



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Chilby Ayoubzadeh
SPECIES Canine
BREED Cocker Spaniel
SEX MN
AGE 7 Years

PRESENTING CLINICAL SIGNS Neuroendocrine tumor -- removed from the left retropharyngeal area on February 1st 2022. Started treatment with Palladia on March 14th 2022. Palladia was recently stopped due to diarrhea. CT scan for staging and if to continue further treatment. Abnormal PE/Chem/CBC/UA Results: Elevated ALP 773 but improved from previous

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

Plain and post contrast studies in soft tissue, bone, and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

The patient has a history of left sided retropharyngeal neuroendocrine tumor with surgical removal and adjuvant chemotherapy with palladia.

A metal clip is seen in the prior surgical site with mild peripheral fat stranding and soft tissue swelling. The minimal circumferential soft tissue presents uniform contrast enhancement.

The left medial retropharyngeal lymph node is mildly enlarged when compared with the right side. The short-to-long-axis-ratio and contrast enhancement pattern of the lymph node are maintained.

Mild residual right sided otitis media is noted.

Thorax

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.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of surgical removal of a left retropharyngeal neuroendocrine tumor with no macromorphological evidence of tumor recurrence.
- Mild left medial retropharyngeal lymphadenomegaly.
- No evidence of pulmonary metastatic disease.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDF

HOSPITAL NAME

Animal Health
 Partners

REFERRING VET

J. Gagnon

INVOICE

53411

DATE

8-10-22



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- Mild residual right sided otitis media.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The minimal enhancing tissue in the prior surgical site may represent granulation or scar tissue as well as mild inflammation. Tumor recurrence cannot be ruled out entirely but is thought very unlikely based on the CT findings at this point.

SPECIES

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The left retropharyngeal lymph node enlargement is more likely to represent reactive hyperplasia than metastatic disease. Fine needle aspiration could be considered for further definition.

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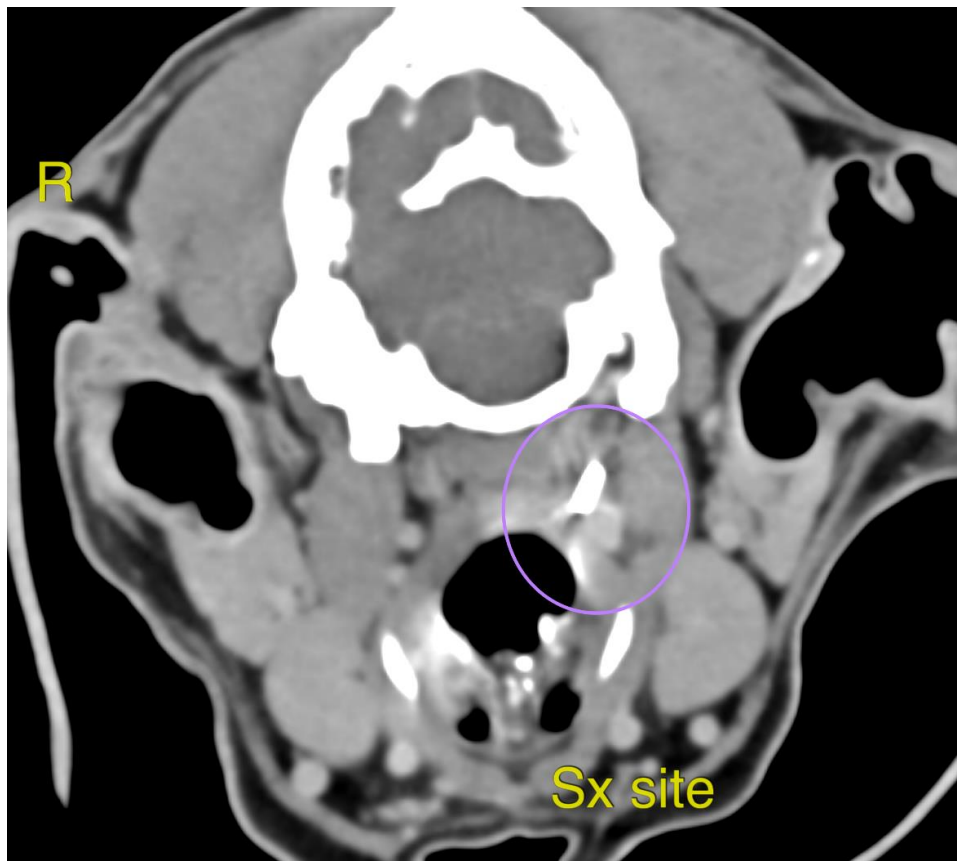
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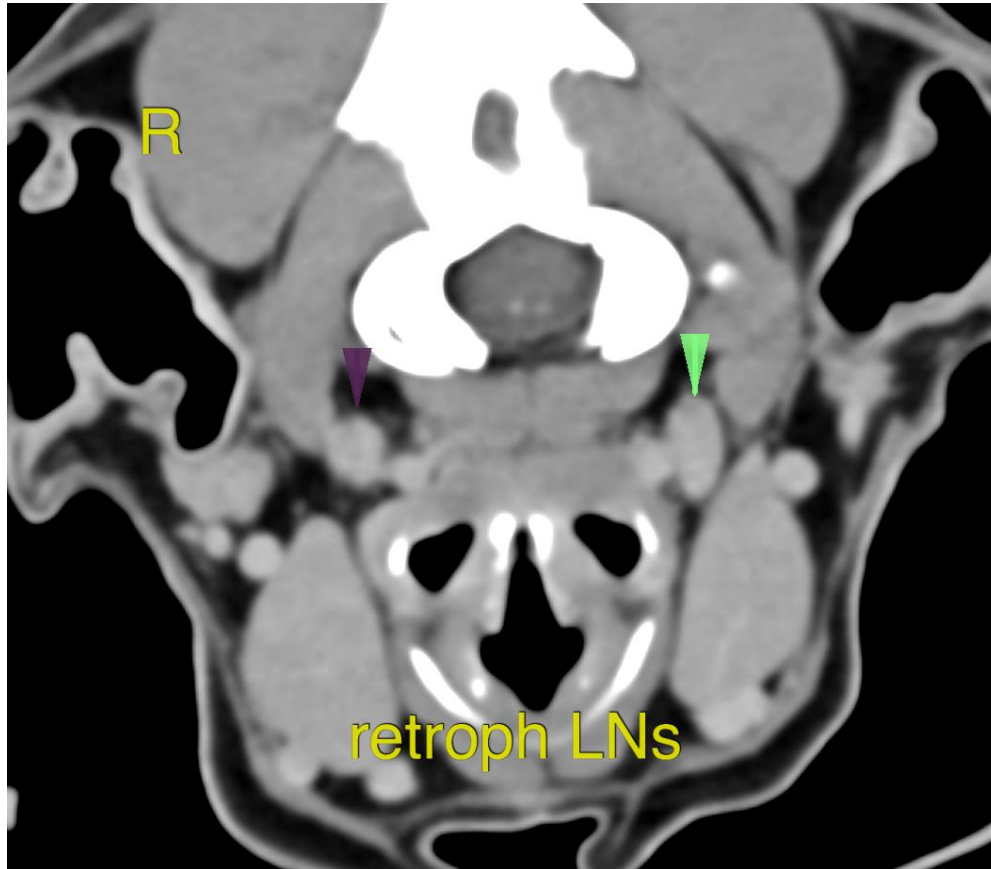
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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