



**PATIENT PRESENTING CLINICAL SIGNS**

Greysea Donahue Neck Mass, right side, by carotid.

**SPECIES COMPUTED TOMOGRAPHY OF THE HEAD & THORAX**

Feline Pre/post contrast studies provided for review.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

*Head/neck:*

DSH The left retropharyngeal region presents a large, well-defined, and rounded mass of 4.6 x 3.0 cm showing a prominent peripheral vessel supply and an inhomogeneous inner texture. Rostral and caudal to the mass mildly chaotic/torturous and hypertrophic vessels are noted. The mass is located in the deep cervical fascia and at least includes the medial retropharyngeal lymph node, which is considered to be the origin. The mass has broad-based contact to the left larynx, the esophagus, and the adjacent vessels. Margins are indistinct at the level of the trachea. Osteolysis of the adjacent bony structures is not recognized.

SEX FS  
AGE 11 The left thyroid gland appears mildly asymmetric but clearly defined. The salivary glands and the right thyroid gland are inconspicuous.

**INTERPRETED BY** The pharynx and laryngeal structures are unremarkable.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging  
The right tympanic bulla is filled with mineral- und soft tissue-dense and mildly enhancing material as an incidental finding. Similar changes are detected on the left side but are less obvious. External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings apart from mild fluid accumulation within the left sided meatus.

**HOSPITAL NAME** Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly.

The neurocranium and skull show normal findings.

**REFERRING VET** *Chest:*

Dr. Torrado The cranial lung lobes bilaterally present mild bronchiectasis and peri-bronchial infiltrates. Focal/nodular pulmonary changes are not recognized.

**INVOICE** 58801 The sternal and cranial mediastinal lymph nodes are moderately enlarged and partially ill-defined.

**DATE** 6-13-23  
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large left retropharyngeal mass
- Mediastinal lymph adenomegaly



**PATIENT** • Suspected bilateral inflammatory polyps tympanic bullae.

Greysea Donahue

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Feline

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Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**HOSPITAL NAME**

Holy Family  
Veterinary Hospital

**REFERRING VET**

Dr. Torrado

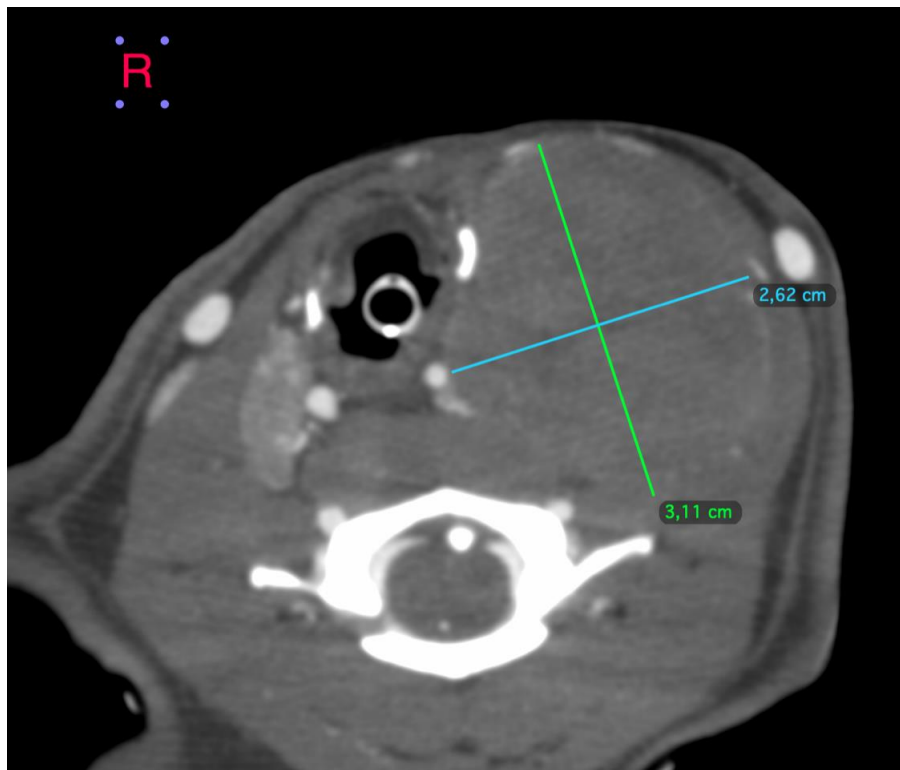
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CT findings are highly suspicious for a neoplastic process as seen with malignant tumors. The left retropharyngeal lymph node is included and might present the origin of the mass. An inflammatory lesion is unlikely since typical signs of an abscess formation are not present based on CT morphology. Secondary inflammation is possible. Differentials include numerous tumors depending on tissue origin (sarcoma, carcinoma, paraganglioma, ...). Inclusion of the left tonsil or left thyroid gland cannot be ruled out completely. Biopsy is needed for final assessment. I fear curative resection is difficult due to the indistinct margination at the level of the tracheal wall and the suspected mediastinal spread.





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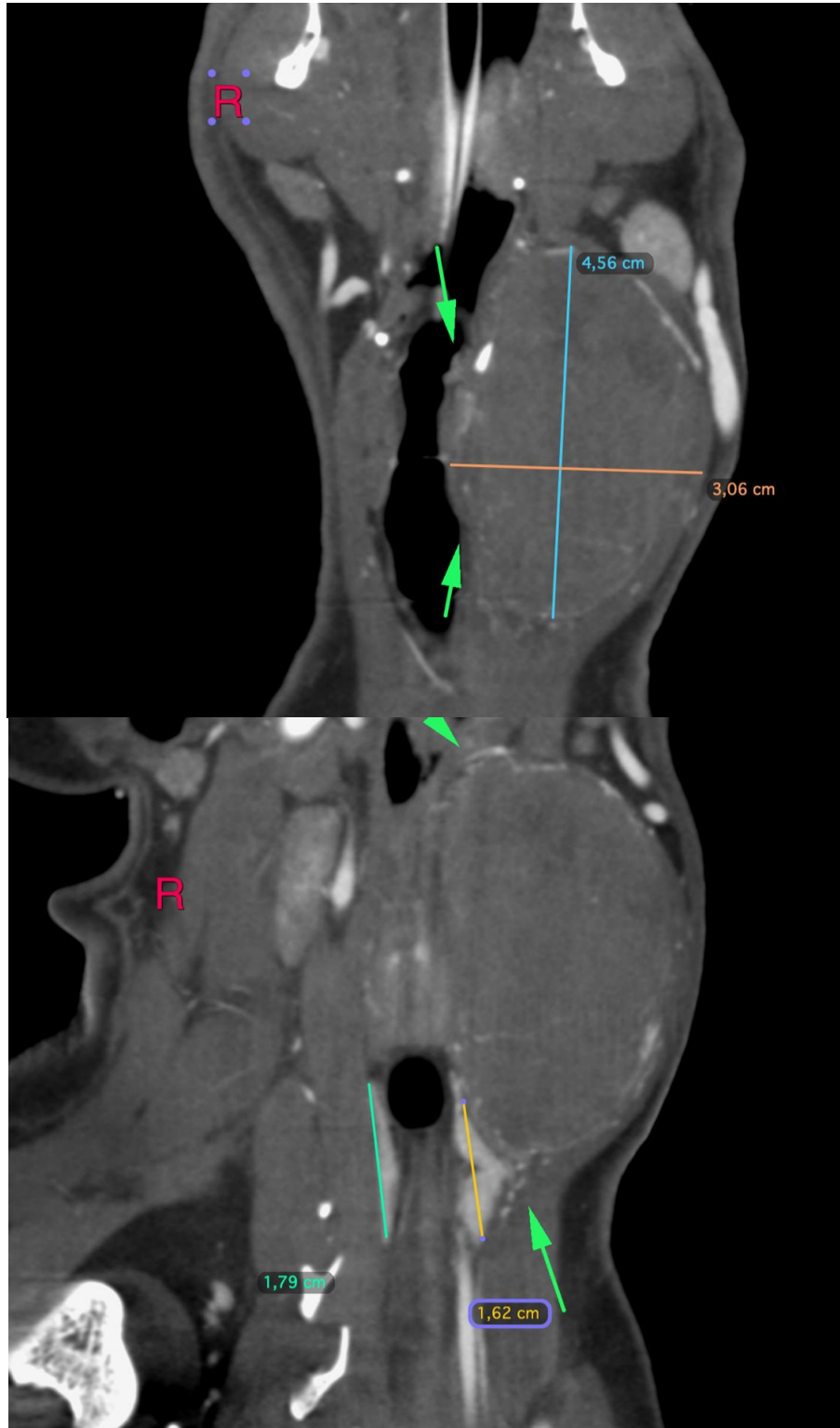
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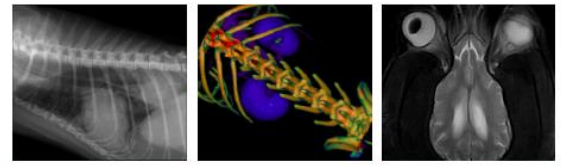
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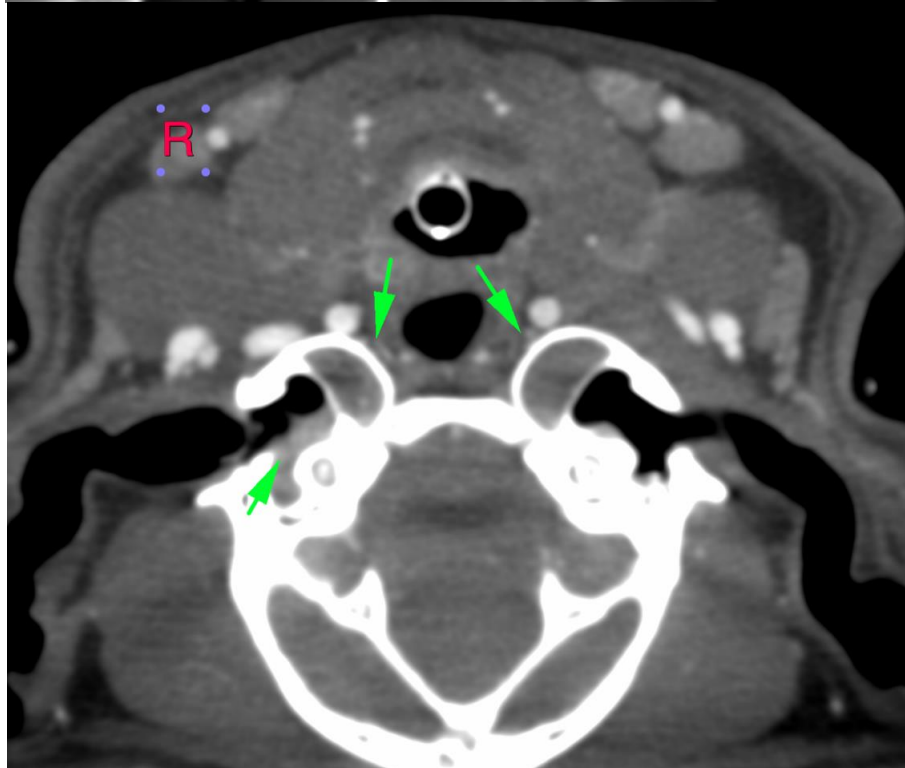
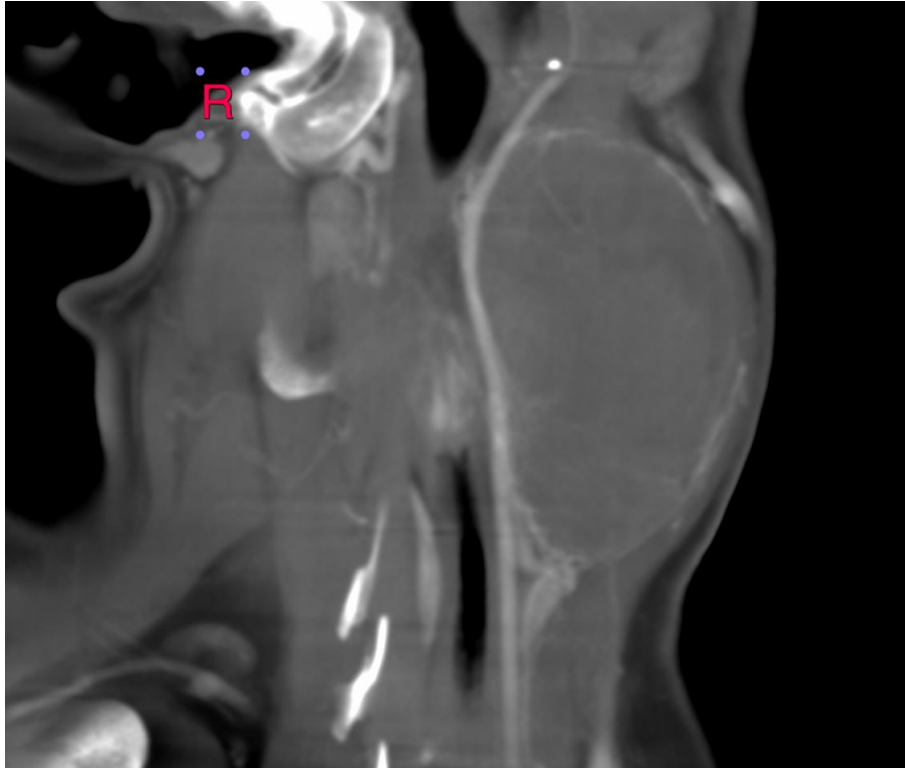
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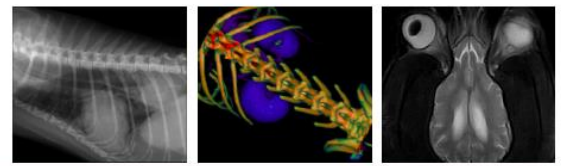
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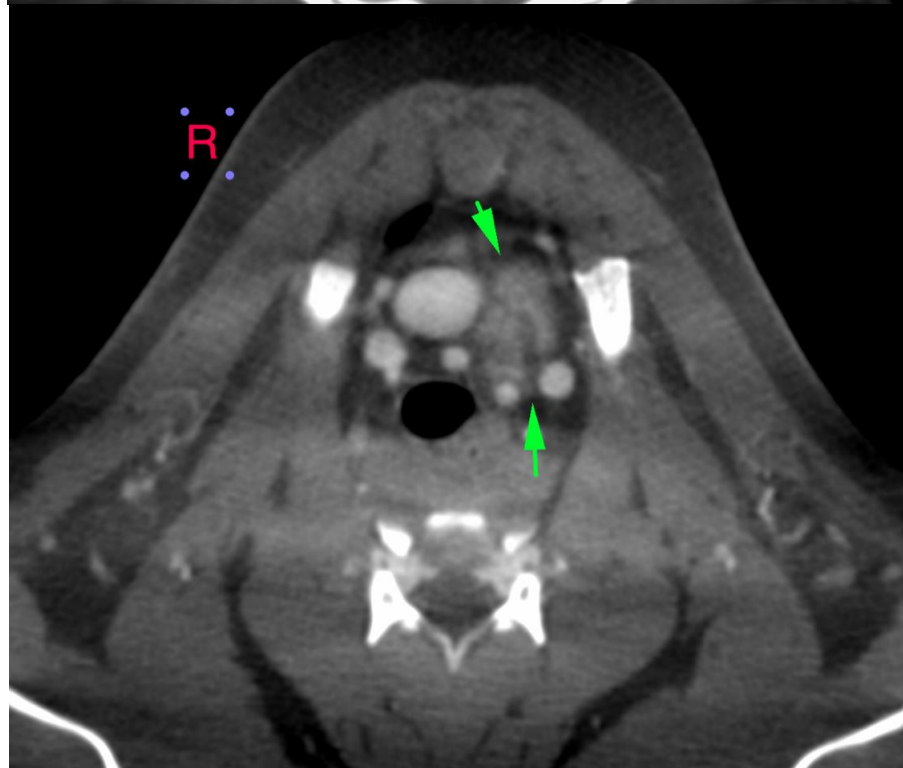
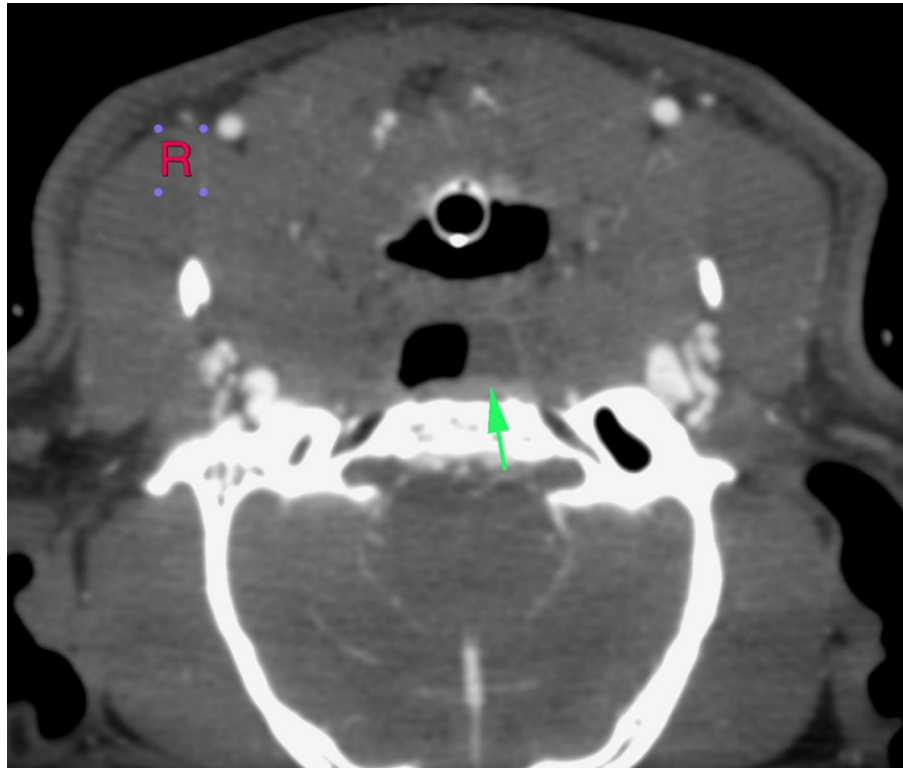
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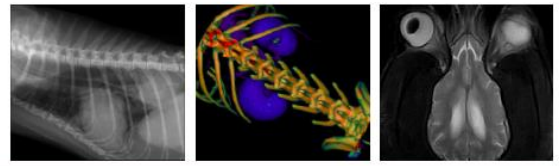
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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.

**BREED**

DSH

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

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