



PATIENT

Archie Beveridge

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Male Neutered

AGE

6Y, 20D

WEIGHT

59.00lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

73403

DATE

1-20-26

PRESENTING CLINICAL SIGNS

History:

- Owner presented Archie for evaluation of a lump on the neck that appeared a few weeks after an incident in November in which Archie was impaled by a stick while playing fetch. The incident resulted in a laceration inside the mouth and on the back of the throat, with removal of wood fragments and surgical repair performed at an emergency clinic. Archie was treated with antibiotics post-injury, and initial swelling resolved. The lump subsequently appeared and was initially treated with clindamycin, resulting in near complete resolution. The lump recurred and has increased in size over the last two weeks. Owner suspects a retained splinter may be present. Archie is currently not on any medications except for gabapentin 200 mg given the night before and the morning of the visit, administered with a small piece of cheese. Owner reports Archie is eating, drinking, swallowing, urinating, and defecating normally, with no breathing problems. No current coughing, sneezing, vomiting, or diarrhea reported. No other specific concerns or questions raised by the owner. Owner describes Archie as healthy and up to date on all veterinary care.
- Onset of Symptoms: Owner first noticed the lump a few weeks after the stick injury in November; initial veterinary visit for the lump was December 1st.
- Progression of Symptoms: Lump initially resolved with antibiotics but recurred and has increased in size over the past two weeks.

Abnormal PE/Chem/CBC/UA Results: PE: Nose/Throat: 4 cm x 4 cm mass at the level of the larynx to almost the thyroid gland. No sensitivity to palpation of the mass. No problems with swallowing or breathing on exam. No coughing induced by palpation.; Integument: 4 cm by 4 cm structure at the level of the larynx to almost the thyroid gland, not sensitive to palpation; CBC & Chem: WNL

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.



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At the right ventral aspect of the larynx, an ill-defined, soft tissue attenuating and strong heterogeneous contrast enhancing – presenting strong peripheral contrast enhancement and complex cavitated fluid attenuating center – mass is seen. In the plain series, a curved linear structure is seen in the center of the right ventral laryngeal soft tissue swelling; measuring 6 x 4 mm. The ill-defined swelling presents interspersed granular mineralization. The ill-defined swelling at the right ventral aspect of the larynx is extending rostrally as a tubular structure into the sublingual region up to the level of the right mandibular molar teeth. The fat surrounding the swelling along the ventral aspect of the larynx presents localized 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, but nodular mineralization in the left caudal lung lobe and accessory lung lobe.

The left tracheobronchial lymph node presents central moderate mineralization and is mildly prominent.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Complex cavitated mass right ventral aspect of the larynx with tubular extent into the sublingual region and central hyperattenuating body and surrounding cellulitis
- Sporadic punctuate mineralization of the lung
- Dystrophic mineralization left tracheobronchial lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cavitated swelling in combination with the history is consistent with abscess formation due to retained foreign material – the tubular cranial extension can present the trajectory tract with possible small fragments of the stick. A differential would be infected sialocele – but I do not see a distinct connection to the right mandibular/sublingual monostomatic salivary gland. Ultrasound can be used to localized the supposed foreign material and may aid in surgical management.

The punctuate mineralization of the lung parenchyma along with the mineralized left tracheobronchial lymph node can be a sequela to preceding granulomatous inflammation (e.g. Histoplasmosis).



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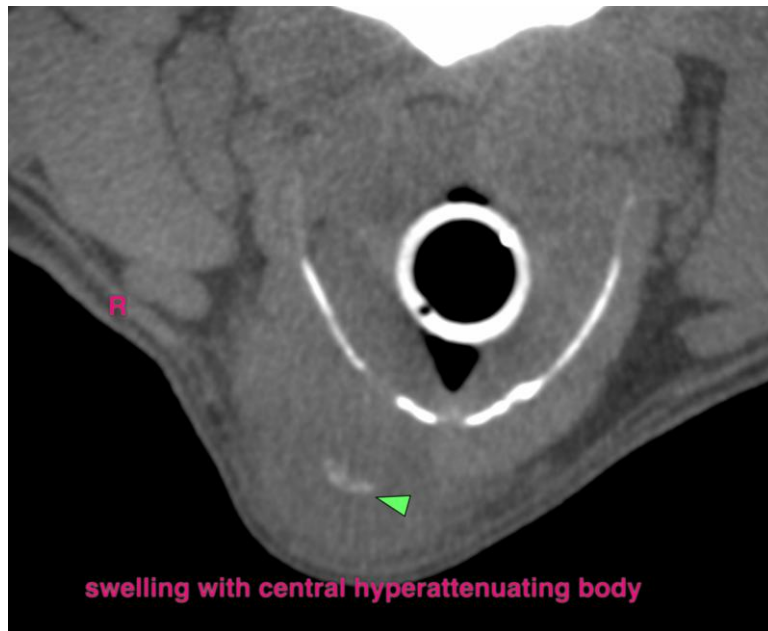
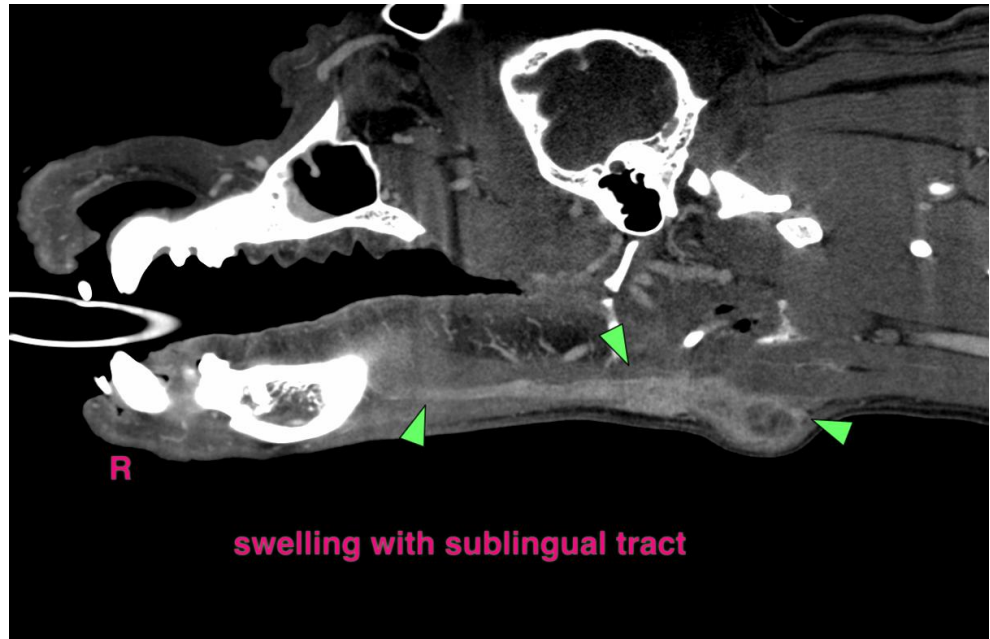
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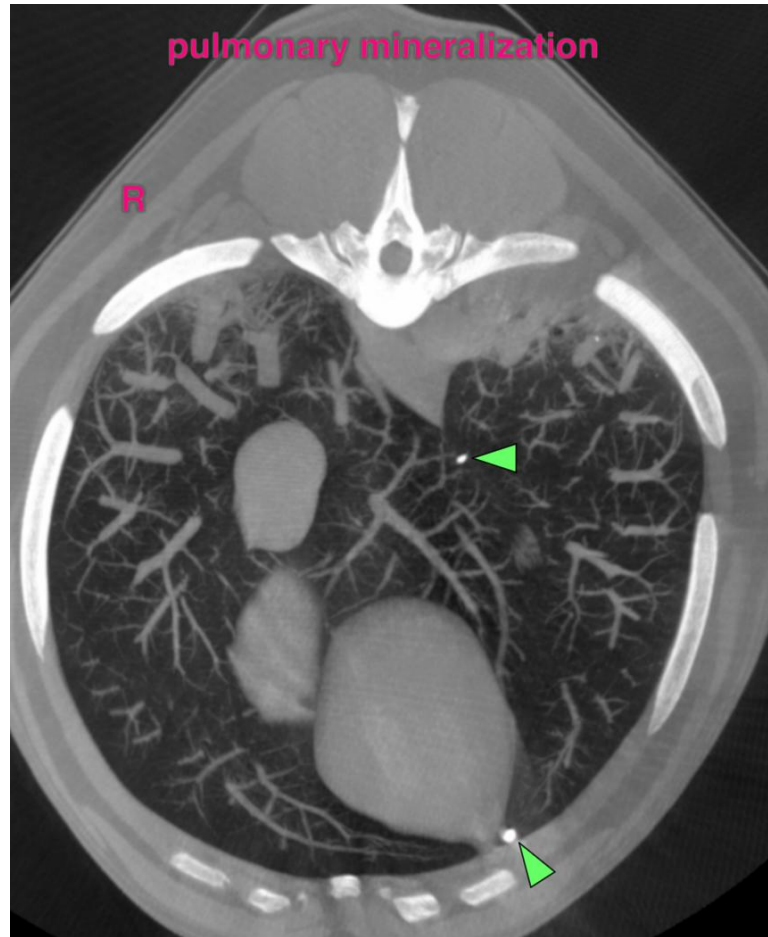
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com