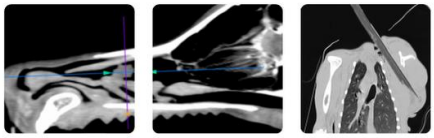


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Romeo Khachikian

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

12Y

WEIGHT

8.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

AMC

HOSPITAL NAME

Green Dog Dental and Wellness

REFERRING VET

Dr. Geist

INVOICE

74758

DATE

4-22-26

PRESENTING CLINICAL SIGNS

Referral for a CT scan. Patient has multifocal pulmonary nodules on previous radiographs and a 1.3 cm nodule/mass in the liver identified on ultrasound at another facility. He was recently diagnosed with Immune-Mediated Hemolytic Anemia (IMHA).
Immune-Mediated Hemolytic Anemia (IMHA): Diagnosed on 2026-04-01. PCV has been improving with treatment, with the last recorded value being 31% on the Thursday prior to this visit.
Multifocal pulmonary nodules: Identified on previous radiographs. Other veterinarians have suggested this is likely metastatic cancer.
Liver mass: A 1.3 cm nodule/mass was seen in the liver via ultrasound. A sample was reportedly taken and did not show cancer.
Lipomas: History of multiple subcutaneous lipomas. One large lipoma was previously drained and sampled, and was reported to be benign.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX AND ABDOMEN

Pre- and post-contrast computed tomography of the neck, thorax, and abdomen are provided for review, comprising two series acquired in transverse plane using bone algorithm and delayed post-contrast phase.

COMPUTED TOMOGRAPHIC FINDINGS

NECK

A large, elongated, amorphous soft tissue mass is present in the right cervical region, extending from the level of the hyoid apparatus to the thoracic inlet, measuring approximately 8.3 × 3.6 cm. The lesion is heterogeneously attenuating with heterogeneous contrast enhancement, containing internal cavitary/cystic areas and scattered dystrophic mineralizations.

The mass is in intimate contact with the trachea and adjacent soft tissues, with loss of normal fat planes, indicating infiltrative behavior. There is deviation of the trachea toward the contralateral side.

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

The right common carotid artery remains visible but is partially encased by the mass.

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

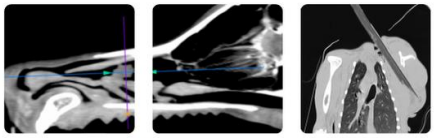
The cervical esophagus is unremarkable.

Mandibular and parotid salivary glands are unremarkable.

THORAX

Multifocal pulmonary micronodules and nodules are present throughout the lung parenchyma, measuring approximately 2.3 to 9.4 mm. The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The trachea and main bronchi are patent and within normal limits.



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The cardiac silhouette and pulmonary vasculature are unremarkable.

The mediastinal lymph nodes (sternal, cranial mediastinal, tracheobronchial) are within normal limits.

The thoracic esophagus is unremarkable.

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

Right shoulder:

Moderate periarticular mineralization is present, with subchondral irregularity and microcystic changes within the glenoid cavity. Mineral foci are noted in the adjacent soft tissues, particularly in the region of the subscapularis tendon.

ABDOMEN

The liver is enlarged with rounded margins. No focal hypoattenuating nodules or masses are identified in the delayed post-contrast phase.

The gallbladder and common bile duct are within normal limits.

The spleen is normal in size; however, a small subcapsular hypoattenuating nodule measuring approximately 1.3 cm is identified.

The pancreas, adrenal, gastrointestinal tract and abdominal lymph nodes are unremarkable.

The kidneys, ureters and urinary bladder are within normal limits.

The serosal fat shows normal attenuation.

The prostate is small and intrapelvic, within expected limits for a neutered patient.

Musculoskeletal Findings:

Ventral bridging spondylosis deformans is present at L4–L5 and L6–L7.

The left transverse process of L7 is fused to the sacrum, consistent with a transitional vertebra.

At the edge of the field of view, the distal metaphysis of the left femur demonstrates a mottled appearance with mild cortical thinning and associated periosteal reaction.

Mild periarticular ossifications are present in the left stifle joint.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, invasive right cervical soft tissue mass, likely arising from the right thyroid gland, with vascular encasement and regional tissue infiltration. Differential diagnoses include thyroid carcinoma (primary consideration), less likely other aggressive soft tissue neoplasms.
- Enlargement of the right medial retropharyngeal lymph node, metastatic lymphadenopathy vs reactive lymphadenitis.
- Multifocal pulmonary nodules compatible with metastatic pulmonary disease.

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- Hepatomegaly without detectable focal hepatic lesions on CT (noting limitation of delayed phase acquisition).
- Small splenic subcapsular nodule (1.3 cm). Differential diagnoses include nodular hyperplasia, benign lesion, less likely metastasis.
- Aggressive-appearing lesion in the distal left femur metaphysis (partial evaluation). Differential diagnoses include metastatic bone disease vs primary bone neoplasia.

Degenerative musculoskeletal changes:

- Right shoulder osteoarthrosis with mineralization of the subscapularis tendon
- Lumbar spondylosis deformans
- L7 transitional vertebra
- Mild stifle osteoarthrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates a large, aggressive, and infiltrative cervical mass most consistent with a primary thyroid neoplasm, given the no identification of the right thyroid gland and characteristic imaging features. There is evidence of local invasion and vascular encasement, which may complicate surgical management.

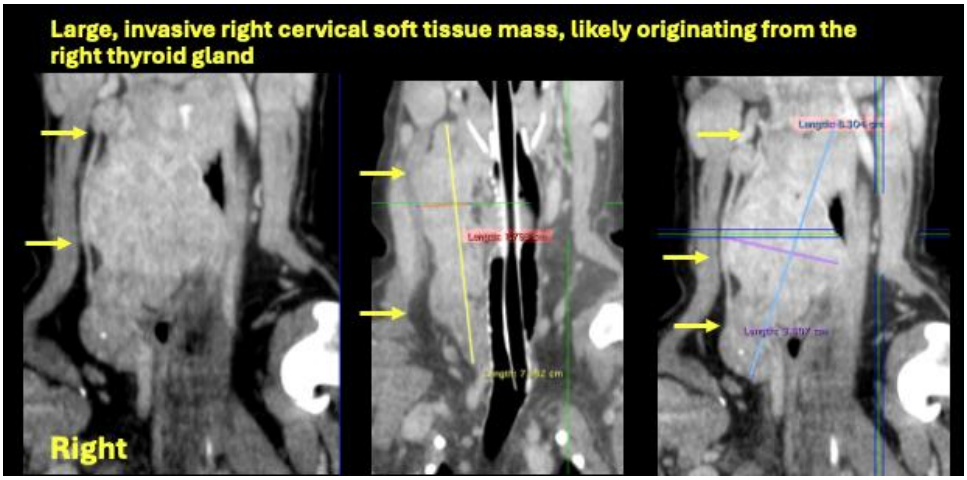
The presence of multifocal pulmonary nodules is compatible with metastatic pulmonary disease, likely secondary to the cervical mass. Additionally, the aggressive osseous lesion identified in the distal left femur raises concern for further metastatic spread.

No definitive hepatic mass is identified on CT despite prior ultrasound findings; however, the delayed contrast phase may limit sensitivity for small lesions.

Consider an ultrasound-guided fine-needle aspiration (FNA) or biopsy of the cervical mass for definitive diagnosis.

Orthogonal imaging (radiographs or dedicated CT) of the left femur for further characterization.

Oncology consultation is advised for staging and therapeutic planning.



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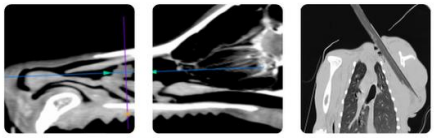

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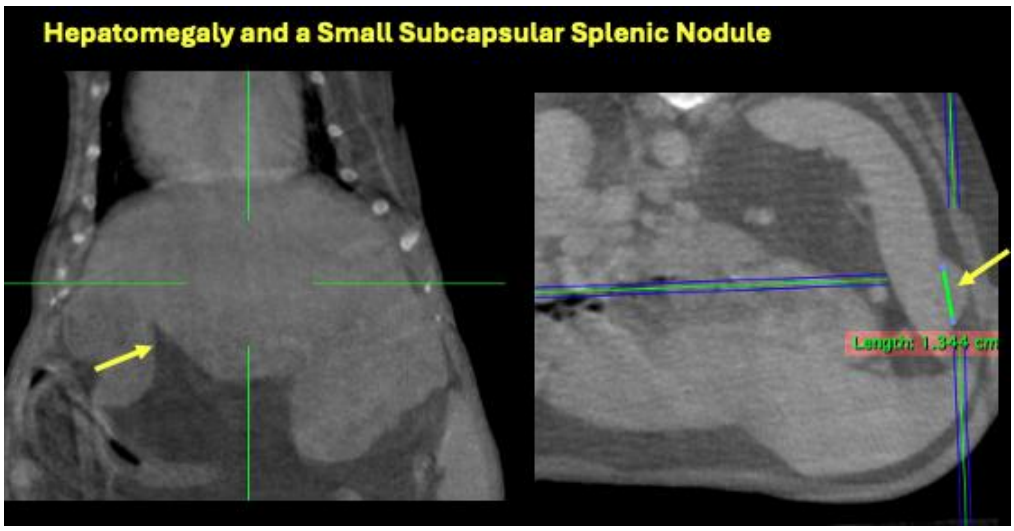

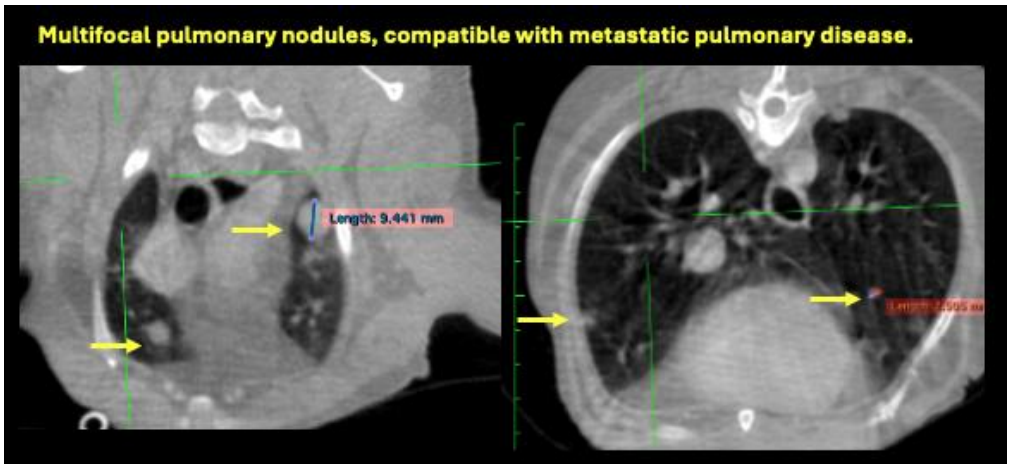

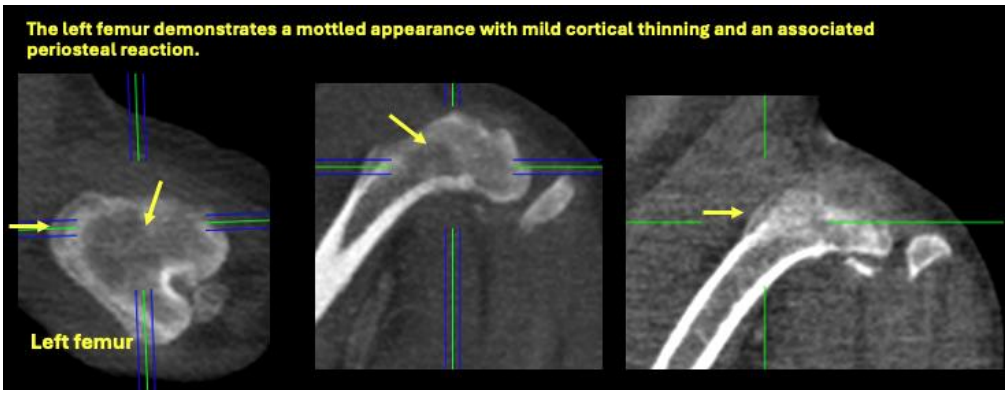

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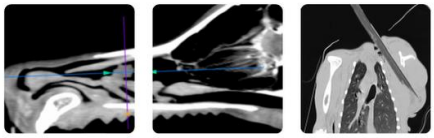

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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