



PATIENT

Doug Williamson

SPECIES

Canine

BREED

Bernedoodle

SEX

M/N

AGE

2.5

WEIGHT

101.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Susan Lincoski VMD

HOSPITAL NAME

University Drive
Veterinary Hospital

REFERRING VET

Susan Lincoski VMD

INVOICE

14898

DATE

9/16/22

PRESENTING CLINICAL SIGNS

9/14 T = 100.2 Patient presents for ventral midline chin lump, doubling in size since last night. PE: Lump - clipped hair and noted that the left side was red (demarcated line goes down the middle). No pettichae, but a generalized redness to skin. Lump is softer, but still semi firm. Seems contained to SQ layer and does not involve bone or muscle. Non painful. Not slowing dog down eating etc. No known trauma that owner knows of. Skin - no signs of petichiae or bruising on rest of body etc. PL: Was able to drain 6cc of sanguinous fluid from lump, which decreased it's size. FNA - showed many types of cells (RBCs, TNTC neutrophils, lymphocytes etc). Sending to idexx cytology to see if there are any differentials to cause this type of fluid. CBC WNL (including platelets!) 9/16 lump has enlarged, now is 5x7 cm with surface erythma around periphery but not centrally. Soft to firm areas, does not appear attached and a v/d and lateral radiograph reveal only soft tissue swelling. Oral and pharyngeal exam WNL (sedated). Repeat labwork also unremarkable. A toenail cut blood clotting was 3min, 30 sec. Abnormal PE/Chem/CBC/UA Results: Swelling ventral neck enlarging, with surface erythema and serous discharge around outer part of mass.

ULTRASONOGRAPHIC EXAMINATION OF THE NECK

Sonographic assessment of the ventral neck revealed swollen to mixed echogenic subcutaneous tissue with possible solitary to several cavities containing mixed echogenic probable fat, as well as fluid exhibiting moderate to marked echogenic changes suggestive of fluid cellularity. Potential for regional to peripheral edematous subcutaneous fat is suspected. The overall area of ventral neck swelling measured approximately 4.5 -5.0 cm in diameter. No overt evidence of associated mineralization was noted.

The visualized probable esophagus appeared to be sonographically normal containing minor luminal gas. No overt evidence of a penetrating foreign body was visualized.

ULTRASONOGRAPHIC FINDINGS

- Ventral neck cellulitis / suppurative cellulitis pattern with potential abscess

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt or definitive cause of the ventral neck swelling suggestive of cellulitis or suppurative cellulitis with potential abscess was obvious. The possibility of a non-visualized penetrating foreign body or potential neoplastic criteria cannot be definitively excluded based on this exam.

Correlation with pending cytology, as well as culture and sensitivity is recommended. If not done, a thorough sedated oral and laryngeal examination is suggested to assess for contributing pathology or trauma.

Pending additional diagnostics, additional considerations may include CT assessment and/or surgical exploration with potential for biopsies, flush, +/- drain placement with antibiotic therapy ideally based on culture and sensitivity results.



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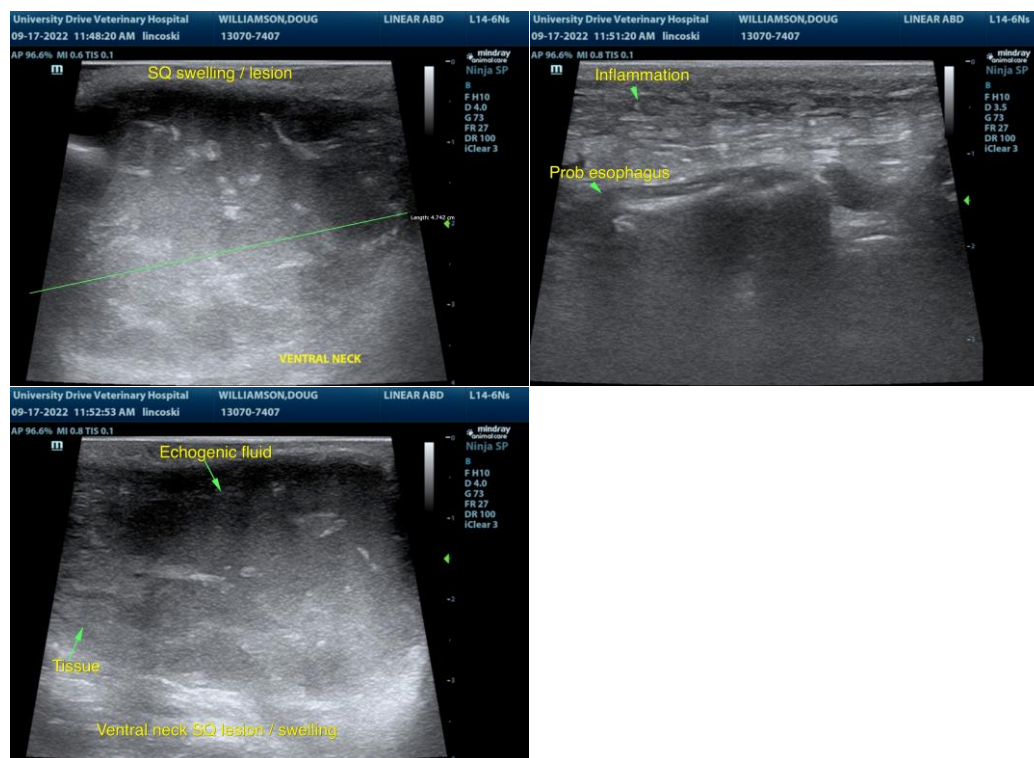
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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