



# “Is this lump a tumour?”

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A 69-year-old woman with history of hypertension and a left lung nodule has a computed tomography (CT) scan of the neck (Figure 1) and chest. She has been smoking one pack of cigarettes per day for the past 25 years. There is no associated lymphadenopathy. Her thyroid-stimulating hormone level is within normal limits.

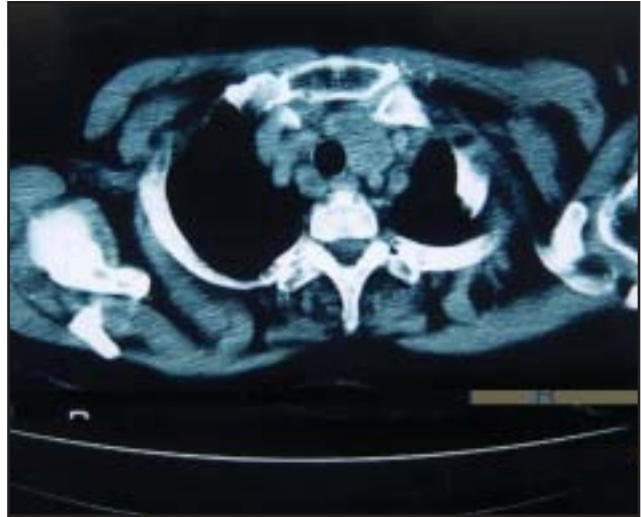


Figure 1. CT scan of the patient's neck.

## 1. What does the neck scan show?

- a) Right thyroid enlargement only
- b) Left thyroid enlargement only
- c) Suspected multinodular goiter with prominence of the left lobe of the thyroid

## 2. What is/are the potential cause(s) of thyroid nodules?

- a) Colloid nodule
- b) Metastases
- c) Anaplastic, medullary, follicular, and papillary carcinoma
- d) Follicular adenoma
- e) All of the above

The thyroid uptake and scan show patchy uptake in the right lobe. The left lobe is significantly larger than the right and is expanded in its lower portion by a hypofunctioning area. The findings are consistent with a multinodular goiter; however, the large hypofunctioning region is worrisome, as it may be associated with a dominant/cold nodule. It thus warrants further investigation.

## 3. What test will you do next?

- a) Bone scan
- b) CT scan of the abdomen
- c) Fine-needle aspiration biopsy (FNAB)

## 4. What results could be seen with FNAB?

- a) Benign tumour
- b) Malignant tumour
- c) Indeterminate
- d) Biopsy inadequate
- e) All of the above **Dx**

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Answers: 1-c ; 2-e; 3-c; 4-e