



PATIENT

Sadie Davis

PRESENTING CLINICAL SIGNS

Intermittent swelling since May that responded to draining and antibiotics; this time it is presenting on the lateral aspect ventral caudal to the mandible (See attached photos)

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: See attached labwork - inflammatory with infection present

ULTRASONOGRAPHIC EXAMINATION OF THE VENTRAL NECK

BREED

Kelpie Mix

Sonographic assessment of the ventral neck revealed swollen to mixed echogenic subcutaneous fat with possible several hypoechoic cavities containing echogenic fluid. Concurrent hypoechoic subcutaneous tissue without overt evidence of tissue mineralization was present. The echogenic fluid within the potential cavities exhibited subjective moderate to significant echogenic changes suggestive of cellularity. Regional hyperechoic subcutaneous fat consistent with inflammatory criteria was present. A visualized solitary subjective mandibular salivary gland exhibited maintained spherical shape and mild non-homogeneous pinpoint hyperechoic parenchyma without overt evidence of significant salivary gland pathology measuring 2.6 cm in diameter. Several to multifocal mildly prominent hypoechoic mandibular to potential retropharyngeal lymph nodes were present, an example measuring 1.6 cm in length. The visualized trachea appeared to be sonographically normal. The upper esophagus was not definitively visualized.

SEX

FS

AGE

14yr

ULTRASONOGRAPHIC FINDINGS

Primary

- Ventral neck suppurative cellulitis pattern with potential abscess
- Associated mildly prominent to hypoechoic lymphadenopathy

WEIGHT

38lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt or definitive cause of the ventral neck cellulitis such as penetrative foreign body was obvious. Cytology as well as C/S on centesis/FNA is indicated. Potential neoplastic criteria cannot be definitively excluded yet the visualized mandibular to potential retropharyngeal lymph nodes were sonographically suggestive of reactive/inflammatory changes. Thorough oral examination suggested if not already done. Pending additional diagnostics, considerations may include CT assessment and/or surgical exploration with potential for biopsies, flush +/- drain placement with antibiotic therapy ideally based on C/S results.

IMAGING PERFORMED BY

Amanda Lacey Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gray

INVOICE

11639ag

DATE

09/14/2022



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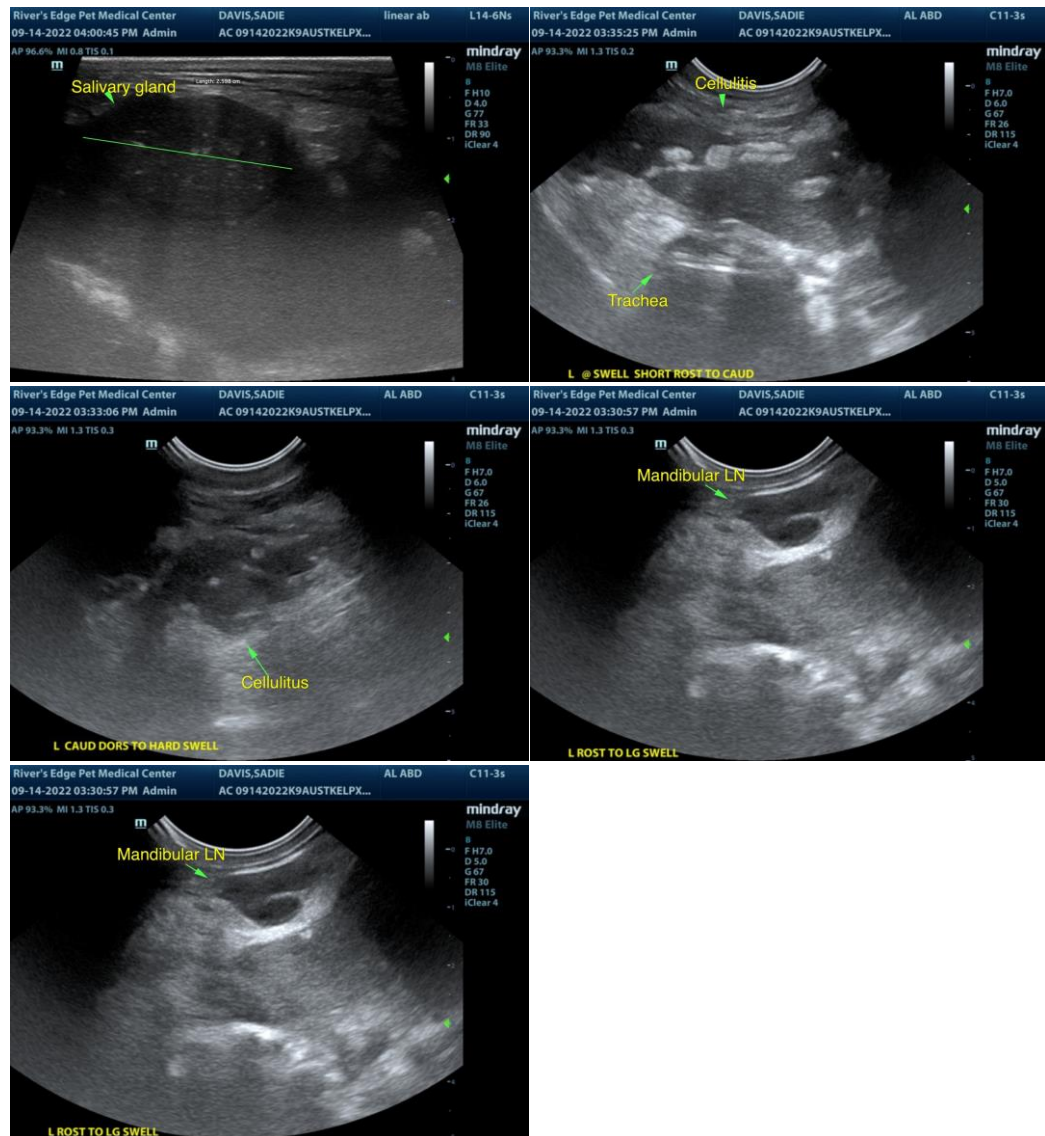
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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