



**PATIENT PRESENTING CLINICAL SIGNS**

Enzo Lobitz Presented for a hx of right facial swelling, dropping of right lip, unable to blink right eye, right temporal muscle atrophy,  
Abnormal PE/Chem/CBC/UA Results: Mild lymphopenia, otherwise normal

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN**

Canine Plain and post contrast studies of the head and post contrast studies only of the thorax and abdomen available for review.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

German Shepherd **Head**

**SEX** A 3 cm sized thin walled cavitory lesion with uniformly fluid attenuating content is seen in the right retrobulbar space in the position of the zygomatic salivary gland. A right sided exophthalmos is noted.

MI

The right temporal muscle presents moderate atrophy.

**AGE** An 8 x 4 cm sized elongated cavitory lesion with nonuniform contrast enhancement is seen in the right mandibular angle and appears to connect with the right parotid salivary gland. Ventrolateral deviation and compression of the right mandibular salivary gland is seen. The cavitory lesion extends into the masseter muscle where swelling and heterogeneous enhancement are noted and there is a curved extension of the cavitory lesion ventromedial of the coronoid process of the right mandible to the skull base level with the right oval foramen.

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**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The right medial retropharyngeal lymph node is mildly enlarged with maintained short to long axis ratio and slightly increased contrast enhancement.

**HOSPITAL NAME Thorax**

Northeast Veterinary Referral Hospital 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.

**REFERRING VET** The cardiovascular structures including the pulmonary vasculature are within normal limits.

Dr. Runde 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.

**INVOICE** 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.

**DATE Abdomen**

4-20-22

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion



**PATIENT** or peritonitis.

Enzo Lobitz Moderate symmetric enlargement of the prostate is seen.

**SPECIES** Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Canine The adrenal glands are within normal limits for size, shape and organ architecture.

**BREED** Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

German Shepherd The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**SEX** The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

MI The bony and surrounding soft tissue structures reveal no abnormalities.

**AGE** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Right sided retrobulbar cavitory lesion.
- Right sided submandibular cavitory lesion.
- Right medial retropharyngeal lymphadenomegaly.
- Right temporalis muscle atrophy.
- Prostatomegaly of the non-neutered male.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

The CT study suggests presence of right zygomatic and parotid sialoceles with peripheral cellulitis and myositis. The lesions do not interfere with the anatomic pathways of the peripheral branches of the facial nerve and right mandibular nerve which would explain the clinical facial neuropathy and temporalis muscle atrophy. Differential diagnosis includes retrobulbar and submandibular abscess as well as tumor with central tumoral necrosis which both, however, are thought less likely than (inflamed) sialoceles. Consider sampling of both cavitory lesions for further definition.

**REFERRING VET**

Dr. Runde

The lymph node changes are suggestive for reactive lymphadenitis. Fine needle aspiration could be considered in order to rule out early metastatic disease.

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The CT findings of the thorax and abdomen were within age related normal limits.

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**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

MI

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Dr. Runde

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**PATIENT**

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**REFERRING VET**

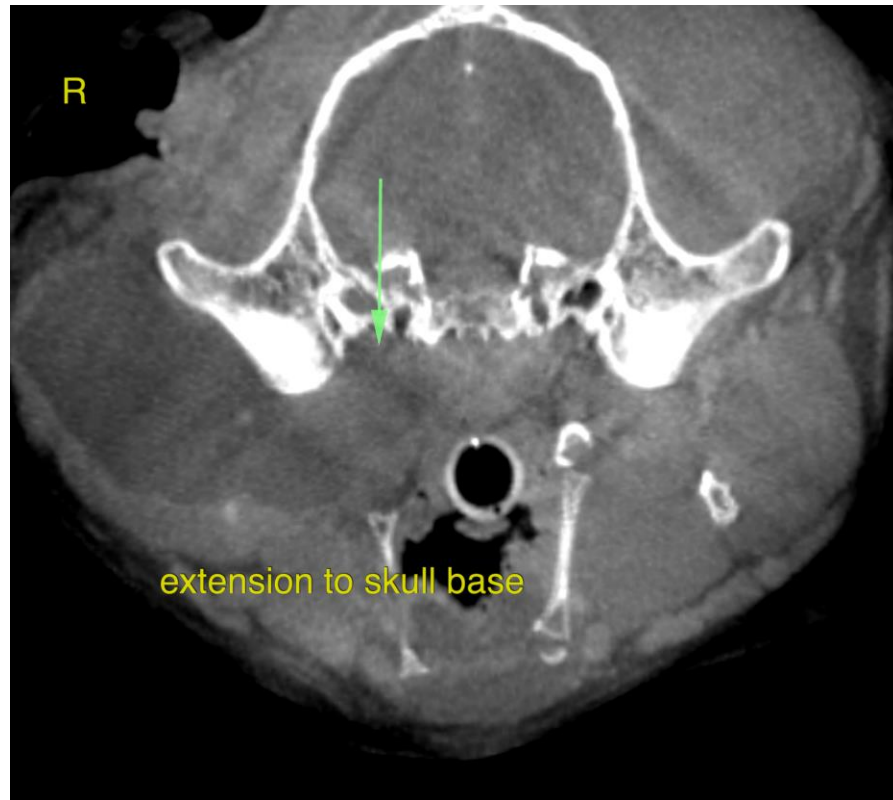
Dr. Runde

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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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