



PATIENT

Chance Derringer

PRESENTING CLINICAL SIGNS

recurring/resistant mass on proximoventral right neck - initially believed to be LN but now appears to be infection

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE UPPER NECK

Plain and post contrast studies available for review.

BREED

Labrador Retriever
Mix

COMPUTED TOMOGRAPHIC FINDINGS

An approximately 2.5 cm sized (lesion not fully included) cavitory lesion with multiple septations and moderate vascularity is seen in the right upper neck caudal and ventral to the external auditory meatus and lateral to the mandibular salivary gland. Lesion margins are ill-defined with peripheral fat stranding. The mass is adjacent to and ventral to the parotid salivary gland and lateral to the mandibular salivary gland. The lesion center is mostly fluid attenuating with multiple vascularized and contrast enhancement septations. Foreign material is not seen.

SEX

MN

The submandibular and medial retropharyngeal lymph nodes of the right side are mildly enlarged.

COMPUTED TOMOGRAPHIC DIAGNOSIS

AGE

6

- Septated cavitory lesion in the right upper neck ventrocaudal to the external auditory meatus and lateral to the right mandibular salivary gland.
- Mild right medial retropharyngeal and submandibular lymphadenomegaly.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary differential diagnosis is an abscess with peripheral cellulitis. However, the differential diagnosis of a sialocele, even though considered less likely, cannot be ruled out entirely. Neoplasia with central tumoral necrosis appears unlikely. Further definition by means of aspiration of the fluid in the lesion center is recommended as a next step.

HOSPITAL NAME

Advanced Animal
Imaging

REFERRING VET

Blair Hollowell, DVM

INVOICE

52963

DATE

7-19-22



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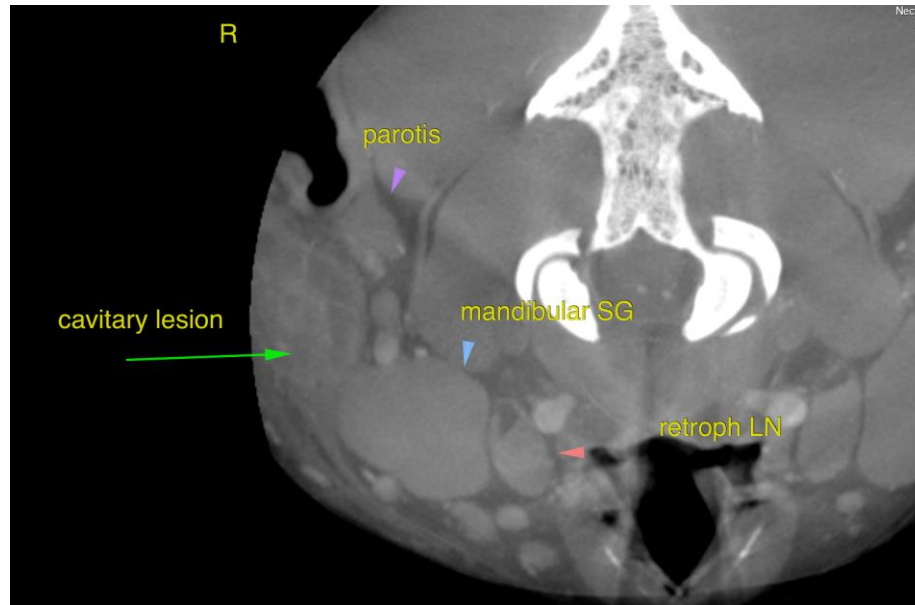
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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