

PATIENT PRESENTING CLINICAL SIGNS

Huncho Siegal

SPECIES

Canine

BREED

French Bulldog

SEX

Intact male

AGE

2 ½ years

WEIGHT

30.2 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Sullivan

DATE

1/31/23

Invoice

42450

History: P presented today with a very firm swelling over the left submandibular region. Unable to determine if this is an enlarged salivary gland, abscess/foreign body or enlarged lymph node. The mass-like lesion is approximately 2 cm in diameter and raised approximately 1 cm, very firm lesion. Owner reported that the swelling started on Sunday and the entire left side of his face was swollen. O administered 25 mg of diphenhydramine PO and the swelling reduced, except for the firm mass-like lesion that is currently present. P does not seem to be painful and no sign of peripheral edema or cellulitis. Hx of a balloon valvuloplasty for severe pulmonary stenosis, and persistent heart murmur being treated with Atenolol. No Echo or cardiology consult since 2021. Current Medications Atenolol, Cytopoint, NexGard and Interceptor Plus, diphenhydramine 25 mg

Radiographic Findings No radiographs performed today

Primary Question/Differential to Be Answered in This Exam Is this a cancerous mass, granuloma/abscess, or enlarged salivary gland

ULTRASONOGRAPHIC EXAMINATION

The submandibular region a revealed a 1.5 cm, hypoechoic fairly organized with a hyperechoic granulation bed. Approximately half of this structure appeared fluid filled and the other half with parenchymal proliferation. Slight regional lymphadenopathy was noted with normal length to width ratio. The lymph node measured 0.5 x 0.3 cm. The structure is disorganized and would likely be subcutaneous abscess. There is a mild potential for underlying neoplasia. The adjacent salivary gland appeared to be intact.

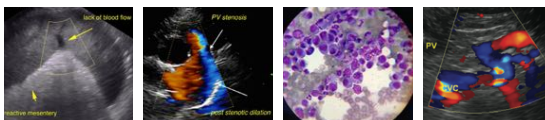
ULTRASONOGRAPHIC FINDINGS

Subcutaneous abscess with reactive surrounding lymph node. Does not appear to involve major organs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ultrasound-guided drainage of the fluid filled portion. The exact origin cannot be completely ascertained owing to the disruption of the disrupted architecture of the lesion; however, this would suggest a granulation bed and abscessation. Ultrasound-guided FNA was performed upon the parenchymal portion without complication. However, drainage of the fluid portion is recommended. This does appear resectable.





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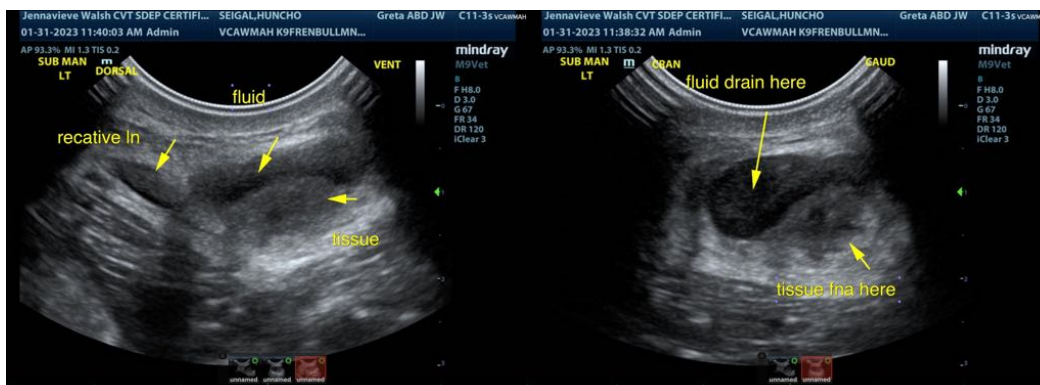
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

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