



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
William Ford

SPECIES
Canine

BREED
German Pointer

SEX
Male (Castrated)

AGE
11 Years

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Presented for further evaluation of firm, non-painful subcutaneous mass in the right lateral neck (caudal to mandible). First noted in August 2021, has not changed in size significantly since first noticed by owner. Mass was previously incised and drained, and yielded suspected purulent fluid (no cytology performed; culture positive for E. coli and P. mirabilis). Mass has since enlarged again, which prompted further evaluation. Previous history of multiple lipomas removed, currently receiving antibiotics (Clavaseptin).

Abnormal PE/Chem/CBC/UA Results: Firm, immovable, non-painful subcutaneous mass noted in the right lateral cervical region caudal to mandible. Heart murmur (grade II/VI systolic) noted on physical examination. Biochemistry revealed moderately elevated liver enzyme activity (cholestatic pattern; ALT 883, ALKP 2123) and mild hyperbilirubinemia. CBC revealed mild normocytic normochromic non-regenerative anemia. When aspirated, the mass yielded red-brown viscous fluid (cytology and culture pending).

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the skull, thorax and in a bone, lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 307 is absent. Abrasion of the tips of the crowns of the canine teeth is seen.

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.

In the region of the right medial retropharyngeal lymph node an ovoid shaped heterogeneous soft tissue attenuating and contrast enhancing mass, measuring 6.5 x 5.7 x 8.3 cm in size, with multiple well-defined intraparenchymal roundish filling defects is seen. The trachea at the same level is displaced to the left and the right thyroid gland is displaced ventrally by the mass effect. The fat surrounding the right medial retropharyngeal lymph nodes presents mild fat-stranding.

The mandibular lymph nodes bilaterally and the left medial retropharyngeal lymph node are within normal limits.

Thorax

Both shoulder joints present mild to moderate osteophyte new bone formation. In the

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subcutaneous tissue at the cranioventral aspect of the manubrium of the sternum, multiple lipomas are noted.

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.

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

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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.

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In the medial aspect of the right caudal lung lobe, a small (<4 mm) gas filled lesion, demarcated by a thin soft tissue attenuating capsule is seen. There is a second small gas containing lesion in the lateral aspect of the right caudal lung lobe, presenting a soft tissue attenuating halo. 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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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. The aorta has an undulating course level L3/L4 without evidence of mass effect.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

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The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic volume is decreased. The liver presents with serrating margins. In the right lateral liver lobe, a well-defined, post contrast mild hypoattenuating, roundish nodule, measuring 16 mm in diameter, is protruding beyond the surface of the liver.

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The hepatic lymph nodes are prominent.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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Both coxofemoral joints present moderate osteophyte new bone formation. A lipoma is seen in the subcutaneous tissue at the right lateral aspect of the prepuce.



PATIENT **COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Cavitory mass region of the right medial retropharyngeal lymph node with surrounding mild steatitis
- Lymphadenopathy hepatic lymph nodes
- Mild microhepatica with irregular margins and a solitary parenchymal nodular lesion
- Multiple subcutaneous lipomas along the trunk
- Degenerative osteoarthritis shoulder joints bilaterally
- Degenerative osteoarthritis coxofemoral joints bilaterally
- Small bullae right caudal lung lobe
- Absent triadan 307
- Abrasion of the crowns all canine teeth
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the retropharyngeal region is most consistent with enlargement of the right medial retropharyngeal lymph node with large intraparenchymal cavitory lesion. Both chronic inflammatory origin/abscessation or neoplastic transformation need to be considered (e.g. myxosarcoma). If primary inflammatory origin is confirmed, an underlying cause cannot be appreciated. Theoretically, ectopic thyroid tissue undergoing neoplastic transformation and cystic components is a potential. Excision of the mass might be considered and appears feasible.

The decreased hepatic volume indicates chronic hepatopathy, such as cirrhosis or chronic hepatitis. Differentials for the nodular hepatic lesion are regeneration nodule/nodular hyperplasia or neoplastic disease (considered less likely). Ultrasound guided FNA sampling can be performed as advanced diagnostic test. Consider FNA sampling of the hepatic lymph nodes as well.

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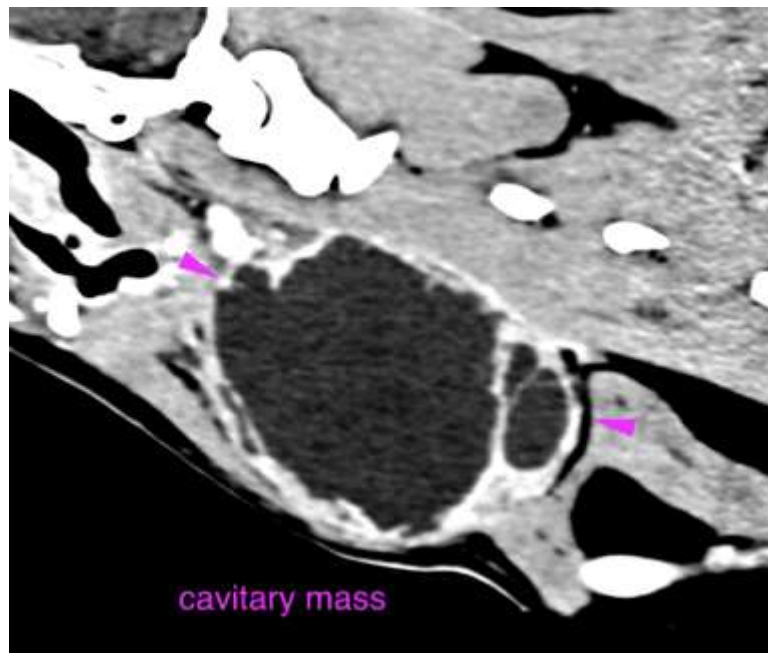
Dr. Westgarth

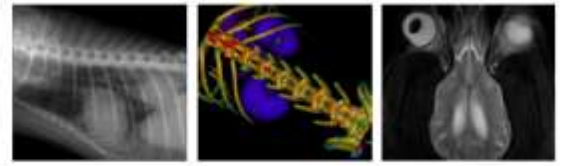
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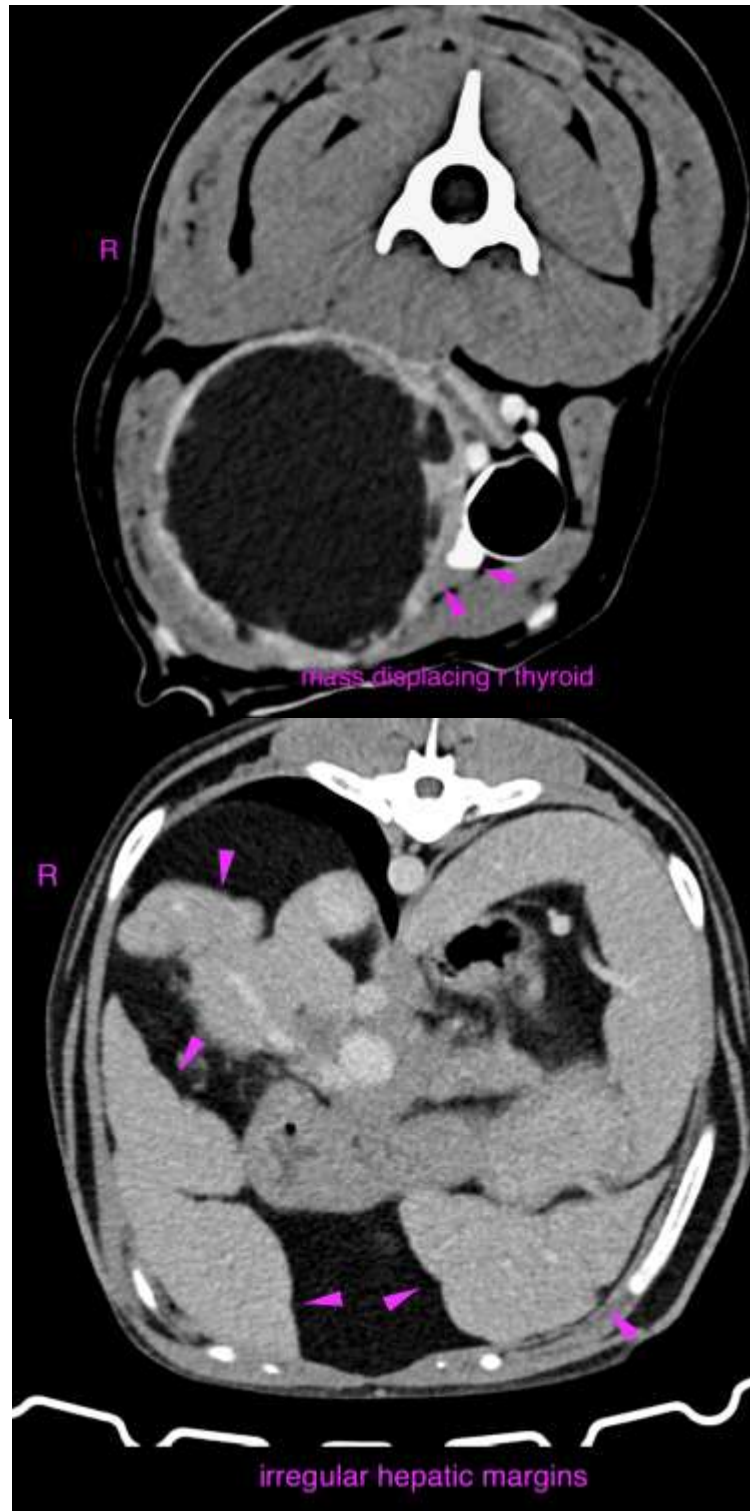
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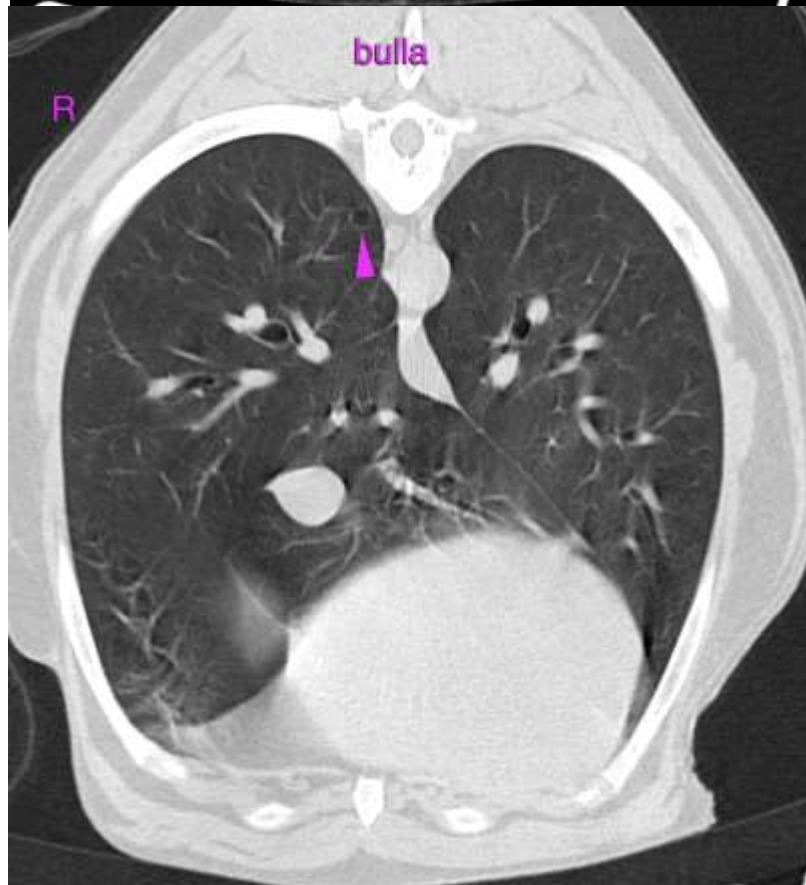
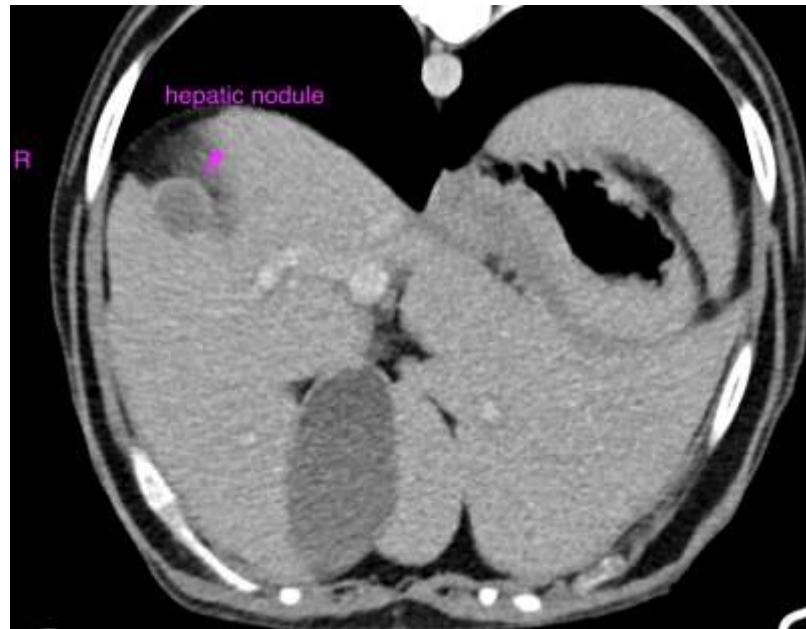
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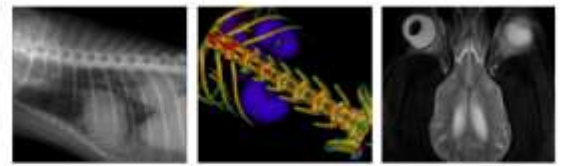
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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