



**PATIENT PRESENTING CLINICAL SIGNS**

Max Gomez neck pain r/o C1-C5 vs C6-T2 myelopathy vs neoplasia vs muscle spasm vs others heart murmur skin mass muffled lung sound r/o mass vs infection vs torsion vs others

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL SOFT TISSUE, SPINE, AND THORAX.**

Canine A post-contrast CT study of the cervical soft tissue, spine and thorax are provided for review totaling 1 series. One post-contrast series of cervical soft tissue, spine and thorax, bone algorithm.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

German Shepherd **CERVICAL SOFT TISSUE**

The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

**SEX**

Multiple deep and superficial cervical lymph nodes are mildly enlarged.

Male

The nasopharynx and larynx are normal.

**AGE**

The thyroid glands and salivary glands are unremarkable.

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**SPINE (C1-C7, T1-T13)**

All vertebral bodies are normal in size, shape, and attenuation.

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Normal spine alignment, the dens is intact.

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No narrowed intervertebral disc spaces or changes in the intervertebral discs or attenuation.

No abnormal attenuation in the vertebral canal or mass effect. No narrowing of the vertebral canal.

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No aggressive or acute traumatic osseous abnormalities identified.

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**THORAX**

A large well-defined multilobulated to ovoid shaped soft tissue attenuating mass spans the first to third sternbrae ventrally within the cranial mediastinum and measures approximately 5.5cm by 2.8cm length.

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The remaining cranial mediastinal lymph nodes and tracheobronchial lymph nodes are unremarkable.

The trachea is normal in luminal diameter and position.

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Mild ground glass attenuating pattern is seen in the ventral dependent lung lobes. The remaining pulmonary parenchyma is normal in attenuation. No evidence of pulmonary soft tissue micronodules or nodules.

The lumen of the main bronchus is normal.

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

Max Gomez  
The pleural space and diaphragm are normal.

**SPECIES** In the collimated abdomen, a mild hyperattenuating material is seen in the ventral dependent portion of the gallbladder associated with hypoattenuating content.

Canine  
Mildly enlarged hepatic lymph nodes are identified.

**BREED** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

German Shepherd

- Enlarged sternal lymph node, mass effect, associated with multiple mild enlarged peripheral lymph nodes. The differential diagnosis includes neoplasm, for example, round cell tumor, or other unknown metastatic disease, less likely reactive lymphoid hyperplasia.

**SEX**

- Normal cervical and thoracic spine; no osseous abnormalities are identified and there is no evidence of mass effect or abnormal enhancement in the vertebral canal.

Male

- No evidence of pulmonary metastatic disease.
- Biliary stasis.

**AGE** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12  
The identification of the enlarged sternal lymph nodes is suggestive of a neoplasm process. Consider a thoracic ultrasound followed by fine-needle aspiration for cytological analysis. If attainable, a fine-needle aspiration of a mildly enlarged peripheral lymph node is also suggested.

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No tomographic changes are detected in the osseous spine or vertebral canal attenuation, and no mass was identified. However, the tomography's sensibility is low compared to MRI. A medullary trauma without evident structural osseous involvement, a hemorrhagic medullary lesion, or other inflammatory, infectious, or other causes of myelopathy could be considered in the differential diagnosis.

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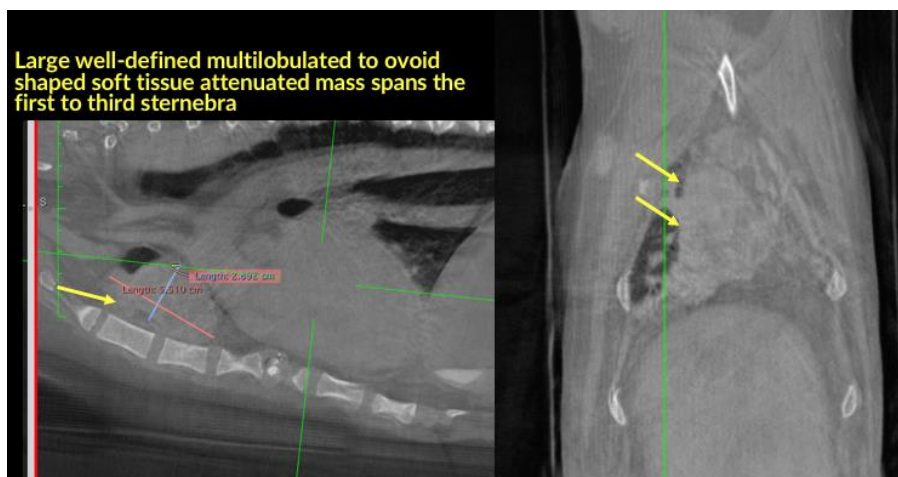
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**PATIENT**

Max Gomez

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Male

**AGE**

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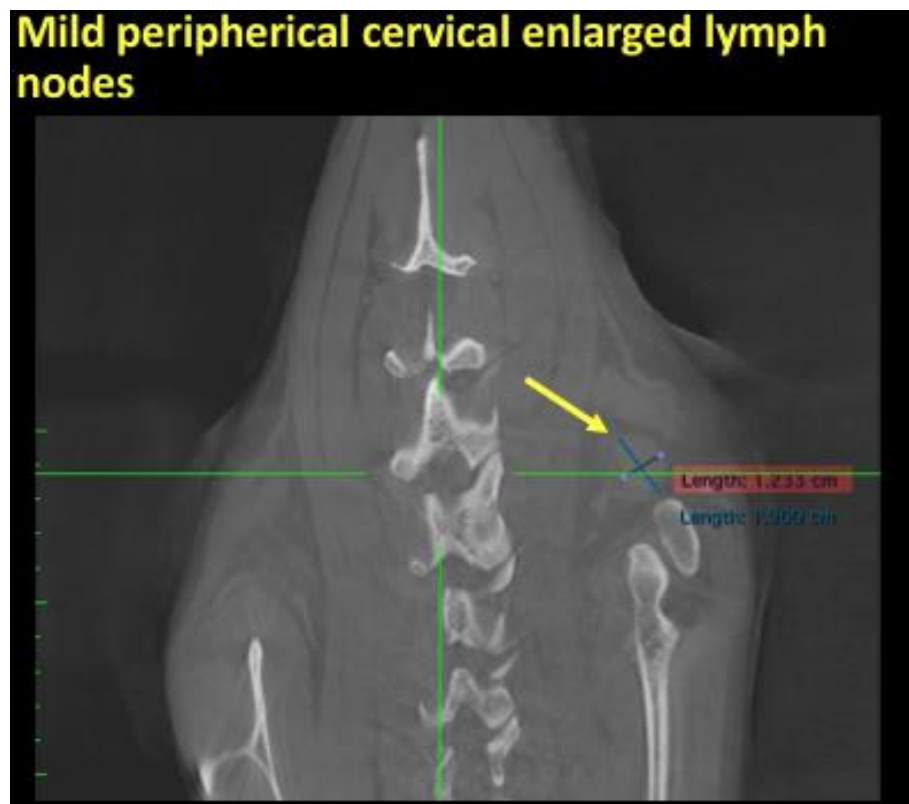
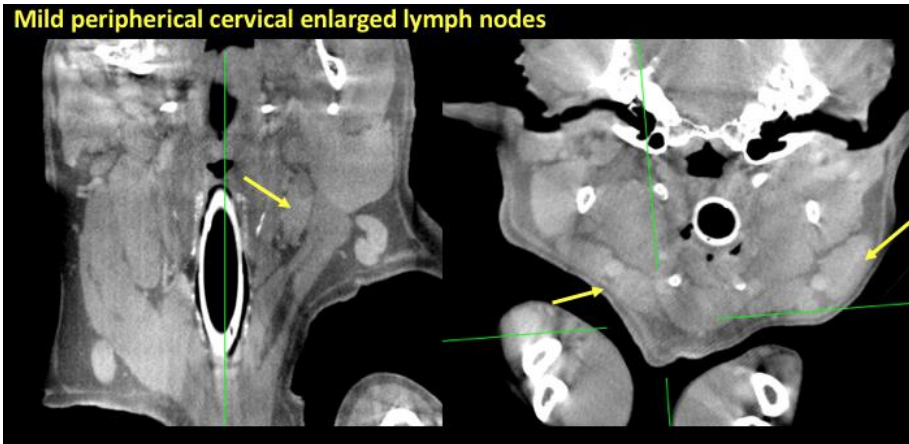
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**PATIENT**

Max Gomez

**SPECIES**

Canine

**BREED**

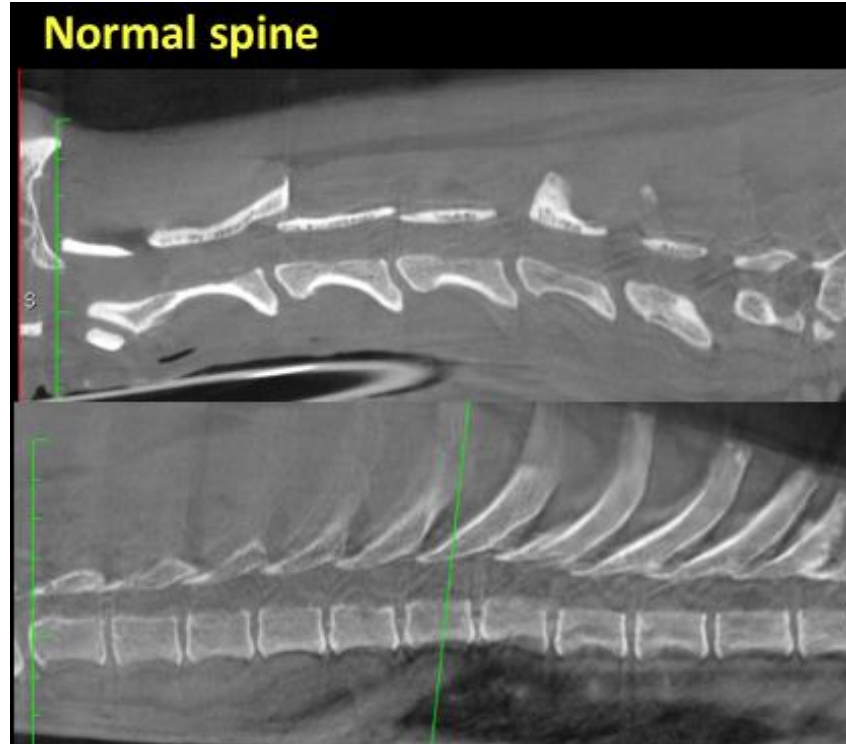
German Shepherd

**SEX**

Male

**AGE**

12



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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.

**HOSPITAL NAME**

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