



PATIENT PRESENTING CLINICAL SIGNS

Buddy Black Large oral mass connected to the hard palate with potential invasion into the sinuses
 Abnormal PE/Chem/CBC/UA Results: bw wnl

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Canine Plain studies of the head and thorax are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED Head

Labrador Retriever
 Mix

An ovoid soft tissue attenuating mass is seen in the right dorsal oropharynx emerging from the caudal margin of the hard palate. The mass appears to be broadly attached to the caudal margin of the hard palate and rostral margin of the soft palate, and measures 27mm in length, 20mm in width, and 10mm in height respectively. Surface irregularity and ill-defined lesion margins are noted. The mass appears to involve the region of the right tonsil. The left tonsil presents within normal limits. No evidence of osseous involvement is noted. The neighboring bones including the right mandible, hard palate, and pterygoid bone present no evidence of aggressive osteolytic changes.

SEX

MN

AGE

12

The medial retropharyngeal and submandibular lymph nodes present within normal limits.

Thorax

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Occasional thoracic spondyloses are noted.

Mild sternal lymphadenomegaly with symmetric lymph node enlargement up to 16mm diameter is seen.

HOSPITAL NAME

Advanced Animal
 Imaging

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

REFERRING VET

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The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Right hand sided oropharyngeal soft tissue mass.
- No evidence of regional lymphadenomegaly.
- Mild sternal lymphadenomegaly - not necessarily related to the oral mass.
- No evidence of pulmonary metastases.

DATE

1-30-23



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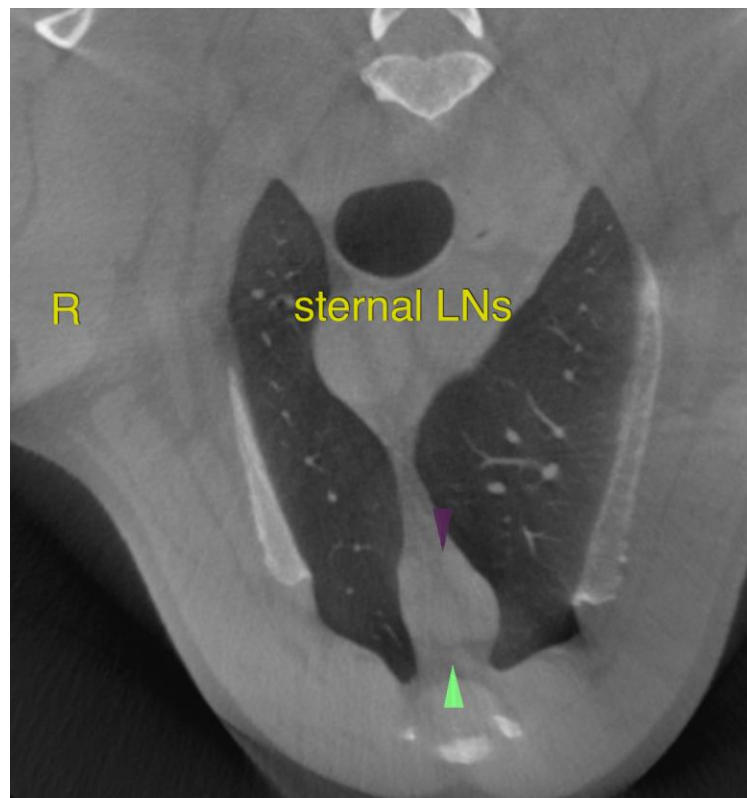
DATE

1-30-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an oropharyngeal soft tissue mass with broad base to the hard and soft palate involving the right tonsillar area. The mass may emerge from the oropharyngeal soft tissues or right tonsil. Neoplasia such as adenocarcinoma, squamous cell carcinoma, oral fibrosarcoma, and other appears to be a primary differential diagnosis. However, cyst, granuloma cannot be ruled out entirely as a differential diagnosis even though considered by far less likely. Final diagnosis will require biopsy and histology. No evidence of regional lymphadenomegaly is noted.

The sternal lymphadenomegaly is more likely to reflect pathology in the cranial abdomen, since this is one primary tributary region of the sternal lymph nodes, such as reactive hyperplasia and less likely metastases rather than reflecting pathology secondary to the oral mass. Consider ultrasound guided sampling of the sternal lymph nodes in case of doubt.





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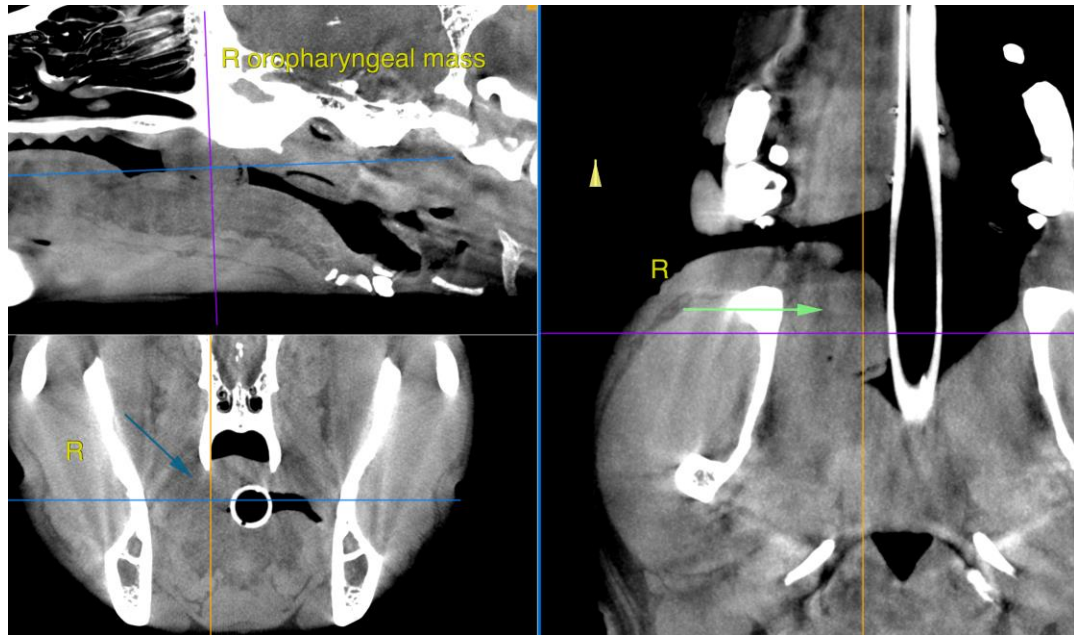
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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