



**PATIENT PRESENTING CLINICAL SIGNS**

Walter Canavan Hoarse stertorous breathing to stridorous breathing for many months. Very loud and audible. Possibly sniffed/inhaled a small plastic bead when signs began. Nasal discharge as well (improved on antibiotics). Large caudal oral/pharyngeal mass seen on oral exam. CT scan performed of head and chest. Mass effect appeared fluid filled. After first part of CT (pre and post contrast) aspirated mass effect and was able to suction out ~60 mL of beige/purulent fluid from the mass effect.

**SPECIES** Canine Repeated a CT scan (had to create it as a new study) after draining the cystic mass. Abnormal PE/Chem/CBC/UA Results: Stertorous breathing. Previous neutrophilia.

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

Boxer Plain and post contrast studies of the head in soft tissue and bone windows and the thorax in soft tissue and lung windows available for review.

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

**MN Head**

**AGE** 5 Years A large well delineated cystic retropharyngeal mass is seen to the left of the midline. The mass causes caudal oropharyngeal and nasopharyngeal obstruction. The mass measures 5.0 cm in diameter. The wall of the cystic mass is partially mineralized. The content is uniformly fluid attenuating. Peripheral rim enhancement is seen without evidence of peripheral inflammation. No evidence of foreign material is identified. The cystic mass is in close proximity to the tongue base and left mandibular salivary gland. Pressure related atrophy of the skull base and left hamulus of the pterygoid bone is seen as well as deviation of the left stylo- and epi-hyoid. There is no evidence of aggressive bone lesions.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The left submandibular and retropharyngeal lymph nodes are minimally enlarged with maintained contrast enhancement patterns and short to long axis ratios.

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A moderate amount of fluid attenuating material is seen between the turbinates in both nasal cavities. There is no evidence of turbinate destruction, foreign material, or a mass lesion.

The frontal sinuses present within normal limits.

**Thorax**

**REFERRING VET**

Dr. Ashley Gold

Mild to moderate spondyloses are seen in the caudal thoracic spine.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

**INVOICE**

51316 The cardiovascular structures including the pulmonary vasculature are within normal limits.

**DATE**

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.



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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

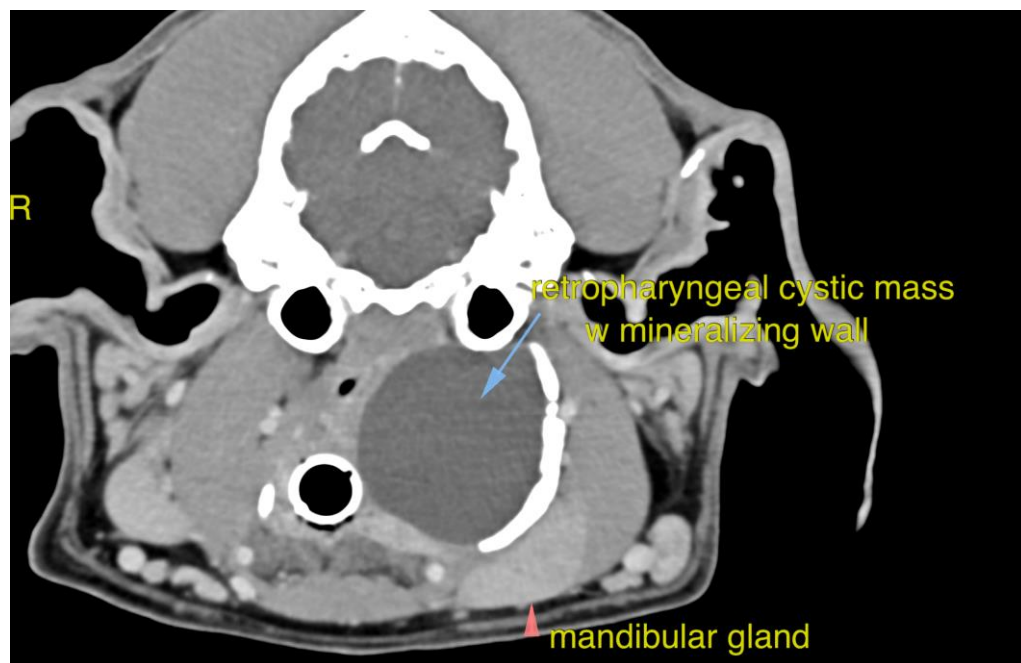
- Suspect chronic cervical sialoceles with mineralizing cyst wall and nasopharyngeal as well as oropharyngeal obstruction.
- Obstructive bilateral rhinitis.
- Minimal left medial retropharyngeal and submandibular lymphadenomegaly - compatible with reactive hyperplasia.
- Normal age related findings of the lung and bronchial tree.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are highly suggestive for a cervical sialocele such as of the left mandibular or left sublingual salivary gland. Owing to its large size and retropharyngeal position, both nasopharyngeal and oropharyngeal obstruction are noted. The nasal discharge is likely secondary to obstructive rhinitis. No evidence of nasal foreign material, destructive rhinitis, or a nasal mass is identified.

The osseous changes are considered a consequence of pressure related atrophy. No evidence of aggressive bone lesions is found.

Retention cyst, other congenital cyst, abscess, or hematoma cannot be ruled out entirely. However, are by far less likely as differential diagnoses. Correlate with the laboratory results and consider surgical intervention such as cyst marsupialization depending on the results.





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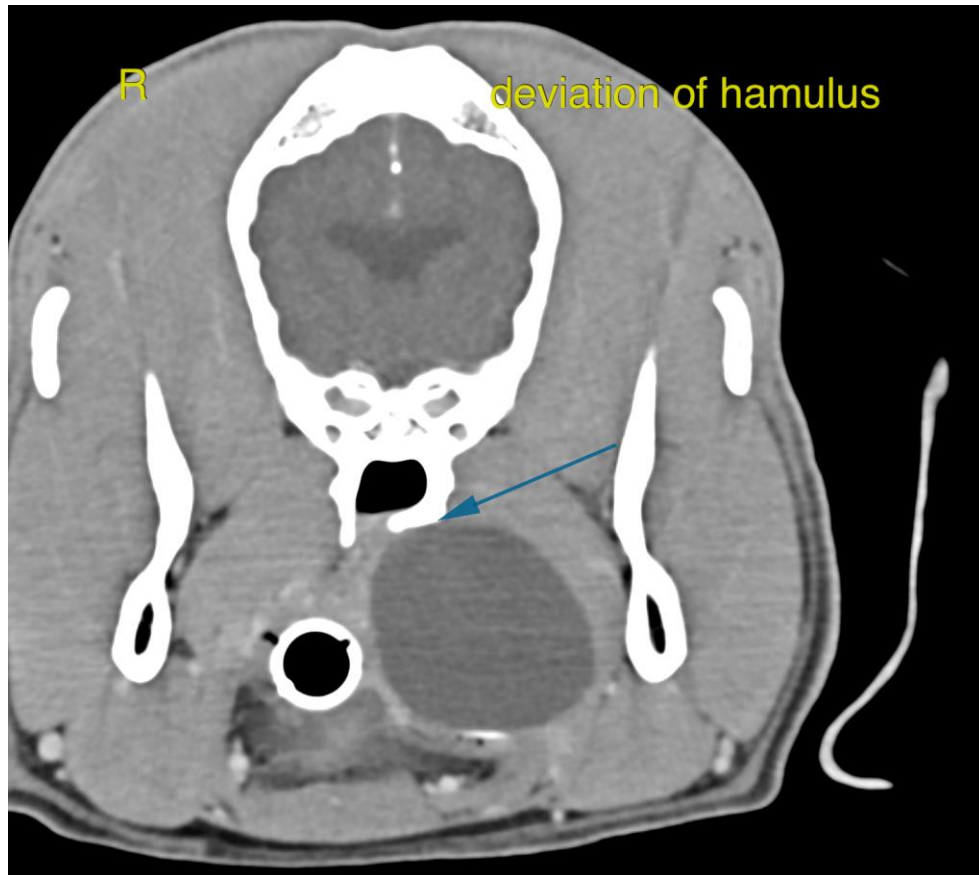
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley, DVM, Dr. med. vet., DipECVDI**  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com