



PATIENT PRESENTING CLINICAL SIGNS

Rowdy Brady
SPECIES
 Canine
BREED
 Australian Shepard
SEX
 MN
AGE
 4 Years

Left ventral neck CURRNET MEDICATIONS: Famotidine 10mg Tablets - 1 2x daily Prednisone 20mg tablet 1/4 tablets 1x daily Enrofloxacin 136mg 1 tablet 1x daily Advita Probiotic 1 packet once daily Physical Exam 02-18-2023 12:48:17pm, Ravi Seshadri DVM, DipACVECC Q/Feisty, AR, H MM pink, CRT WNL EENT unremarkable for age / breed PLNs NSF Auscultation no murmurs, lungs clear, pulses adequate and synchronous Abdominal palpation benign MS /Integ No significant pathology appreciated RE - not performed Cranial nerves intact Left ventral mandible / jowl region swelling with a bilobed structure as well as moderate fluctuant cellulitis. Clinician Comments 02-18-2023 12:49:47pm, Ravi Seshadri DVM, DipACVECC Rowdy presented with a cellulitic area of inflammation associated with the left submandibular node and salivary gland. This was previously ultrasounded and aspirated at the rDVM. It is most consistent with a penetrating foreign body causing a regional abscessation. His CT scan was completed uneventfully today. Radiology report is pending. At this point in time it appears that there is a bilobed pocketing abscess, with regional cellulitis, and that the vital structures of the left neck are not involved. Once the final radiology report is back we will contact the rDVM, and the client. Surgical exploratory will be indicated. This can be completed at the rDVM, or through us @ SOVSC. Procedures 02-18-2023 12:45:12pm, Ravi Seshadri DVM, DipACVECC Imaging/CT Scan & Additional CT Scan Specifics IV catheter placed. Pre-medication with butorphanol, and induction with propofol. Intubated and maintained on isoflurane and oxygen with IPPV support / SCCS. Crystalloid fluids. Uneventful anesthesia and recovery, see SmartFlow sheet for data / details. Routinely completed pre contrast and post contrast image series acquisition. Iodine (iohexol) @ 500mgs / kg used Smooth uneventful recovery, plan to discharge pending formal radiology consultation. In hospital assessment vital structures of the ventral left neck are NOT involved in the abscess / cellulitis at this time.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

HOSPITAL NAME

Southern Oregon
 Veterinary Specialty
 Center

COMPUTED TOMOGRAPHIC FINDINGS

An approximately 4 cm sized multiseptated cavitory lesion is seen in the right retropharyngeal area rostral and ventral to the right retropharyngeal lymph node medial to the right mandibular salivary gland and caudal to the right submandibular lymph nodes. The cavitory lesion presents ill-defined margins with peripheral soft tissue swelling and fat stranding and appears to blend into the retropharyngeal lymph node directly. A similar lesion is seen on the lefthand side which measures 1.6 cm in diameter only. Extensive soft tissue swelling and fat stranding with increased heterogeneous contrast enhancement is seen ventral between the two cavitory lesions level with the larynx and basihyoid bone. No evidence of foreign material is noted.

REFERRING VET

Ravi Seshadri

The submandibular lymph nodes present mild bilaterally symmetric enlargement.

INVOICE

No evidence of relevant dental changes is noted.

56838

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral abscesses in the position of the retropharyngeal lymph nodes with extensive peripheral cellulitis and regional lymphadenitis.

DATE

2-19-23



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INVOICE

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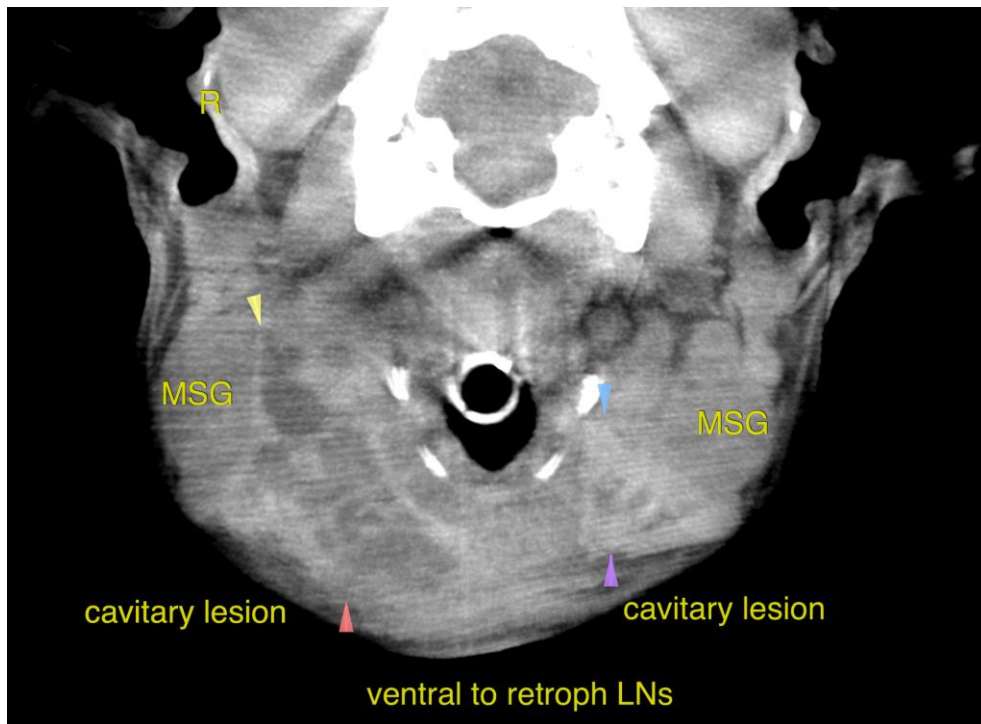
DATE

2-19-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with bilateral abscessation of the retropharyngeal lymph nodes. The cavitory lesion on the righthand side appear to be larger (please check laterality as this deviates from the reported history). The cavitory lesions appear to blend into the retropharyngeal lymph nodes directly. Abscessation secondary to perforating injury, regional inflammation/infection, or migrating foreign material appears most likely. No attenuating foreign material can be seen. There is no obvious involvement of the mandibular salivary gland. Sialoceles and neoplasia with tumoral necrosis are theoretical but by far less likely differential diagnoses. Correlation with the results of the sampling required. Drainage of the lesions should be discussed critically versus en bloc excision with consecutive culture and sensitivity as well as histopathologic examination because of the involvement of the lymph nodes.

The changes of the submandibular lymph nodes are compatible with reactive hyperplasia.



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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