



PATIENT

Benny Peak

PRESENTING CLINICAL SIGNS

P is here today to get his lumps/ masses looked at/ possibly removed. The lumps are located on his under tongue, neck, groin, and back leg. O thinks the lump in the neck may cause P to struggle with his breathing. P also has an ear infection O is treating with their rDVM, c Keto flush. (Right ear, p is extremely sensitive) On April 11th O called rDVM requesting estimates for sublingual mass removal along with a few lipomas to be removed. per rDVM notes O declined Histopath on all masses, Pt is seen for Skin issues frequently at rDVM. Pt had a dental cleaning at rDVM in December 2022 Pt receives Cytopoint injections History of Hepatopathy - O gives Ursodiol 75mg PO Q12 Prozac 15mg - 1.5tab PO SID Mirtazapine
Abnormal PE/Chem/CBC/UA Results: RETIC 197.5 K/uL PCT 0.48% ALT 502U/L CHOL 373mg/dL

SPECIES

Canine

BREED

Basenji

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

SEX

Neutered Male

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

An approximately 3.5 x 1.5 x 2.0 cm sized sublingual mass is seen. Lesion margins are ill-defined. The mass is ventral to the body of the tongue level with the frenulum. Moderate and slightly nonuniform contrast enhancement is noted.

AGE

12 Years, 3 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The right external auditory meatus presents severe thickening of its epithelial lining with increased contrast enhancement. The lumen of the right external auditory meatus is severely stenotic. No evidence of concurrent middle ear changes is seen. The left external auditory meatus presents moderate thickening of its epithelial lining with increased contrast enhancement. Moderate narrowing of the lumen of the left external auditory meatus is seen.

HOSPITAL NAME

Neel Veterinary
Hospital

Mild right medial retropharyngeal lymphadenomegaly is noted.

There is a 3.5 x 2.0 cm sized lipoma to the right of the larynx. Mild dorsal flattening of the cervical trachea is seen.

REFERRING VET

Dr. Ellen Domnick

Thorax

A 4.0 x 3.0 cm sized lipoma is seen in the left pectoralis region.

Mild smooth new bone formation is seen in the cranial contour of the 1st thoracic dorsal spinous process.

INVOICE

58023

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.

DATE

4-27-23

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

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



PATIENT normal limits.

Benny Peak The lung parenchyma presents the expected architecture and attenuation behavior.

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

Canine **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- BREED**
- Sublingual soft tissue mass meeting neoplastic criteria.
 - Bilateral chronic otitis externa with acquired chronic inflammatory ear canal stenosis, severe on the right and moderate on the left side.
- Basenji
- Mild right medial retropharyngeal lymphadenomegaly.
 - Lipomas in the right lateral neck and left pectoralis region.
 - No evidence of pulmonary metastases.
 - Suspect redundant dorsal tracheal ligament of the cervical trachea.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 Years, 3 Months

The CT study reveals a sublingual soft tissue mass meeting neoplastic criteria. Aggressive biological behavior is considered likely. Differential diagnosis includes squamous cell carcinoma, fibrosarcoma, and less likely leiomyoma, leiomyosarcoma. Final diagnosis will require sampling for histology. The lesion margins are ill-defined, which underlines the suspicion of infiltrative growth.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The right medial retropharyngeal lymphadenomegaly is mild and compatible with reactive hyperplasia. Early metastatic disease cannot be ruled out entirely but is thought unlikely. Fine needle aspiration could be considered for further definition.

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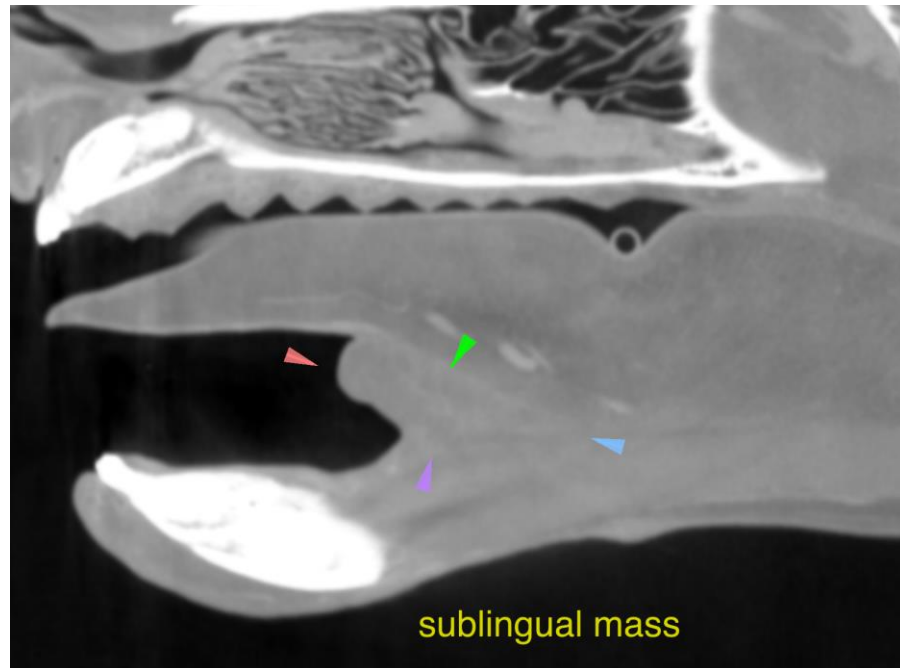
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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