



## PATIENT

Gracie Sanford

## SPECIES

Canine

## BREED

Jack Russell Mix

## SEX

FS

## AGE

13Y

## WEIGHT

13.5lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Mobile Pet Imaging

## HOSPITAL NAME

Mobile Pet Imaging

## REFERRING VET

Armstrong

## INVOICE

73297

## DATE

1-13-26

## PRESENTING CLINICAL SIGNS

Removed a tumor from the left tonsil, also removed the entire left LN and salivary gland - squamous cell carcinoma.

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution pre- and post-contrast CT study of the skull and a post-contrast CT study of the thorax is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The tooth elements 105, 106, 108-110, 205, 206, 208-210, 301, 302, 401, 402, 408 are absent. The mesial roots of triadan 108 and the mesial root of triadan 408 are retained in the alveolar bone.

In the region of the left tonsil, a uniform soft tissue attenuating and mild contrast enhancing nodular lesion is appreciated; measuring approximately 13 x 8 x 15 mm.

The right sphenoid recess and parts of the most caudal aspect of the right nasal cavity are obliterated by uniform soft tissue attenuating and mild irregular contrast enhancing material.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The left medial retropharyngeal lymph node and the left mandibular salivary gland is absent. Along the left aspect of the larynx, a diffuse soft tissue swelling is seen.

The left mandibular lymph nodes are prominent, and the surrounding fat presents mild soft tissue striation.

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

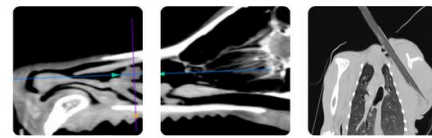
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.



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The gallbladder is absent and a metal attenuating surgical clip is appreciated in the region of the cystic duct. The common bile duct is dilated, measuring up to 4.5 mm in diameter.

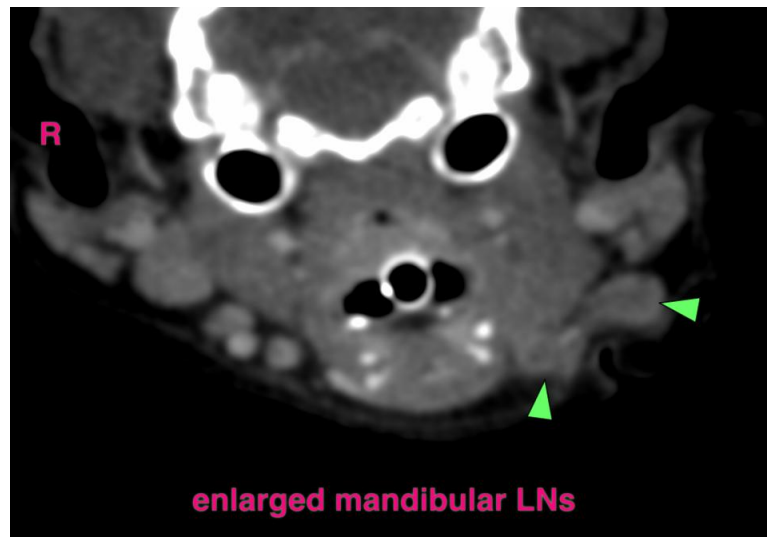
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excision of left sided tonsillar squamous cell carcinoma
- Nodular mass region of left tonsil
- Lymphadenopathy mandibular lymph nodes with mild surrounding cellulitis
- Soft tissue swelling along left aspect of larynx
- Soft tissue mass caudal aspect right nasal cavity & sphenoid recess
- Multiple absent teeth, see above
- Retained roots triadan 108 and 408
- History of cholecystectomy
- Dilated common bile duct without mechanical obstruction
- Normal thorax, no evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings in combination with the history are consistent with local reoccurrence of the excised left tonsillar squamous cell carcinoma and metastatic spread to the left mandibular lymph nodes and likely to the nasal cavity. A differential for the right nasal soft tissue mass is primary nasal neoplasia (e.g. adenocarcinoma) or granuloma formation.

The soft tissue swelling along the left aspect of the larynx can present post-operative granulation/scar tissue formation or local soft tissue metastasis.





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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 Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)