



PATIENT

Riley Anderson

PRESENTING CLINICAL SIGNS

Premedication with butorphanol . Sedation / analgesia with dexmedetomidine. Induction with propofol. Crystalloid fluids through the procedure. Monitored with oximetry / capnometry. Uneventful anesthesia and recovery with antisedan to reverse alpha agonist, see SmartFlow sheet for details, and data Routinely completed pre and post contrast CT scan of the retropharyngeal structures. This patient had a prior sialoceles that was surgically explored. At the time of exploratory a well demarcated gland was NOT found and a very large cyst was dissected out. There has since been recurrence of fluid. This CT is to try and identify a structural area to address with a second surgery.

SPECIES

Canine

BREED

Border Collie

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

SEX

MN

AGE

2 Years

COMPUTED TOMOGRAPHIC FINDINGS

A thin walled ovoid cavitory lesion with uniform fluid attenuating and contrast negative content is seen in the sublingual soft tissues. Most of the cavity is ventral to the base of the tongue. The cavity measures approximately 4 cm in length, 3.5 cm in width, and 2 cm in height. Only minimal peripheral fat stranding is seen. Finger like connections to both sides exists emerging from the cavitory lesion. The connection however appears to extend further lateral and dorsal on the left hand side. No direct connection between the cavitory lesion and the mandibular salivary glands is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The left medial retropharyngeal lymph node is mildly enlarged. The right medial retropharyngeal and the submandibular lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Sublingual sialoceles
- Left medial retropharyngeal lymphadenomegaly, mild.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a sublingual cavitory lesion compatible with a sialoceles. Emergence from the sublingual mono- or poly-stomatic glands is considered most likely. Mandibular salivary gland origin cannot be ruled out entirely but appears less likely because of the anatomic position and lack of anatomic connection.

REFERRING VET

Ravi Seshadri

The mild enlargement of the left medial retropharyngeal lymph node is compatible with mild reactive lymphadenitis.

INVOICE

59238

DATE

7-9-23



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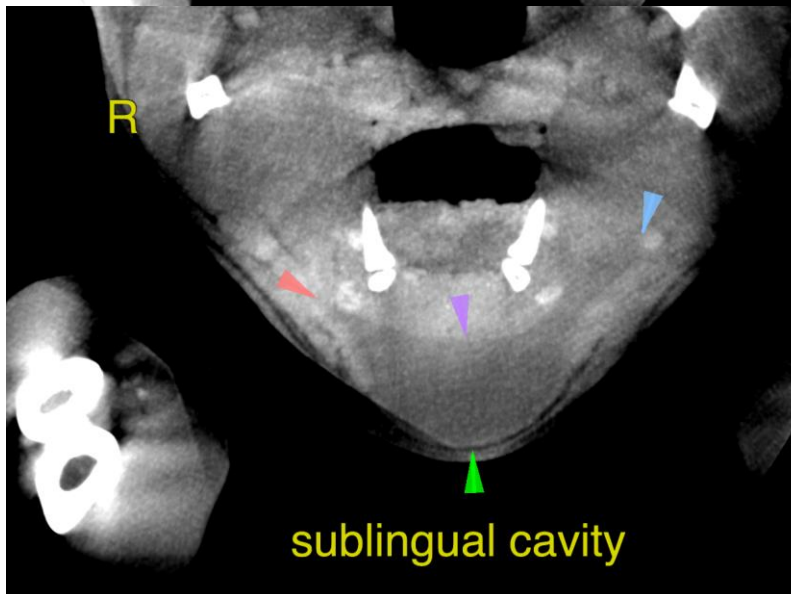
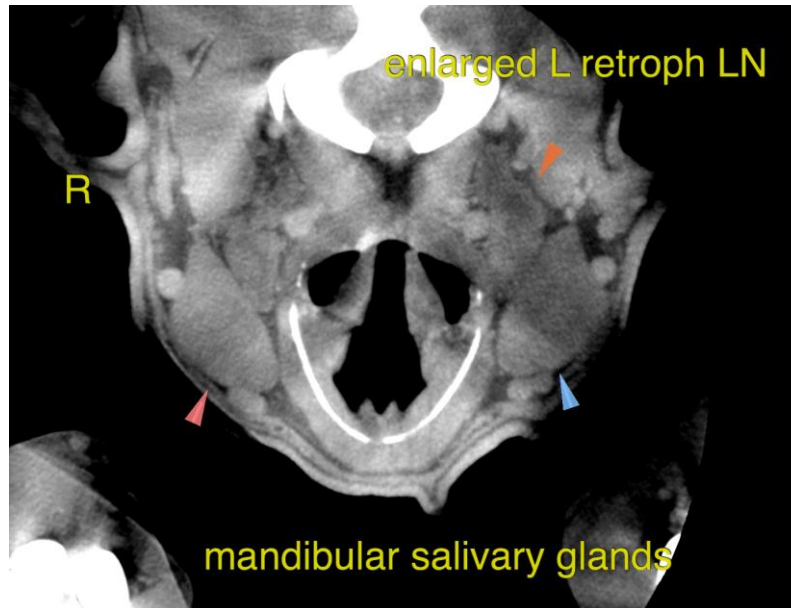
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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