



**PATIENT**

Kennison Hewitt

**PRESENTING CLINICAL SIGNS**

Left mandibular swelling for past several days. Swelling did respond to steroids and diphenhydramine injection, but relapsed within 3 days.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**BREED**

Labrador Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

A thick walled cavitated lesion with fluid filled center, multiple septations, and peripheral rim enhancement is seen in the left submandibular soft tissue immediately rostral to the left mandibular salivary gland. The lesion measures approximately 4.0 cm in diameter. Strong peripheral rim enhancement is seen in the lesion's capsule with extensive peripheral fat stranding that blends into ventral subcutaneous fluid accumulation. Foreign material is not detected.

**SEX**

Male

The left medial retropharyngeal lymph node is moderately enlarged.

**AGE**

4 Years

The left mandibular salivary gland and left parotid gland are enlarged with slightly ill-defined margins as well.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspect left submandibular abscess with drainage tract formation, regional cellulitis, and lymphadenitis as well as regional sialadenitis.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings suggest presence of an abscess in the left submandibular area. Foreign material is not seen however small pieces of organic foreign material cannot be ruled out entirely. The possibility of an inflamed sialoceles of the left mandibular or parotid salivary glands cannot be ruled out entirely but is considered by far less likely. Consider fine needle aspiration for further definition as well as timely "abscess" drainage.

**HOSPITAL NAME**

Scottsdale Veterinary  
Clinic

The lymph node changes are compatible with reactive hyperplasia.

**REFERRING VET**

Dr. Gans

The sialadenitis is more likely to be reactive than the actual cause of the disease as well.

**INVOICE**

53910

**DATE**

8-31-22



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**REFERRING VET**

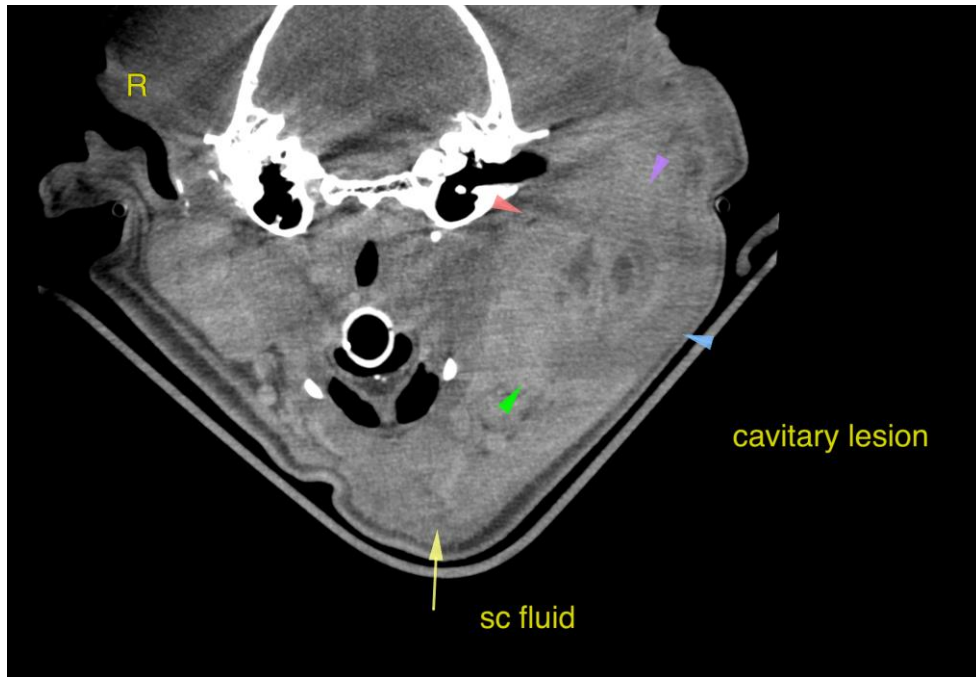
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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