



PATIENT

Oscar Puri

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

11.5Y

WEIGHT

26kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown Veterinary
Specialists and
Associates

REFERRING VET

Taylor Nielson

INVOICE

73244

DATE

1-8-26

PRESENTING CLINICAL SIGNS

Swelling under left side of jaw noted early 12/25, ruptured 12/16/25, FNA was inconclusive, no growth on culture, is getting larger

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals a 5 x 2 cm sized cavitory lesion with peripheral contrast enhancement and thin internal septation in the left submandibular region. The lesion appears localized to the subcutaneous submandibular soft tissues ventral to the caudal mandible without extension into adjacent muscles or deep cervical structures. The content of the lesion is uniformly fluid attenuating. No foreign bodies are identified. The mandibular and sublingual glands appear normal in morphology. Surrounding soft tissues demonstrate mild edema but no aggressive infiltration. The adjacent mandible is within normal limits.

Only minimal enlargement of the left submandibular lymph nodes is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left submandibular cavitory lesion with peripheral rim enhancement and fluid content.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging characteristics are most consistent with a submandibular abscess. Given the history of spontaneously ruptured lesion and inconclusive culture, this may support a chronic or organizing abscess. Differential considerations, however, also include sialocele of the sublingual gland. Necrotic neoplasia is considered highly unlikely even though this can never be excluded completely.

The minimal lymph node changes support reactive change.

Surgical intervention/drainage such as complete excision or drainage of the cavitory lesion are advised, ideally with culture and cytology to guide therapy. If swelling persists after "abscess" treatment, reassessment for sialocele may be warranted.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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