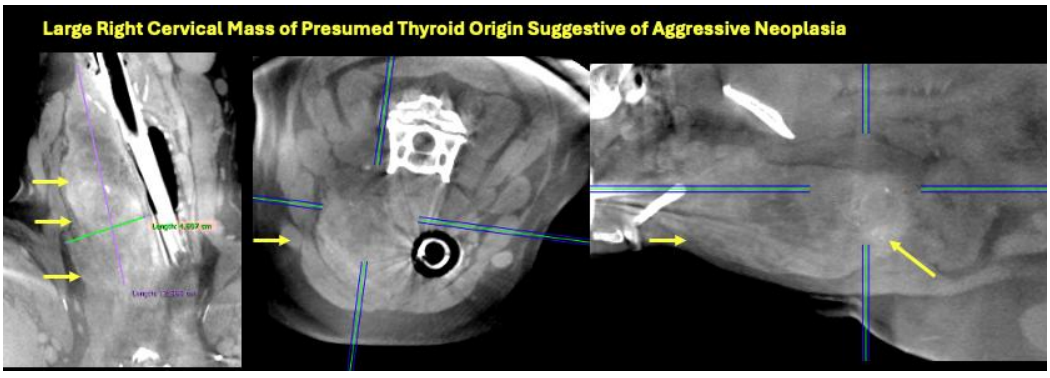
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings reveal a large, aggressive right cervical mass, most likely arising from the thyroid gland, with imaging features consistent with malignant neoplasia (e.g., thyroid carcinoma). There is strong evidence of local invasion, including involvement of adjacent soft tissues, tracheal displacement, and probable vascular encasement.

The marked enlargement of the right medial retropharyngeal lymph node raises concern for metastatic spread.

No pulmonary metastases are identified.

Consider oncologic consultation. Given the extent of local invasion, surgical resectability may be limited.



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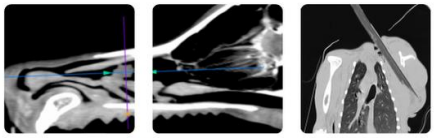

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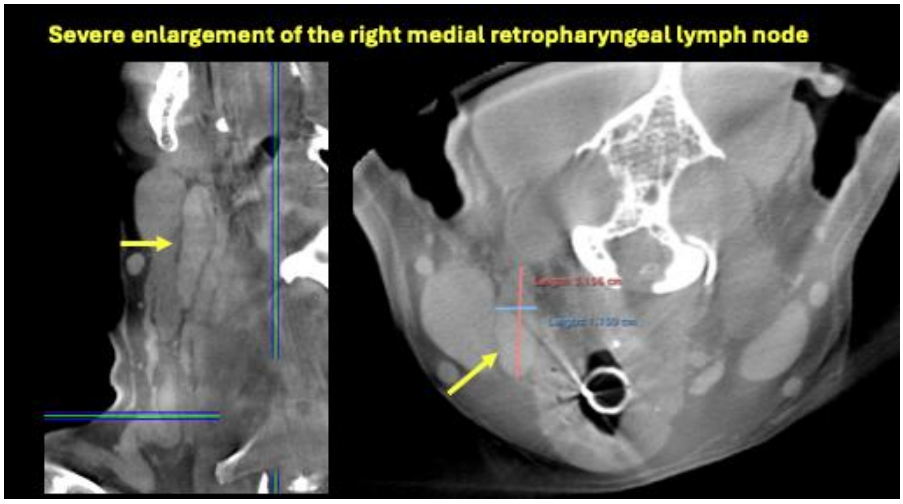

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com