



PATIENT

Zoe Mantell

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

12Y

WEIGHT

29kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Barlow

HOSPITAL NAME

Mountain West
Veterinary Specialists

REFERRING VET

Barlow

INVOICE

75117

DATE

5-24-26

PRESENTING CLINICAL SIGNS

Pt had dental recently with extractions. pt also had lump removed, unsure what lump was. pt was brought in because when she eats, it seems to get stuck in her throat and will cough and choke to get it out.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large, ill-defined, heterogeneous, soft tissue and fluid attenuating process is seen within the left ventral cervical region measuring approximately 15 x 5 cm. The lesion is associated with marked surrounding fat stranding, fluid accumulation, poorly defined margins, and heterogeneous contrast enhancement, and extends into the submandibular soft tissues as well as into the retropharyngeal region resulting in regional mass effect on adjacent cervical soft tissues including the larynx and trachea. Lesion margins are ill-defined.

The left mandibular salivary gland is not identified. Additionally, the left thyroid lobe and left medial retropharyngeal lymph node are not clearly visualized and may have been surgically removed or obscured by extensive post-operative/inflammatory change incorporated within the abnormal tissue.

The right thyroid lobe is unremarkable.

The right medial retropharyngeal lymph node is mildly enlarged.

The right mandibular salivary gland presents within normal limits.

No radiopaque foreign material is identified within the examined region.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive heterogeneous infiltrative left cervical soft tissue process with associated fluid accumulation, fat stranding, and regional mass effect.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Differential considerations include severe post-operative inflammatory/reactive change, hematoma formation, abscess formation, post-operative seroma, and less likely infiltrative neoplasia or a combination thereof. The left mandibular salivary gland, left thyroid lobe, and left medial retropharyngeal lymph node are not identified and may be surgically absent or obscured by the extensive abnormality.

Mild right medial retropharyngeal lymphadenomegaly is noted.

The interpretation is unfortunately significantly limited by the recent surgical history and lack of a pre-procedural scan.

The extensive ill-defined enhancing tissue and associated fluid could represent marked post-operative change; however, residual or recurrent infiltrative neoplasia cannot be fully excluded particularly given the degree of soft tissue distortion and absent regional structures as well as clinical signs of dysphagia. Correlation with surgical history and histopathology from the previously excised lesion/lesions is considered essential for interpretation.



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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