



PATIENT PRESENTING CLINICAL SIGNS

Joker Husnander History of cervical mass since fall of last year. Has had progressive difficulty breathing, resp distress developed 4/26/23. Large cervical mass suspected to be thyroid in origin, resectability questionable. Secondday laryngeal paralysis suspected based on physical exam. CBC normal, chem attached below.

SPECIES

Ca

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL SOFT TISSUE AND THORAX

A post-contrast CT study of the cervical soft tissue and thorax are provided for review totaling three series. Two post-contrast series of the cervical region and one post-contrast series of the thorax.

BREED

Pitbull

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Neutered Male

A large, ovoid, regularly shaped, heterogeneous, and mixed enhancing soft tissue mass is seen in the region of the left thyroid lobe. However, there is an increase of subcutaneous soft tissue enhancement adjacent to the mass that appears to be a mild extracapsular extension of the mass in the cranial region. The vascular supply of the mass is from the cranial and caudal thyroid vessels. A tortuous vessel with filling contrast defect is seen in the cranial region. The mass displaces and compresses the ipsilateral common carotid artery. The mass displaces the right side of the cervical trachea and extramural compression is seen on this segment, causing a mild to moderate luminal compression.

AGE

12 Years, 9 Months

The mass measures approximately 8.3cm x 6.2cm x 5.3cm.

An adjacent accessory cervical lymph node is mildly enlarged.

INTERPRETED BY

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

A small, ovoid, regularly shaped, mildly heterogeneous, and mixed enhancing soft tissue mass is seen in the region of the right thyroid lobe, with normal adjacent cervical structures. The mass measures approximately 2.8cm x 1.7cm x 1.5cm.

The medial retropharyngeal lymph nodes are asymmetrical, and the left retropharyngeal lymph node is enlarged, showing heterogeneous enhancement, and measures 3.5cm x 0.96cm length. The left is unremarkable and measures 2.5cm x 0.65cm length.

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No mass effect is seen in the region of the pharynx and larynx.

Thorax

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The thoracic trachea is normal in luminal diameter and position.

The lumen of the main bronchus is normal.

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There is thickening and signs of bronchiectasis in the parenchyma of the cranial lung lobes, more in the right cranial lung lobe. Also, a focally peripheral ground glass appearance is noted within the ventral portion of the right cranial lobe. A few parenchymal bands and a few multifocal hyperattenuating foci are seen. A passive dorsocaudal atelectasis is also seen. No evidence of pulmonary masses or soft tissue nodules.

DATE

4-27-23

The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

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

**PATIENT**

Joker Husnander

The pleural space and diaphragm are normal.

The thoracic musculoskeletal structures are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left thyroid mass, showing mild regional cranial invasions adjacent to the tissues and vessels, and compressing the cervical trachea. The differential diagnosis includes thyroid carcinoma.
- Small right thyroid mass, without signs of adjacent regional invasion. The differential diagnosis includes thyroid carcinoma.
- Left side retropharyngeal and accessory lymph nodes - metastatic or reactive.
- Multifocal mild ground glass pulmonary attenuation, predominantly ventral and cranial in the cranial lung lobes (> right), with bronchiectasis. The differential diagnosis includes chronic allergic airway disease, chronic inflammatory bronchitis, infectious bronchitis, concurrent bronchopneumonia, or aspiration pneumonia.
- There is no evidence of pulmonary metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE
12 Years, 9 Months

The tomographic findings confirm the suspected thyroid origin of the mass; however, the mass is bilateral. The left-side thyroid mass is considered larger with more aggressive behavior, which causes more difficult resectability because of the surgical safety margins. A surgical consultation is suggested to better determine the resectability of the mass. An excisional biopsy or ultrasound guided FNA is required for diagnosis.

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As described, the left thyroid mass causes extramural compression of the cervical trachea, which could be correlated to the difficult breathing, but chronic bronchitis, bronchiectasis, and even mild focal pneumonia are also identified and could also be causes of the respiratory distress. A treatment for the pulmonary lesions is suggested.

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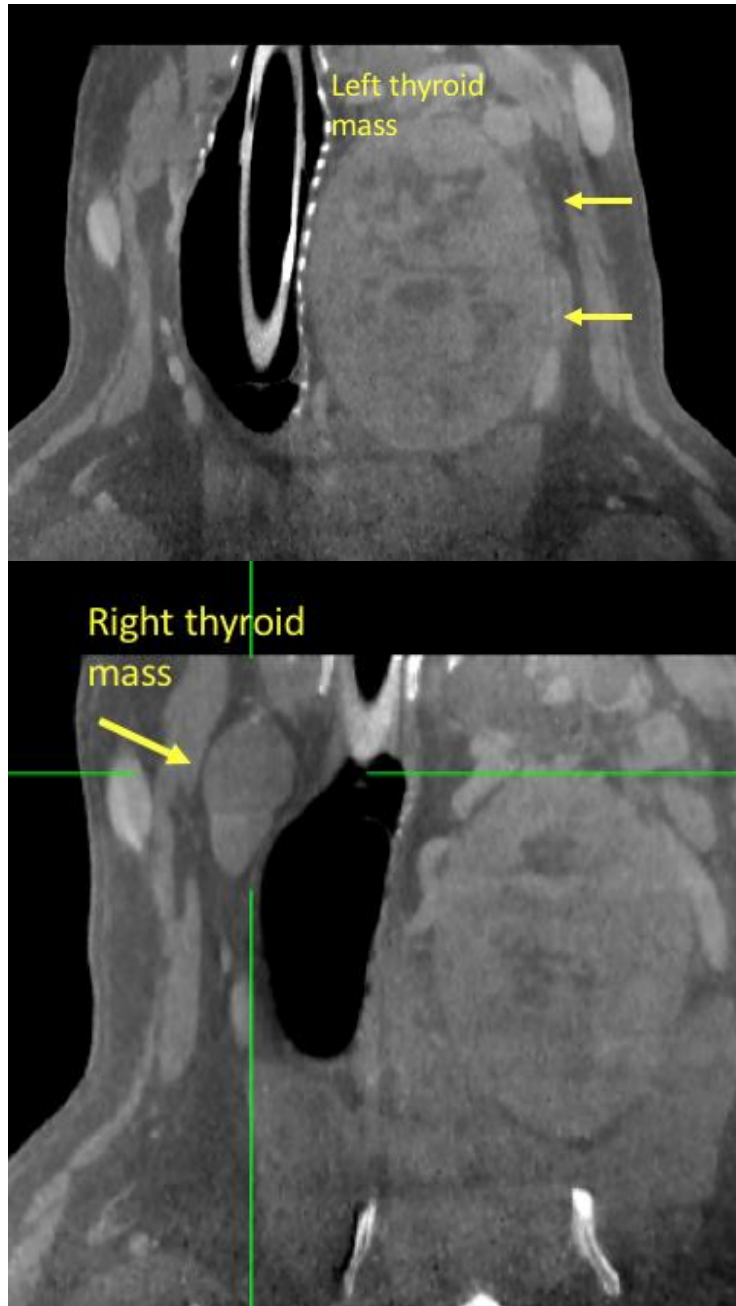
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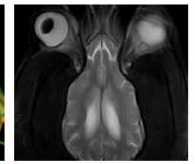
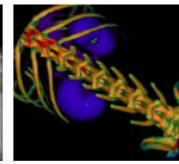
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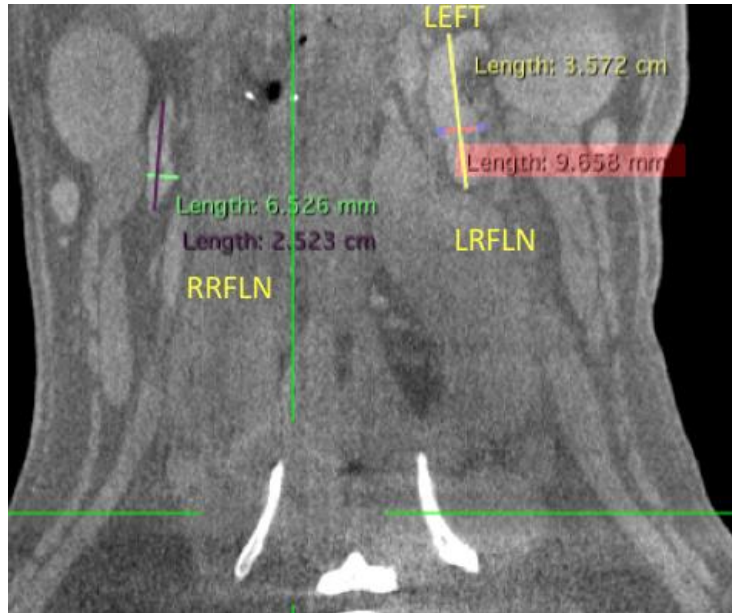
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Pitbull

SEX

Neutered Male



AGE

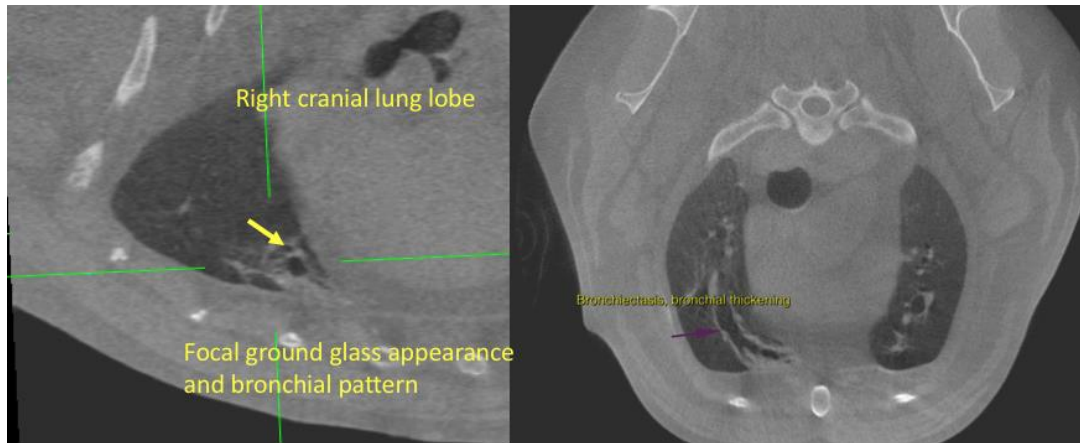
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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