



PATIENT

Remi Tomchick

SPECIES

Canine

BREED

German Wirehaired
Pointer

SEX

MN

AGE

2

WEIGHT

28kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

73299

DATE

1-13-26

PRESENTING CLINICAL SIGNS

Cervical swelling noted initially on Tuesday and has gotten bigger since then. Initially stopped eating. She appeared painful at that time. Was hospitalized for last two days. She coughs a little bit if she swallows wrong. She is a stick chewer. 8-10 months ago got quilled - according to RDVM not all the quills were removed.

Abnormal PE/Chem/CBC/UA Results: WBC 40,000, Neutrophils 31.20

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Neck

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.

In the left retropharyngeal region, a diffuse, uniform soft tissue attenuating, significant swelling along with surrounding swelling and soft tissue striation of the fat is seen. Post contrast administration, the left retropharyngeal soft tissue swelling presents irregular peripheral contrast uptake and a hypoattenuating center; measuring approximately 7.5 x 5.7 x 8.9 cm. The left medial retropharyngeal lymph node is deviated craniodorsally by the mass effect, moderately prominent and partially embedded in the retropharyngeal swelling. The left medial retropharyngeal lymph node has a heterogeneous contrast enhancement pattern. A generalized edematous subcutaneous swelling is seen along the left cranial aspect of the neck and left aspect of the skull.

The left mandibular lymph nodes are moderately prominent.

The thyroid glands present the expected size, shape and attenuation behavior.

The remainder of the osseous and soft tissue structures of the neck reveal no abnormalities.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thick walled cavitory lesion left retropharyngeal region



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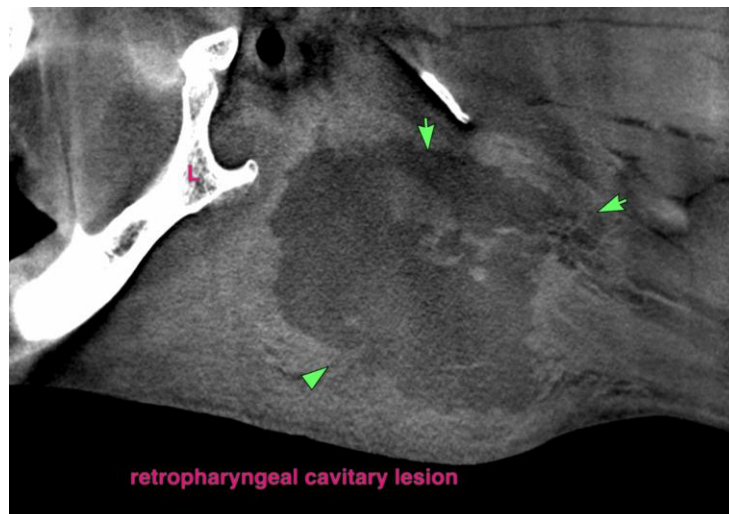
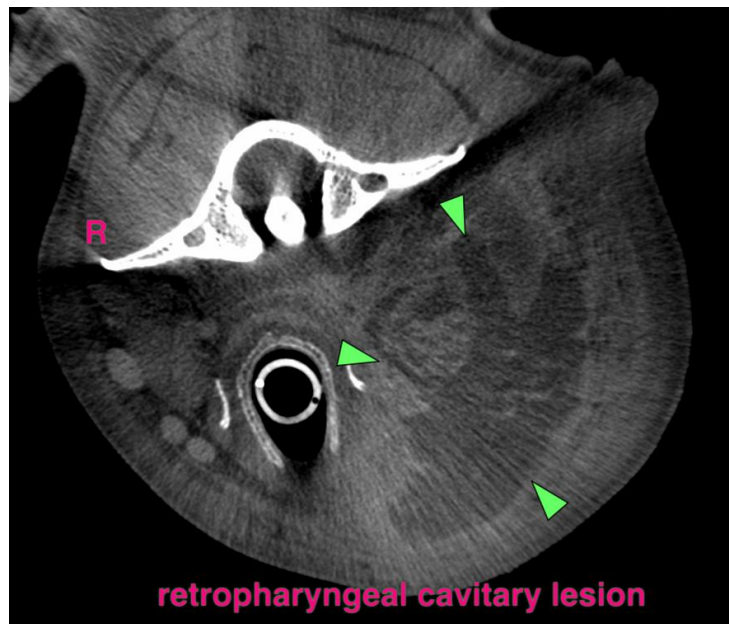
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- Lymphadenopathy left medial retropharyngeal lymph node and left mandibular lymph nodes with surrounding septic cellulitis
- Inflammatory subcutaneous edema along the skull and cranial aspect of the neck
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with a left retropharyngeal abscess – and underlying cause cannot be specified. A preceding perforating trauma, primary bacterial lymphadenitis or migrating foreign body are potentials; no foreign material is appreciated, but isoattenuating material will be missed. Complementing workup by an ultrasound examination is beneficial to screen for foreign material, followed by surgical drainage.





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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