



PATIENT

Zuko Jamee

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2

WEIGHT

9.6

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Sharkawy

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr. Sharkawy

INVOICE

35565

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: Hyperactive defecates 3 time a day hard mass like on the neck area History of IBD
Abnormal PE/Chem/CBC/UA Results: Comp. diarrhea panel - NEG GI panel - WNL -Thyroid panel (T4 with equilibrium dialysis) returned within normal range laryngeal prominence 1 to 1.5 cm diameter.

Neck Ultrasound

A few landmarks can be recognized, including parts of the hyoid apparatus, the common carotid artery, and a salivary gland, most likely representing the mandibular salivary gland. In between, the medial retropharyngeal lymph node is noted, being hypoechoic and inhomogeneous with an irregular outline. There are some hypoechoic, mass-like lesions noted, with diameters of 1.3 cm and larger, all showing a homogeneous and hypo- to anechoic texture. The larger ones appear capsulated and present peripheral calcification.

The parts of the hyoid apparatus show thickened bone diameters with an irregular bony surface/outline and a halo-like anechoic surrounding, indicating reactive tissue and/or osteolysis.

Ultrasonographic findings

- Suspected lesion/osteolysis displayed hyoid bone
- Mass-like lesion(s) 1.3 cm and larger adjacent to or invading the larynx
- Retropharyngeal lymph adenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I think I can see some landmarks as the hyoid apparatus, which is irregular and indicates osteolysis, as well as the common carotid artery, I don't know which side, and the retropharyngeal lymph node, same problem. The latter appears irregular, inhomogeneous and hypoechoic, which could be a sign for a reactive or even metastatic/neoplastic lymph node.

There are two or three hypoechoic masses identified with a diameter of 1.3 cm and above, which would match with the reported mass in the anamnesis. So, this is all very unspecific and difficult for a complete assessment. The larger ones appear encapsulated with mineralization.

I would guess if the mass is moving, it will belong to the larynx, trachea or the esophagus with the most common neoplastic lesions being squamous cell carcinoma, lymphoma and polyps.

For further assessment, a repeated ultrasound under sedation and/or tomography could be performed next to guide sampling (FNA preferred/biopsy) for histopathology.



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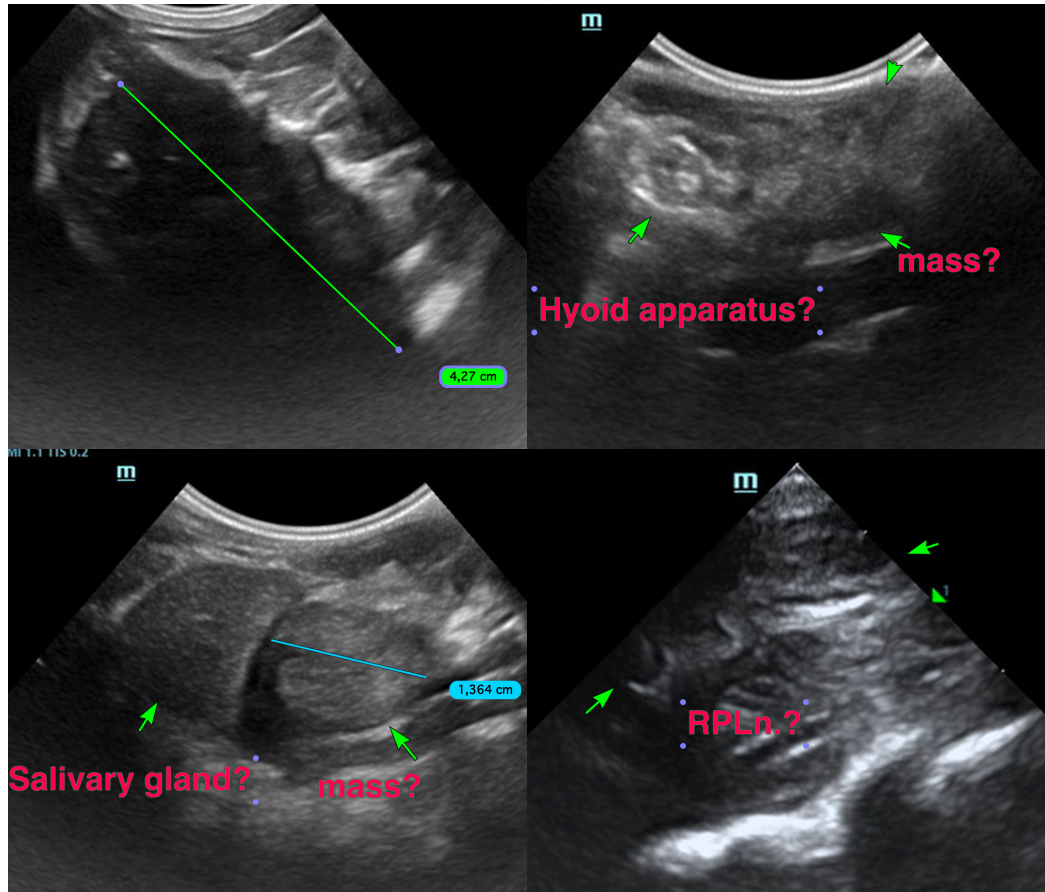
Dr. Sharkawy

INVOICE

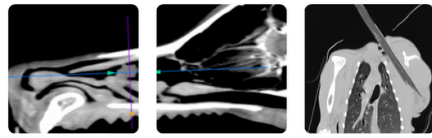
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

info@sonopath.com