



PATIENT PRESENTING CLINICAL SIGNS

Lili Maralani 12 yo MN terrier with change in voice for 2 years. Intermittent hypersalivation. Recent onset trouble swallowing and eating food. In past 2 months has palpable mass in left cervical region - palpable on PE in left cervical / mandibular region. On sedated oral exam can appreciate mass effect in region of soft palate that is very smooth. R/o neoplasia, sialocele, FB abscess, lymphadenopathy, thyroid, other Mammary mass removed 5 years ago - low grade carcinoma in situ

SPECIES Canine

Abnormal PE/Chem/CBC/UA Results: CBC and Chem largely WNL.

BREED COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

Terrier X A plain CT study of the skull, neck and thorax in a bone, lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX Skull

Female Spayed The tooth elements 106, 205, 206, 301, 306, 308, 406, 408 are absent. The upper and lower incisor teeth present evidence of moderate periodontal disease

AGE Mild atrophy of the nasal conchal structures is appreciated.

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

INTERPRETED BY 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.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME In the left retropharyngeal region, level with the left medial retropharyngeal lymph node, an ill-defined, heterogeneous soft tissue mass with central mild amorphous mineralization is appreciated. The left retropharyngeal mass is measuring approximately 3.8 x 3.3 x 4.3 cm in size. The mass is compressing the laryngopharynx.

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REFERRING VET The mandibular lymph nodes bilaterally and the right medial retropharyngeal lymph node are within normal limits.

Ashley Gold The thyroid glands bilaterally present with the expected size, shape and hyperdense attenuation pattern.

INVOICE Thorax

55952 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 pattern is uniform.

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

1-3-23 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



PATIENT normal limits.

Lili Maralani 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.

SPECIES **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Canine

- Large left sided retropharyngeal soft tissue mass with dystrophic mineralization and compression of the laryngopharynx

BREED

- Periodontal disease upper & lower incisor teeth
- Multiple absent teeth

Terrier X

- Very mild conchal destruction – possible preceding rhinitis
- Structural normal thorax, no evidence of pulmonary metastatic disease

SEX **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Female Spayed

The left retropharyngeal mass is highly suggestive for neoplastic disease, such as ectopic thyroid carcinoma, paraganglioma, carcinoma affecting the medial retropharyngeal lymph node, sarcoma. Unfortunately, the margins cannot be delineated in the plain CT study. If not done so yet, FNA sampling ± biopsy is recommended for further definition. Recommend palpating the tonsils to rule out primary tonsillar neoplasia (e.g. squamous cell carcinoma). (Palliative) surgical excision of the mass might be tried.

AGE

11 Years

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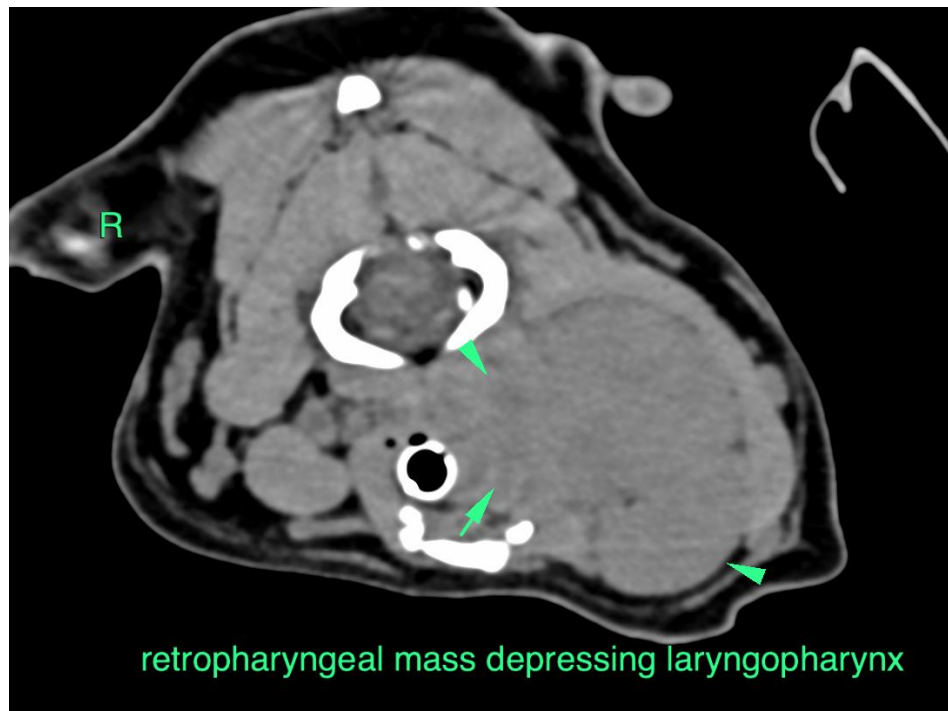
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Lili Maralani

SPECIES

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Terrier X

SEX

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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.

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