



**PATIENT PRESENTING CLINICAL SIGNS**

Winston Gimpoli presented to the Toronto Animal Health Partners Surgery Service for evaluation of a mass caudal to his right mandible. The mass was initially noticed in early May, 2023. The mass was initially 4cm in diameter and soft, with some increase in neighbouring lymph node. It appears to have stayed the same size. Winston was seen by Walden Animal Hospital and initially started on a course of antibiotics for suspected abscess, however this made no difference to the mass. In June the mass was reported to have become more firm and seemed to be pressing on his trachea. Winston was coughing and gagging when eating (wet cough, sometimes hacking). An FNA was performed. He was restarted on a course of antibiotics (almost finished now) and the coughing and gagging has improved but the mass has stayed the same size. Winston has had a previous history of bilateral stifle crepitus, a keratoma on 2nd digit of left pelvic limb, dry skin, and gastroenteritis.

**SPECIES**  
Canine

**BREED**  
Greyhound

**SEX**  
MN

**AGE**  
5 Years

Abnormal PE/Chem/CBC/UA Results: Neck palpation: abnormal - firm mass - cartilage-like on right, below submandibular LN and salivary gland - attached to underlying structures Cytology report: The sample is very blood contaminated but there are low numbers of atypical cells and inflammatory cells. The atypical cells are suspicious for macrophages/histiocytes and could represent a reactive/inflammatory population but they sometimes have significant atypia that is concerning for neoplasia (sarcoma or other), particularly considering the history. The possibility that this represents lymph node is also considered given low numbers of lymphocytes but cannot be confirmed.

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX**

Plain and post contrast studies of the head and neck in soft tissue and bone windows and plain study of the thorax in soft tissue and lung windows available for review.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head & Neck**

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

**REFERRING VET**

Dr. Debbie Reynolds

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**INVOICE**

The visible dentition is within normal limits.

59199

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

**DATE**

7-6-23

Severe enlargement of the right medial retropharyngeal lymph node is seen. The lymph node measures more than 5 cm in diameter and is rounded with nonuniform contrast enhancement and central cavitation. Peripheral fat stranding is seen. The right submandibular and left medial retropharyngeal lymph nodes present mild symmetric enlargement with mild peripheral fat



**PATIENT**

stranding.

Winston Gimpoli

The salivary glands present within normal limits.

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

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The cervical trachea presents within normal limits as well.

Canine

Number, alignment, and general anatomy of the cervical vertebrae present within normal limits.

**BREED**

The paraspinal muscles present within normal limits.

Greyhound

Focal mineralization of the dorsal longitudinal ligament between C3 and C4 is seen.

**Thorax**

**SEX**

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

MN

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio.

**AGE**

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

5 Years

Multiple soft tissue attenuating interstitial pulmonary nodules of variable size and up to 10mm diameter are seen throughout the lung.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

Animal Health  
Partners

- Severe right medial retropharyngeal lymphadenomegaly meeting neoplastic criteria.
- Mild right submandibular and left medial retropharyngeal lymphadenomegaly – equivocal for reactive hyperplasia or neoplastic infiltrate.
- Multiple interstitial pulmonary nodules – highly suggestive for metastases.

**REFERRING VET**

Dr. Debbie Reynolds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals severe lymphadenomegaly of the right medial retropharyngeal lymph node meeting neoplastic criteria. A lymphomatous infiltrate or metastatic disease is a primary differential diagnosis. The findings are not compatible with reactive hyperplasia or lymphadenitis.

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The changes of the right submandibular and left retropharyngeal lymph nodes are more equivocal and may represent reactive hyperplasia or a neoplastic infiltrate. Repetition of the sampling of the right retropharyngeal lymph node and FNA of the remainder of the lymph nodes could be considered in case a final diagnosis is strived. Ultrasonographic guidance could be used for the right retropharyngeal lymph node in order to avoid nonperfused/noncellular areas.

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The multiple interstitial pulmonary nodules are highly likely to represent metastatic disease or a secondary neoplastic infiltrate such as with round cells. Granulomatous lung disease can never be ruled out entirely but is considered highly unlikely, especially in the context of the remainder of



**PATIENT**

the findings.

Winston Gimpoli

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**REFERRING VET**

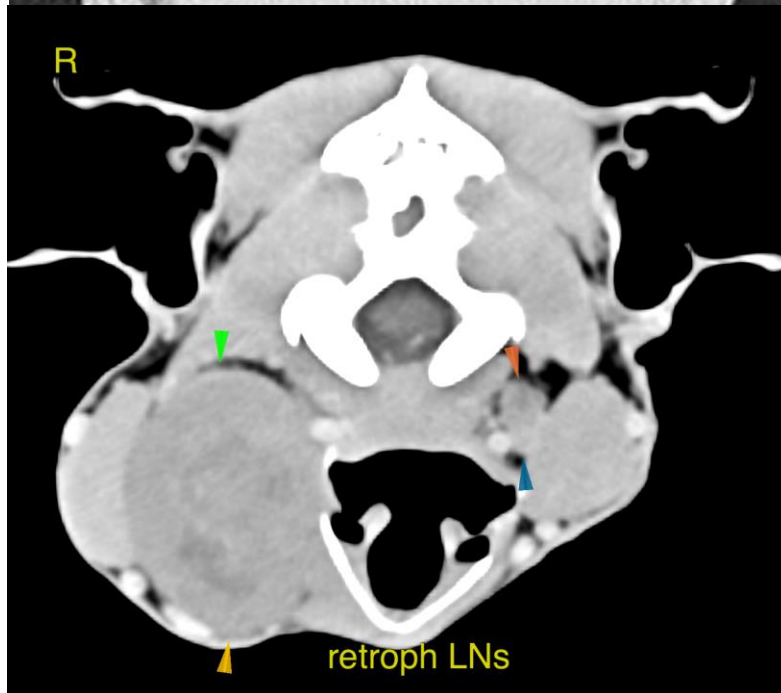
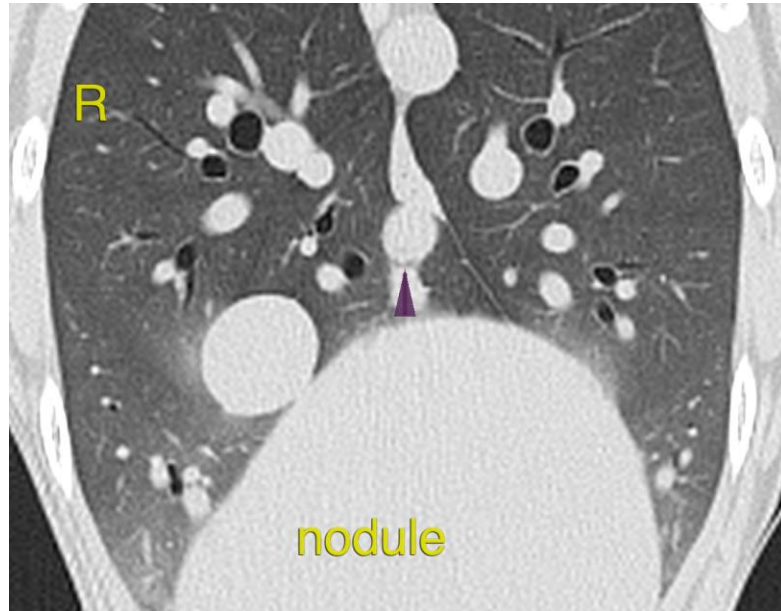
Dr. Debbie Reynolds

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**DATE**

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**PATIENT**

Winston Gimpoli

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.

**SPECIES**

Canine

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.

**BREED**

Greyhound

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