



PATIENT

Wally Murray

SPECIES

Canine

BREED

Saint Bernard

SEX

Male Neutered

AGE

8Y, 6M

WEIGHT

58.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sabrina

HOSPITAL NAME

Mountain West
Veterinary Specialists

REFERRING VET

Dr. Andrew Burton

INVOICE

72739

DATE

11-24-25

PRESENTING CLINICAL SIGNS

What has been going on with Wally? last few days heavy breathing. Friday AM he did not eat, and yesterday he did not eat at all. Congestion is getting worse. IVDD we treated last year. rDVM gave abx but getting worse not better. Drool is all phlegm, with possible blood in it. Lethargic. Saw rDVM on Thursday - started abx. Won't swallow
Abnormal PE/Chem/CBC/UA Results: Neutrophils 20.16+; Lymphocytes 1.01-; Monocytes 1.49+; Globulin 4.9+

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A thick walled, fluid filled, cavitory lesion of approximately 7 x 4 x 3 cm is present within the sublingual soft tissues extending along the ventral oral floor. The lesion has a well-defined, peripheral enhancing, thick rim with heterogeneous fluid attenuation centrally. Small gas inclusions are present within the cavity. A right sided intraoral sublingual opening is visible suggesting presence of an intraoral drainage tract. Surrounding soft tissue exhibit marked edema, swelling, and fat stranding. No evidence of foreign material is seen.

Bilateral medial retropharyngeal lymphadenomegaly is noted.

Nasopharynx and oropharynx are narrowed due to ventral soft tissue swelling but remain patent.

No discrete mass involving the nasal cavities, larynx, or hyoid apparatus is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Sublingual thick walled fluid filled cavitory lesion with right sided intraoral drainage tract.
- Marked peripheral cellulitis.
- Bilateral medial retropharyngeal lymphadenopathy compatible with reactive lymphadenitis.
- No foreign object identified.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study shows a substantial sublingual infected fluid filled cavity with features typical of a sublingual abscess. Sialocele complicated by secondary bacterial infection is a possible differential diagnosis. Surgical consultation for further drainage can be considered. Culture and sensitivity of aspirated fluid should be obtained before adjusting antibiotic therapy. Broad spectrum antimicrobial therapy pending culture results can be considered. Consider airway monitoring and feeding management.



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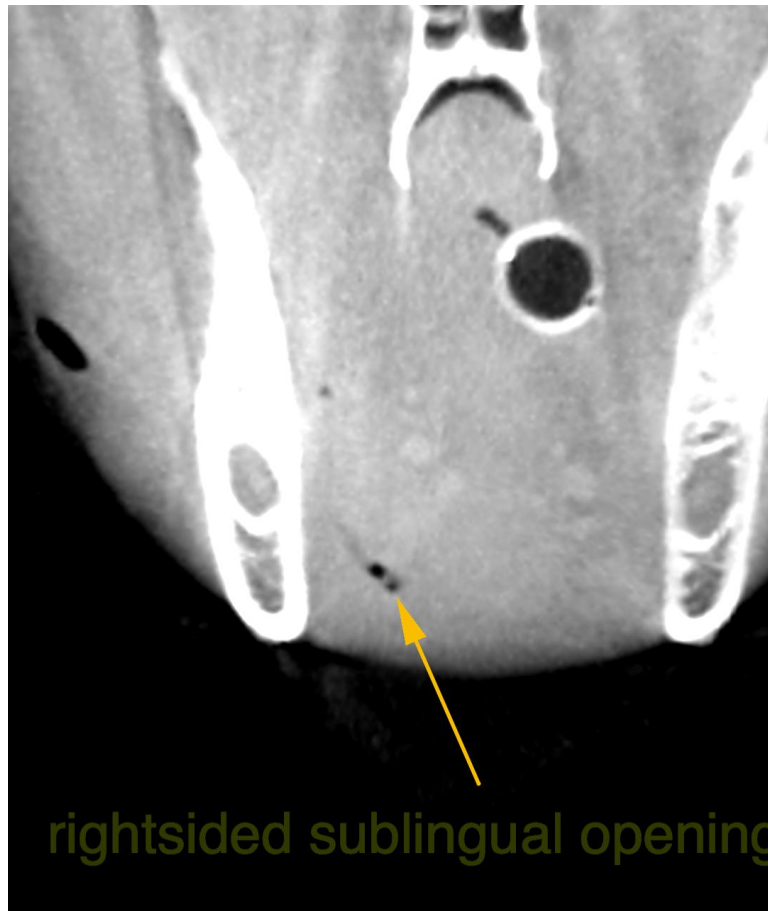
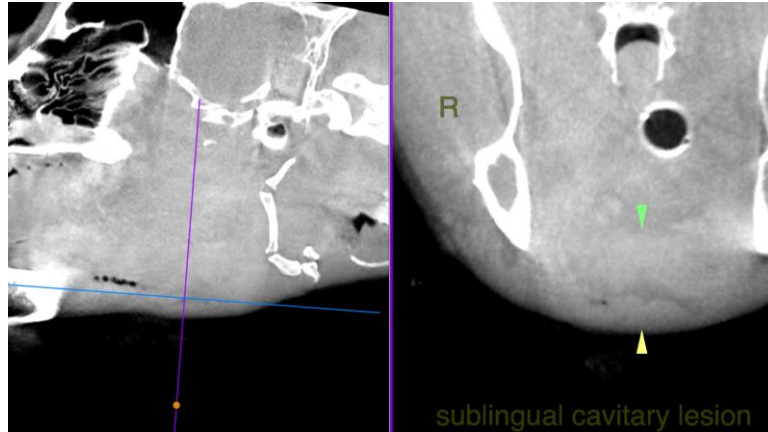
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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