



**PATIENT PRESENTING CLINICAL SIGNS**

**Thor Diaz** History: Owner mention that when Thor eats, he has difficulty eating, starts coughing and tries to cough food out. Changed diet to kibbles small bites and now is better. Owner mention that his barking less and now with difficulty. Weigh loss when he ingested FB 1 month ago.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Frothy saliva with blood tinge noted during intubation at the entrance of the trachea. Also, inside the endotracheal tube after extubation.

**BREED**

Labrador Retriever

**COMPUTED TOMOGRAPHIC STUDY OF THE NECK**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Intact Male

Level with the cranial esophageal sphincter a moderate intramural soft tissue swelling with a heterogeneous contrast enhancement pattern is seen, involving the dorsal aspect of the larynx and the mucosal lining of the larynx appears swollen. The soft tissue swelling presents with a fluid attenuating region, demarcated by a contrast enhancing capsule – a small mineral attenuating structure (2 x 1 mm) is seen level with the rima glottidis within the fluid attenuation region. The larynx is mildly deviated ventrally by the mass effect.

**AGE**

3 Years 7 Months

The medial retropharyngeal and mandibular lymph nodes are prominent.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The remainder of the osseous and soft tissue structures of the cervical spine present without abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

Mobile Pet Imaging

- Suspect intramural esophageal swelling level with the cranial esophageal sphincter with involvement of the dorsal wall of the pharynx versus periesophageal soft tissue swelling with small regions of cavitation.
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes

**REFERRING VET**

Dr. Meaux

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

20445

The soft tissue swelling level with the cranial esophageal sphincter and the laryngeal wall is most likely inflammatory in origin with possible small abscesses – rule out preceding perforating trauma (e.g. stick injury, migrating foreign body – mineral attenuating body within the lesion), possible infectious causes (e.g. Pythiosis, Spirocerca lupi) or papillomatosis. Immune mediated disease such as eosinophilic granuloma might be a consideration as well. Neoplastic origin of the mural swelling is possible as well (e.g. squamous cell carcinoma, round cell tumor), but due to the age the odds are considered low. Further definition warrants (ultrasound guided) FNA sampling ± biopsy of the swelling with sampling for microbial culture – including the regional lymph nodes. If not done so

**DATE**

1/6/23



**PATIENT** yet, recommend complete blood work to screen for inflammatory changes (e.g. leukocytosis, elevated crp).

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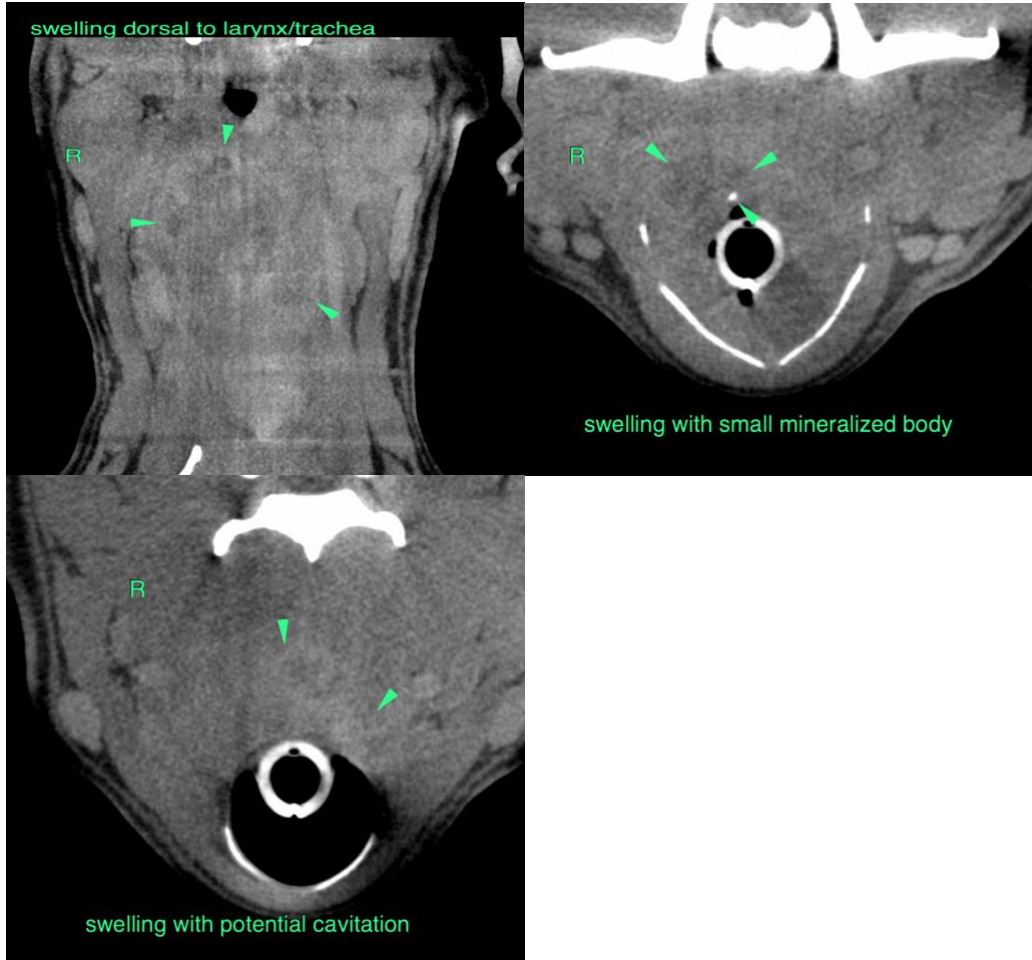
Dr. Meaux

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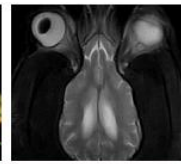
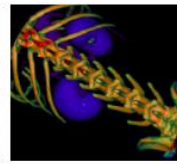
1/6/23



**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  
sebast.schaub@gmail.com



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