



## PATIENT

Tonka Clyde

## SPECIES

Canine

## BREED

English Bulldog

## SEX

Male Neutered

## AGE

2Y, 1M, 22D

## WEIGHT

60.60lbs

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Joseph D'Abbraccio,  
DVM

## HOSPITAL NAME

Catskill Veterinary  
Services, PLLC

## REFERRING VET

Joseph D'Abbraccio,  
DVM

## INVOICE

73011

## DATE

12-16-25

## PRESENTING CLINICAL SIGNS

11/21/2025: Reason for Visit: Swelling under tongue and ear check. History: Owner presented Tonka Clyde for evaluation of a swelling under the tongue and a large knot under the neck, which resolved after completing an antibiotic and anti-inflammatory course. Owner requested a refill of the anti-inflammatory medication. Owner expressed concern about ear itchiness and requested an ear check, noting there is no head shaking or scratching but that the dog enjoys having his ears touched. Owner reported daily cleaning of the facial folds and nose with a washcloth and soap, and daily application of lotions and oils to the nose. Tonka Clyde chews on nylon bones and other toys daily. Owner feeds Tonka Clyde home-cooked food and stated he has never had dog food. Onset of Symptoms: Symptoms began on October 25th. Progression of Symptoms: Swelling under the tongue and neck resolved after antibiotics and anti-inflammatory; owner reports no current difficulty eating or drinking. C/S/V/D (Coughing, Sneezing, Vomiting, or Diarrhea): Owner did not report any coughing, sneezing, vomiting, or diarrhea. Diet Information: Home-cooked diet exclusively; never fed commercial dog food. Owner prepares all meals. No changes in appetite or water consumption reported.

Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Clean appearance, daily cleaning of facial and nasal folds reported. Mild irritation and moisture present in facial folds. No evidence of neglect.; Ears: AU: Mild waxy debris, no erythema or inflammation.; Oral Cavity: Swelling under the tongue; residual intraoral swelling present; no mention of dental disease, gum abnormalities, or oral masses.; Integument: Mild irritation and moisture present between facial skin folds.; Rectal: Tight screw tail with potential for hair trapping; no mention of rectal or anal gland abnormalities.; CBC & Chem: WNL

## COMPUTED TOMOGRAPHY OF THE HEAD & NECK

Pre/post contrast studies are provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The head presents a breed-expected brachycephalic formation with severe shortening of the nasal cavities, a hypoplasia of the frontal sinuses, and hyperostotic bony structures of the skull and tympanic bullae. The soft palate is severely thickened with transverse diameters of approximately 1.6 cm and appears elongated. The soft tissues of the head and neck show a cystic lesion that can be followed from the parasagittal left tongue into the retropharyngeal fascial soft tissues, terminating just rostral to the left tongue.

The lesion shows a prominent ring enhancement and hyperdense dots within the fluid accumulation and leads to a deviation of the tongue to the right. Peripheral reactions are not noted. The neurocranium shows normal findings.

There is a mild asymmetry at the level of the thyroid glands recognized with the left thyroid being larger than the right one without signs of nodular changes or peripheral reactions.

Both external ear canals appear narrowed but regularly ventilated with an aerated tympanic bulla on the right side and an assumed intact tympanic membrane. On the left side there is mild fluid accumulation noted adjacent to the tympanic membrane and within the tympanic bulla. Signs of an aggressive lesion are missing.



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

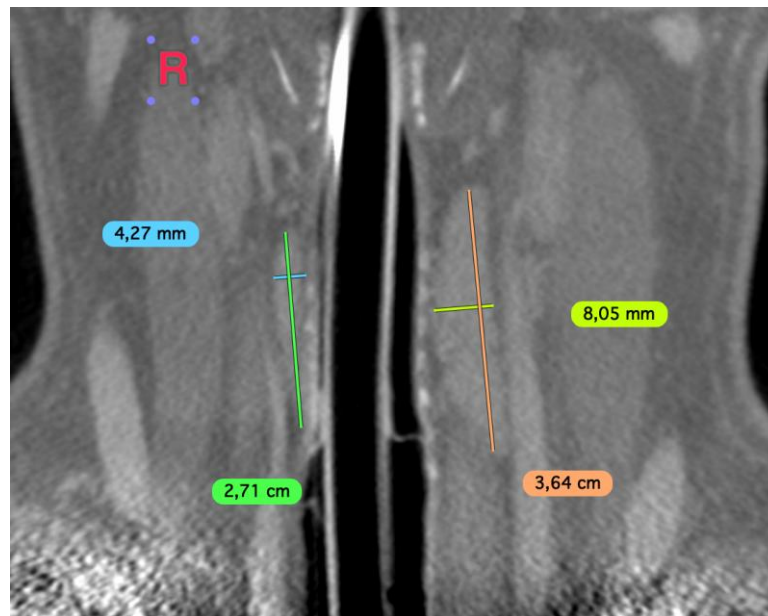
- Ranula left oral cavity/fascial soft tissues
- Brachycephalic findings, s. above
- Suspected mild otitis media et externa left
- Asymmetric thyroid glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of the left oral cavity and fascial soft tissues are pathognomonic for an accumulation of saliva as seen with ranulas. The origin or affected salivary gland is not obvious. It could demonstrate a dilatation of the salivary duct. The hyperdense structures within the fluid accumulation could show inflammatory debris and/or initial formation of concretions. The ring enhancement is consistent with mild inflammation.

As far as can be assessed with CT, there are signs of mild inflammation at the level of the left middle and external ear.

The asymmetry of the thyroid glands is of questionable clinical relevance. This finding must be correlated with other results (blood examination and clinical appearance).





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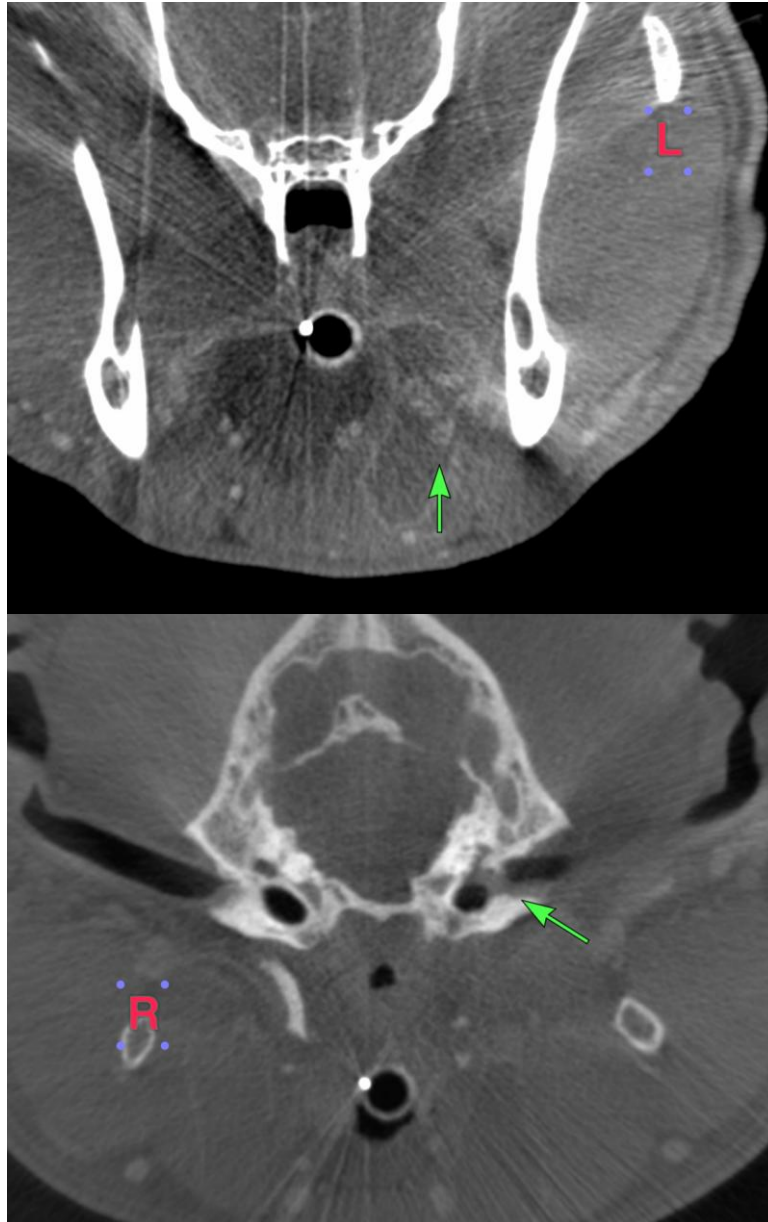
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
[info@sonopath.com](mailto:info@sonopath.com)