



PATIENT

Murphy McGee

PRESENTING CLINICAL SIGNS

Pt presents for tooth root abscess consult and potential sx. Pt developed a tooth root abscess in October. Pt was treated with injectable antibiotics BID for 10 days. Pt went to rDVM two days ago and was put on IVF, antibiotics, and pain meds. Today during Pt's exam the mouth began to bleed. Pt developed a dry cough yesterday. No v/d/s. Pt was hand fed yesterday, NPO today. Pt has been lethargic. Pt has been on Apoquel 16mg BID, and Fluconazole SID since moving to FL from NH five years ago. Pt is UTD on vaccines and takes HG/Nexgard.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

BREED

Plain and post contrast studies available for review.

Bloodhound

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Head & Neck

MN

The dentition presents within age related normal limits. No evidence of tooth root abscessation is found.

AGE

7

There is extensive sublingual and perilaryngeal soft tissue swelling with fat stranding and increased contrast enhancement.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

An approximately 2 cm sized fluid filled cavitory lesion is seen in the sublingual soft tissues to the right of the midline. Thick walled peripheral rim enhancement is noted. The cavity contains multiple gas bubbles and appears to connect to both left and right hand sided fluid accumulation mixed with gas bubbles within the laryngopharynx. No evidence of foreign material is seen.

The bilateral submandibular and retropharyngeal lymph nodes present mild to moderate symmetric enlargement.

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

Moderate hyperplasia and degenerative changes of the left vertebral facet joint are seen at C2/3 resulting in moderate vertebral canal stenosis with compression directing from a left dorsolateral position.

Both lobes of the thyroid gland are seen and present within normal limits.

REFERRING VET

Dr. Young

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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

57617

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

DATE

4-4-23

Mild dystelestatic changes are seen in the dorsal dependent lung. There is mild generalized bronchial wall thickening and enhancement.



PATIENT

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

Murphy McGee

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Suspect sublingual abscess with laryngopharyngeal extension or opening.
- Bilaterally symmetric lymphadenitis of the submandibular and retropharyngeal lymph nodes.
- Moderate vertebral canal stenosis dorsolaterally at C2/3 secondary to congenital vertebral malformation and degeneration of the facet joint.
- Bronchial lung pattern.

BREED

Bloodhound

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings suggest presence of a ruptured sublingual abscess which appears to extend or open into the laryngopharynx. No evidence of foreign material is seen. Prior stick injury or residual small pieces of organic foreign material, however, cannot be ruled out entirely. Abscessation of a sublingual sialocele is a potential but less likely differential diagnosis. Consider aspiration and analysis of the fluid content from the sublingual cavity and thorough oral examination if not performed already.

SEX

MN

AGE

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The mild bronchial lung pattern suggests potential for allergic or infectious such as viral, bacterial, parasitic bronchopneumopathy.

Note the presence of craniocervical spondylopathy with vertebral canal stenosis at C2/3 – unlikely to be related to the current clinical presentation.

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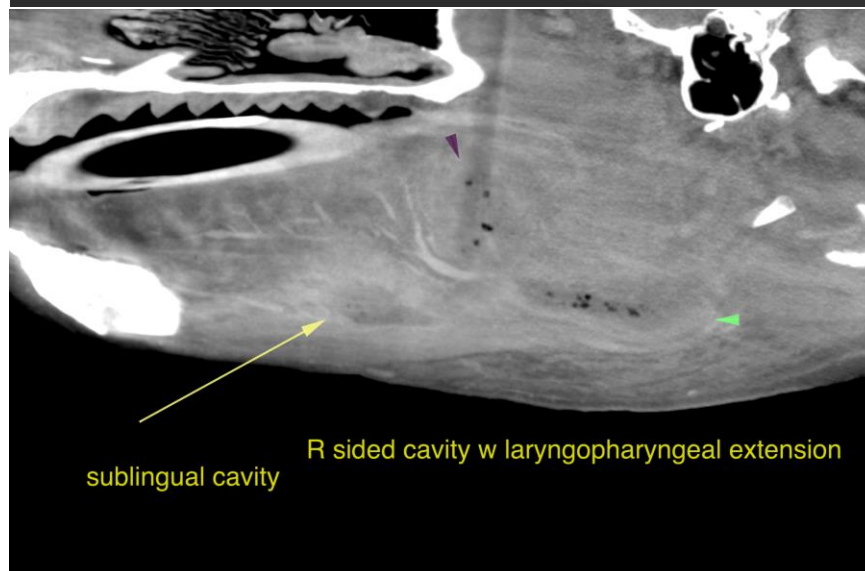
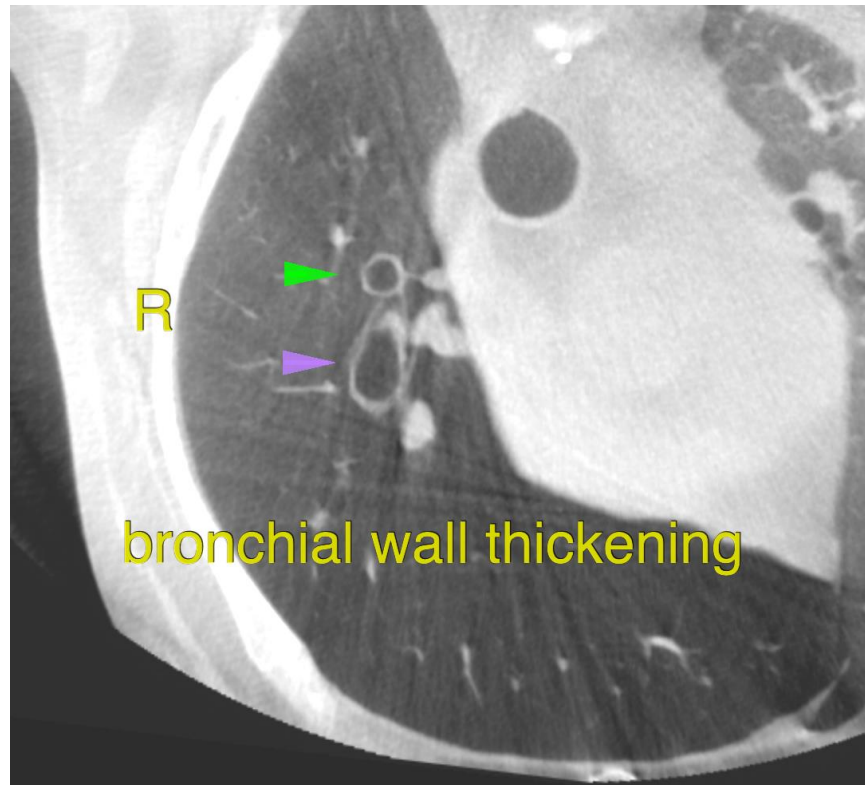
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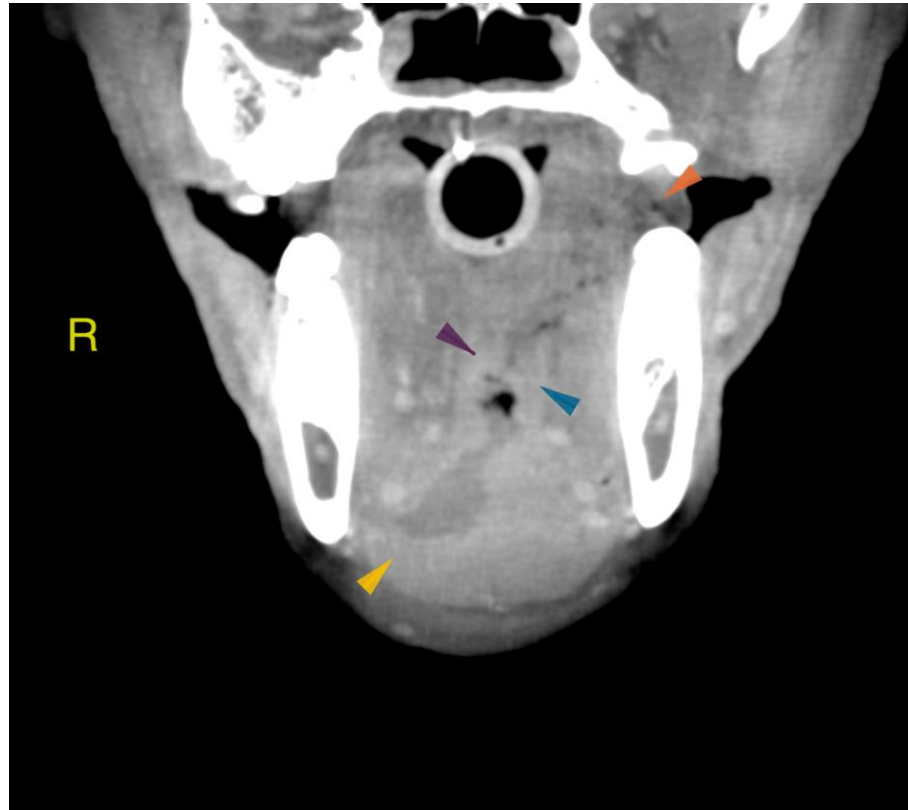
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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