

**PATIENT**

Mac Simonis

PRESENTING CLINICAL SIGNS

Patient presents for CT scan for facial swelling. Has had intermittent swelling of muzzle since Sept 2021. Had multiple fox tails. When fluid was drawn it has serosanguinous fluid. Has been on Augmentin since Oct 7th.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Post contrast study available for review.

BREED

Pitbull

COMPUTED TOMOGRAPHIC FINDINGS

Extensive soft tissue swelling is noted on the dorsum of the nose and in the left side of the face. An approximately 5 x 5 x 2 cm sized fluid filled cavitory lesion appears to be present lateral and dorsal to the left zygomatic arch. Weak peripheral rim enhancement and a thin walled capsule are seen as well as peripheral fat stranding. The center of the lesion appears to be fluid attenuating and contrast negative. No foreign material can be identified despite small hyperattenuating foci being seen.

SEX

Male

The left submandibular and retropharyngeal lymph nodes present moderate symmetric enlargement.

AGE

1.5 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitory lesion dorsal and lateral to the left zygomatic arch with extensive peripheral soft tissue swelling and regional lymphadenitis.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are suggestive for an abscess lateral and dorsal to the left zygomatic arch with peripheral cellulitis and regional lymphadenitis. Cyst, organizing hematoma, tumor with central tumoral necrosis are theoretical but unlikely differential diagnoses. Foreign material cannot be definitively identified even though foreign material related origin or external injury are the most likely causes of the presumed abscess formation.

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Ebert

INVOICE

54995

DATE

11-4-22



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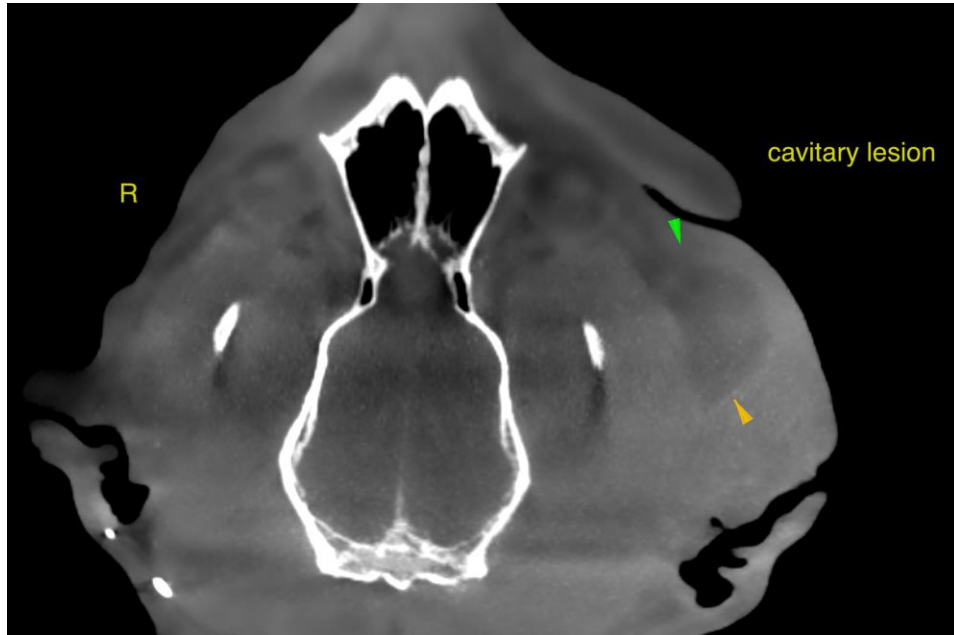
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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