

## PATIENT

Sophie Cannon

## SPECIES

Canine

## BREED

French Bulldog

## SEX

FS

## AGE

11Y

## WEIGHT

12.6kg

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Tabitha

## HOSPITAL NAME

Pet Emergency &  
Referral Center - NVA

## REFERRING VET

Dr. Darby Toth

## INVOICE

73875

## DATE

2-19-26

## PRESENTING CLINICAL SIGNS

- **Hard and Soft Palate:** At the junction between the hard and soft palate on the right there is an approximately 1.5 cm raised, ovoid, pigmented mass. This mass was previously biopsied and returned as a melanoma.
- **Tongue:** There is an approximately 1 cm raised, pigmented, ovoid mass on the buccal surface of the tongue adjacent to the soft palate mass

## COMPUTED TOMOGRAPHY OF THE HEAD & THORAX

Pre/post contrast studies are provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Head

The images present a marked but breed-expected brachycephalic head formation with a significant shortening of the nasal cavities and hyperostosis of the skull and tympanic bullae walls. The latter are completely obliterated with soft tissue-dense and fluid-dense material without signs of an aggressive or osteolytic lesion. The neurocranium is inconspicuous as well as the displayed parts of the cervical spine and spinal cord. Both nasal cavities present a moderate swelling of the mucous membranes.

In the transition from the hard to the soft palate, a soft tissue-dense swelling is noted which confluent with the soft palate and the pharyngeal ring in the midline and to the right side. These changes can be traced ventrally to the surface of the right tongue. The images after contrast application present a highly inhomogeneous contrast enhancement. The lesion itself is ill-defined with mild protrusion into the aerated parts of the pharynx and estimated maximum diameters of 3.0 x 2.4 cm.

The soft tissues of the head and neck are inconspicuous apart from that, especially the mandibular and retropharyngeal lymph nodes.

### Thorax

The mediastinum shows normal findings, especially the mediastinal lymph nodes are unremarkable.

There is a soft tissue-dense nodule noted in the left cranial lung lobe showing diameters of 1.3 x 0.6 cm with broad-based pleural contact. The adjacent 3<sup>rd</sup> rib is inconspicuous without evidence of periosteal reactions and/or osteolysis. The pulmonary structures are inconspicuous apart from that. Free pleural fluid is not noted.

The thoracic borders are intact including the diaphragm.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue dense, ill-defined mass soft palate with ventral extension to the surface of the right tongue.



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- Soft tissue dense nodule left cranial lung lobe

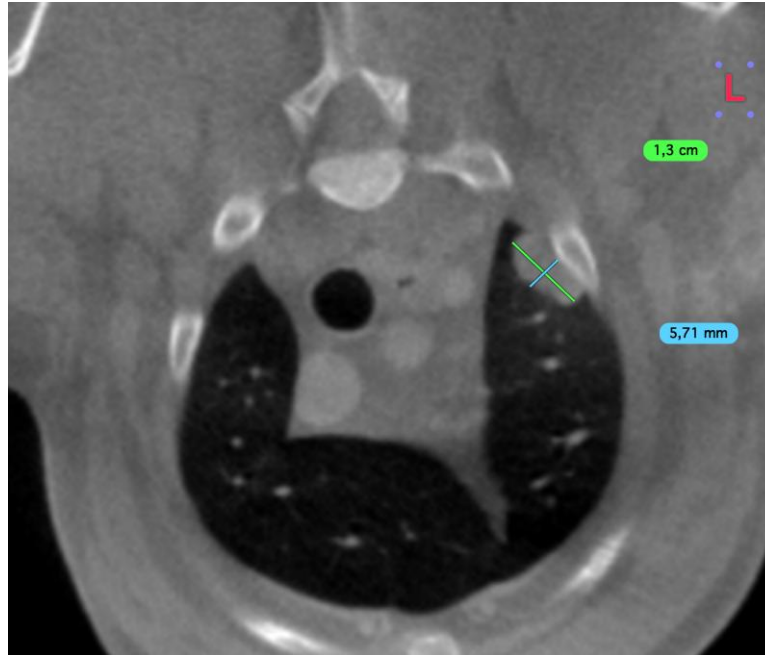
### Incidental findings:

- Signs of bilateral rhinitis and chronic otitis media with breed-expected brachycephalic findings

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue dense mass at the level of the soft palate is an unspecific finding from a CT perspective. The ill-defined margins and the inhomogeneous contrast enhancement would underline the assumption of a malignant and invasive neoplastic process. Given the histopathologic results, this would match with a malignant melanoma. Differentials include other soft tissue sarcomas, squamous cell carcinoma and tonsil adenocarcinoma. I would rule out an inflammatory process as seen with phlegmon or abscess formation.

The single nodule in the left cranial lung lobe is again an unspecific finding and could represent a metastasis in the overall context. Differentials would include post-inflammatory changes and granulomatous lung disease. This lesion has broad-based contact to the pleura and should be detectable with ultrasound for further sampling.





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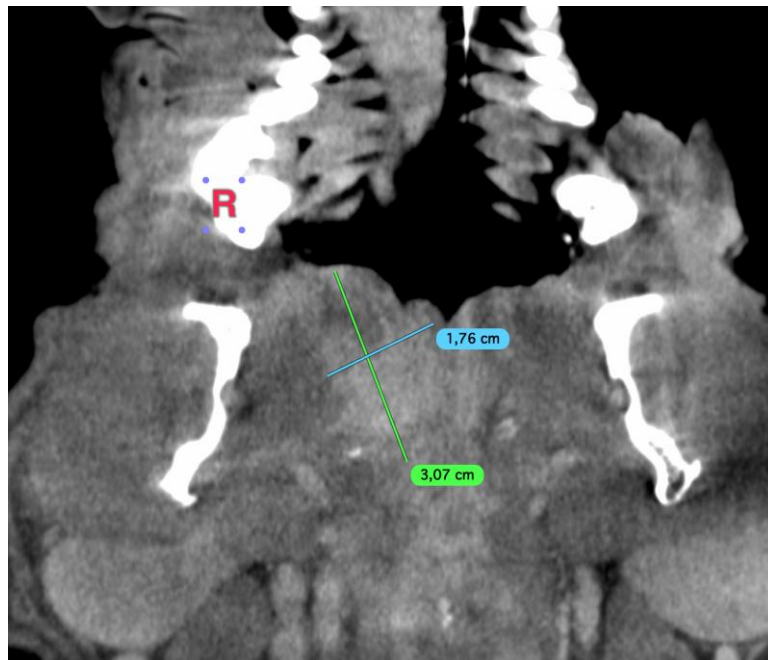
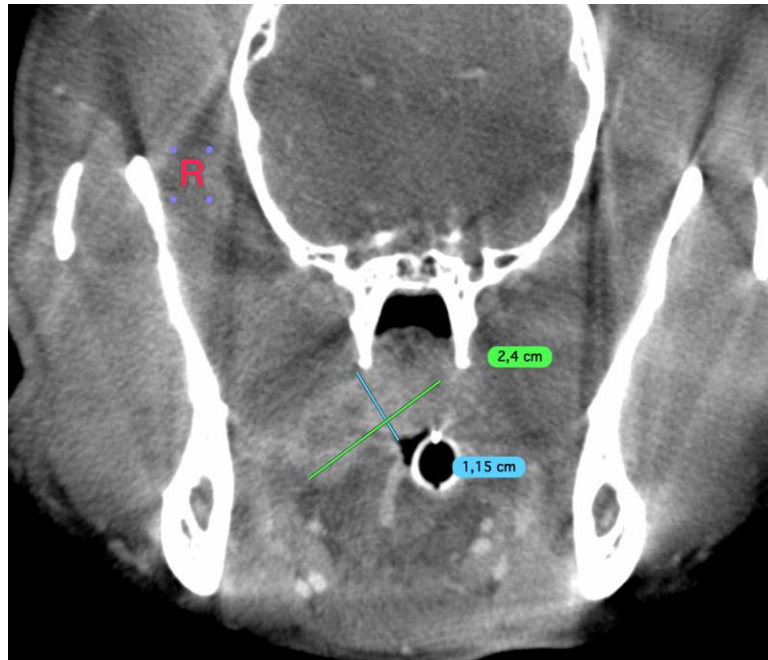
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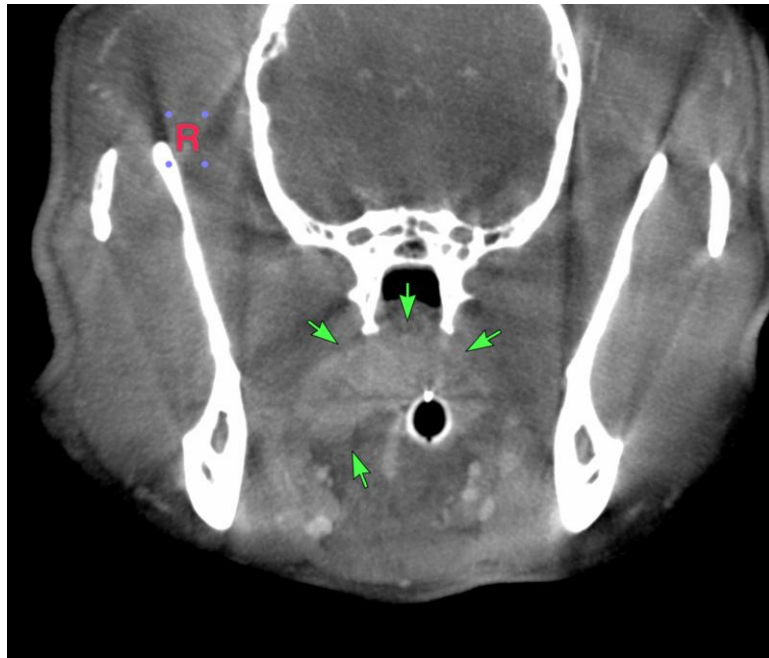
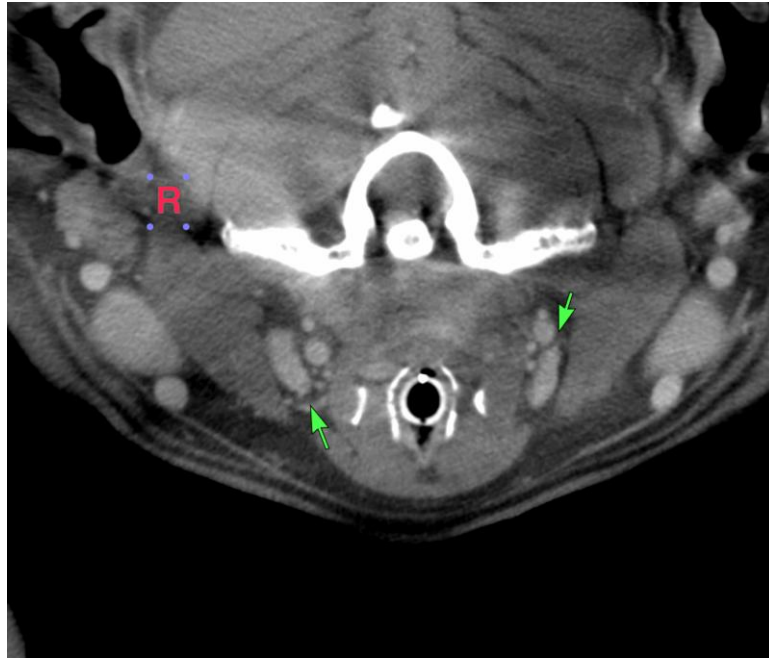
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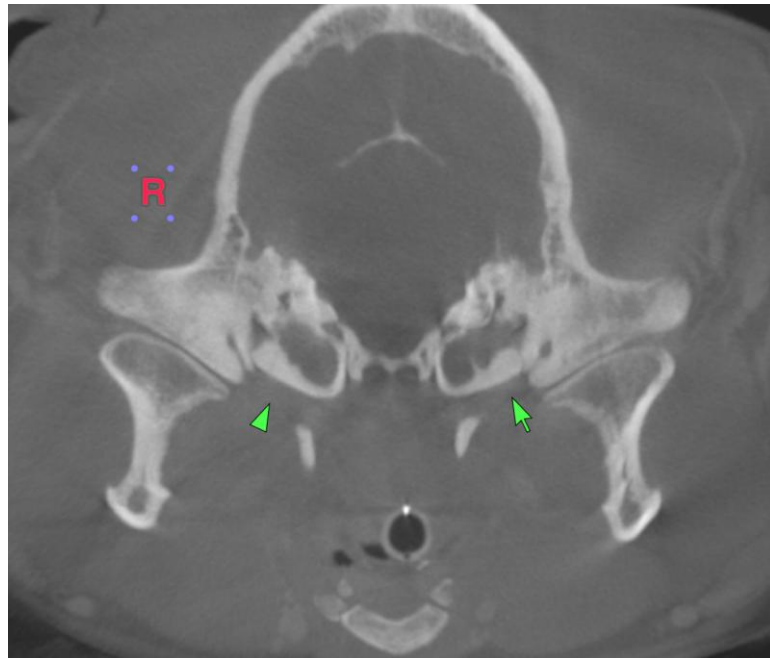
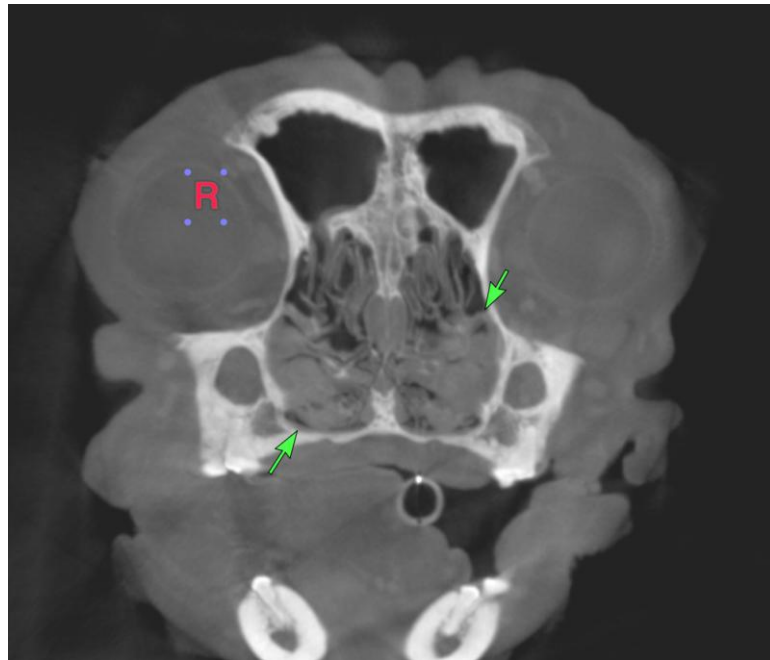
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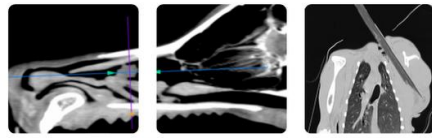
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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