



**PATIENT**

Pandora Sargent

**PRESENTING CLINICAL SIGNS**

Pandora presents for dyspnea and stridor. She has a prior known diagnosis of PPDH. She has also had an off and on swelling that has previously been aspirated in her ventral neck and has never had a definitive diagnosis. She was hospitalized in oxygen at E Clinic over the first week of Nov see medical records. See also radiology report from AIS There is concern for ventral neck neoplasia and a concurrent PPDH. CT scan is recommended and was completed uneventfully. FNA slide was submitted to CSU but this is expected to be a low yield test since mass does not exfoliate well.

**SPECIES**

Feline

**BREED**

DMH

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

FS

**Head & Neck**

A large ill-defined soft tissue attenuating mass of approximately 6 cm length, 4.5 cm width, and 3 cm height is seen in the left ventral neck. The mass starts within the retropharyngeal area. The retropharyngeal lymph node appears to be part of this mass. The mass however extends along the entire ventral neck and encompasses the trachea from a left and dorsal aspect. Ventral deviation of the carotid arteries is seen. There also is ventral displacement of the left lobe of the thyroid gland. The mass does not appear to be of thyroidal origin. The left and right thyroid lobes are in direct contact with the mass however their shape, attenuation, and enhancement present within normal limits. The mass itself presents multifocal internal cavitations and strong heterogeneous contrast enhancement. There is an extensive nasal, oral, and laryngopharyngeal mass effect. No osseous involvement is seen.

**AGE**

12 Years

The right medial retropharyngeal lymph node is mildly enlarged.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

Both tympanic bullae are filled with fluid attenuating material. The osseous lining of the tympanic bullae is smooth and thin.

Multiple teeth present severe resorptive changes and widening of their periodontium with loss of the lamina dura which accentuates the maxillary premolar and molar teeth in both maxillary quadrants.

**REFERRING VET**

Ravi Seshadri DVM,  
DipACVECC

The cervical and axillary lymph nodes present within normal limits.

**Thorax**

The mediastinal lymph nodes present within normal limits.

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A moderate generalized bronchial lung pattern with tree-in-bud appearance is seen. Multifocal broncholithiasis is noted.

A peritoneopericardial diaphragmatic hernia with cranial displacement of abdominal fat and liver tissue is seen. The diaphragmatic defect is in a ventral and central position of the diaphragmatic cupola.

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The intrathoracic and abdominal liver tissue presents multiple variably sized cystic lesions of up to 1.5 cm diameter.

The gallbladder is bilobed and only mildly distended. Mild dilation of the common bile duct, extrahepatic biliary ducts, and pancreatic duct is seen respectively.

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Feline

Cortical infarcts and mineral attenuating foci are seen within the right kidney.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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DMH

- Large left sided retropharyngeal soft tissue mass meeting neoplastic criteria.
- Mild right retropharyngeal lymphadenomegaly.
- Peritoneopericardial diaphragmatic hernia with protrusion of abdominal fat and liver.
- Bronchial lung pattern with tree-in-bud appearance.
- Suspect multiple biliary cyst adenomas.
- Suspect triaditis.
- Multifocal periodontal disease.
- Bilateral otitis media.
- Hypercalcemic nephropathy.

**SEX**

FS

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a large soft tissue mass in the ventral neck and left retropharyngeal area meeting neoplastic criteria. Lymph node origin from the left medial retropharyngeal lymph node is thought most likely. The thyroid gland does not appear to be involved. Consider round cell neoplasia a potential differential diagnosis. Metastatic disease of an undetermined primary tumor and other soft tissue neoplasia including soft tissue sarcoma are potential differential diagnosis. Final diagnosis will require sampling which could be obtained under ultrasonographic guidance to allow for an appropriated diagnostic yield and avoid the cavitating / necrotic areas of the tumor.

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The right medial retropharyngeal lymphadenomegaly is mild and may represent reactive hyperplasia. Early metastatic disease cannot be ruled out entirely.

The bilateral otitis media is likely secretory due to the nasopharyngeal mass effect. Infectious otitis media however remains a potential.

**REFERRING VET**

Ravi Seshadri DVM,  
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The peritoneopericardial diaphragmatic hernia does not appear to be associated with incarceration of tissue at this point. The perfusion and attenuating patterns of the intrathoracic and abdominal liver tissue is equal.

The liver tissue presents multiple cystic lesions compatible with biliary cyst adenoma. Cyst adenocarcinoma and other cystic neoplasia cannot be ruled out entirely but is thought by far less likely.

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There appears to be potential for triaditis with pancreatitis and cholangiohepatitis. Clinical significance is not necessarily given.

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The changes of the lung parenchyma and bronchial tree are highly suggestive for chronic / recurrent allergic lower airway syndrome (feline asthma) which the tree-in-bud pattern with bronchial mucus plugging and broncholithiasis all are typical for. However, superinfection such as



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viral, bacterial, and less likely parasitic, or protozoal cannot be ruled out entirely.

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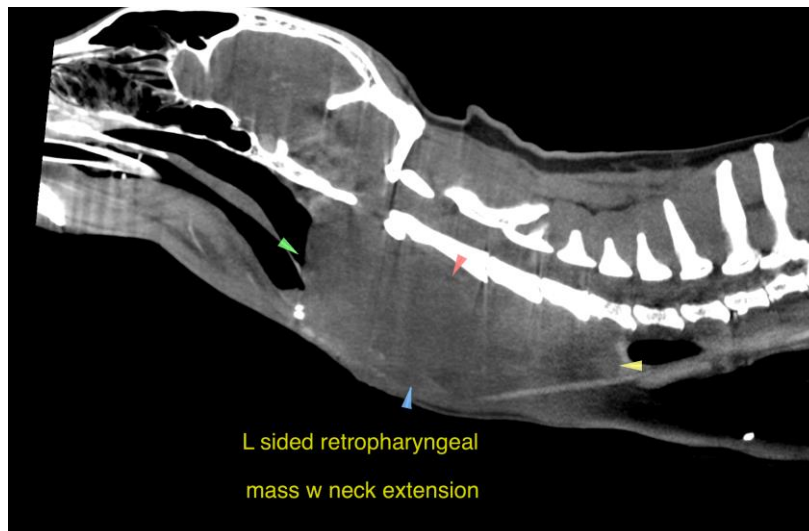
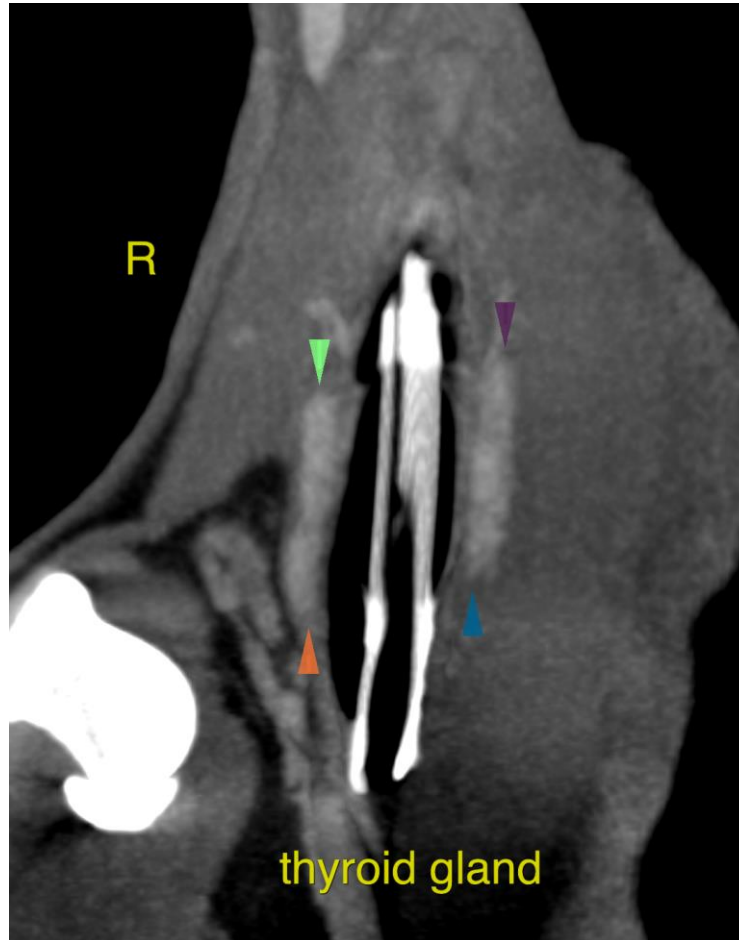
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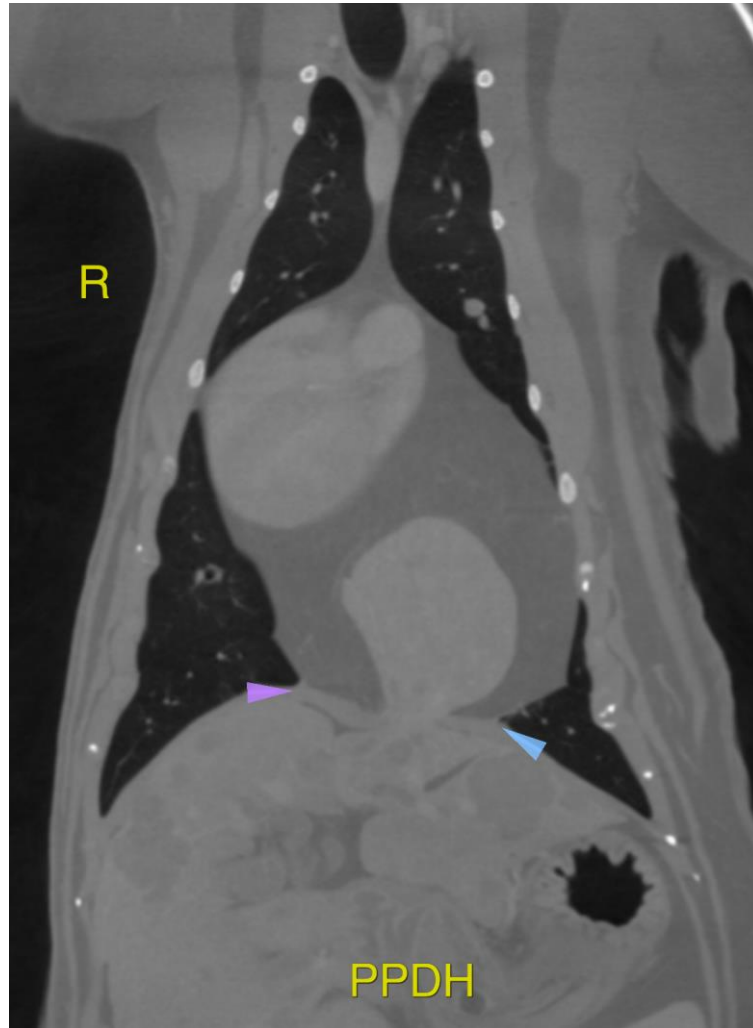
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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