



PATIENT PRESENTING CLINICAL SIGNS

TURBO CARR At primary vet O noted a mass on the neck on August 9, 2022. Patient had painful neck/jaw and was whining when eating treats. Right submandibular lymph node was slightly plump, all others within normal limits. Patient was placed on Amoxicillin and Carprofen. At recheck on August 31, 2022 swelling looked different than before, patient was coughing and yelps when putting collar on. FNA of mass produced thick bloody mucous material. Thoracic radiographs taken on that day showed no nodules. A punch biopsy was taken of the area and histopath reported adenocarcinoma with high mitotic rate. Patient was referred to oncologist for work-up. At that exam a 4-5mm firm, minimally moveable mass was noted in the right cranial cervical region. The mass was in region of the salivary gland and expanded medially and cranially. The right mandibular gland was mildly enlarged. A CT was recommended for staging. The patient had the mass removed at a different vet on October 5, 2022. Mass removal in the right lateral ventral cervical region was uneventful. Histopath on the mass: squamous cell carcinoma with high mitotic count, margins may not be complete. (referring vet mentioned margins may not look complete because the mass was taken out in sections). On October 10, 2022 the O reported to the vet that the surgery site was swollen, warm and firm to touch and the size appeared to be the same as before surgery. Mass is still present at today's exam on the right ventral cervical area. ~ 5 x 7cm deep within the tissue.

SPECIES

Canine

BREED

Springer Spaniel

SEX

MN

AGE

9 Years

ABNORMAL PE/CHEM/CBC/UA RESULTS: Mass right side ventral neck. When intubating the patient we noted a mass the size of a large grape (~ 2-3cm x 3cm) present on the right tonsil area. CBC was normal except slightly decreased lymphocytes. Chemistry was within normal limits.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

HOSPITAL NAME

Casselton Vet Service

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

REFERRING VET

Dr. Laurie Huckle

Level with the right tonsil, an ovoid shape, soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 3.0 x 2.6 x 2.4 cm in size, protruding into the oropharynx.

INVOICE

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There is an ill-defined soft tissue swelling in the right retropharyngeal region, presenting a post contrast multinodular, heterogeneous contrast enhancement pattern. The right medial retropharyngeal lymph node cannot be delineated from the right retropharyngeal swelling/mass. The right retropharyngeal swelling is extending caudally up to the level of C2/C3. In the medial aspect, the right retropharyngeal swelling is merging with the laryngeal wall with heterogeneous contrast enhancing mural swelling of the right aspect of the larynx.

DATE

11-2-22

The mandibular lymph nodes and the left medial retropharyngeal swelling are prominent and present a heterogeneous contrast enhancement pattern.

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.



PATIENT

Turbo Carr

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.

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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.

Thorax

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An intermuscular lipoma is seen at the caudal aspect of the sternal xiphoid, measuring 8.6 x 4.6 x 4.2 cm in size.

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.

SEX

MN

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.

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Multifocal throughout the lung parenchyma, variable sized, well-defined soft tissue attenuating nodules, measuring up to 8 mm in diameter is seen.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right tonsillar mass
- Diffuse right medial retropharyngeal mass with local invasive growth into the larynx
- Lymphadenopathy left medial retropharyngeal and mandibular lymph nodes
- Structured nodular interstitial lung pattern
- Intermuscular lipoma caudal aspect of the xiphoid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Laurie Huckle

The findings are compatible with squamous cell carcinoma, likely originating from the right tonsil, and metastatic spread to the regional lymph nodes, forming a local invasive growing right retropharyngeal mass. The pulmonary changes are consistent with metastatic spread to the lung.

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Complete surgical excision of the right retropharyngeal mass is considered not feasible due to the local invasive growth.

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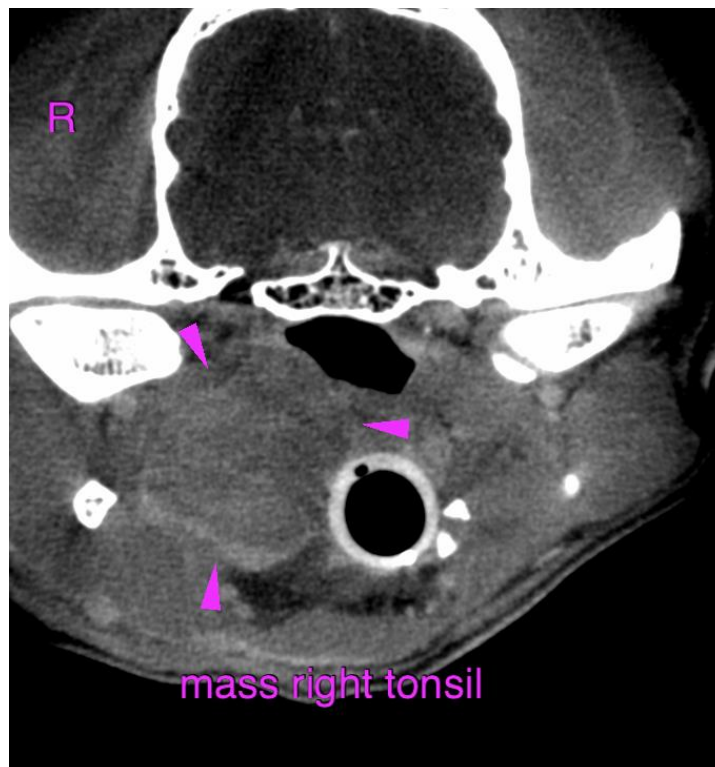
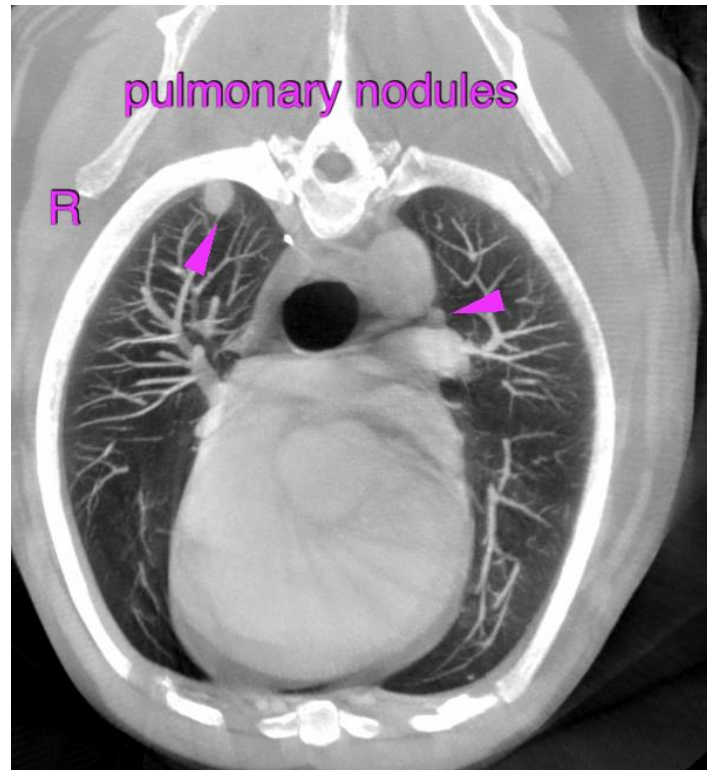
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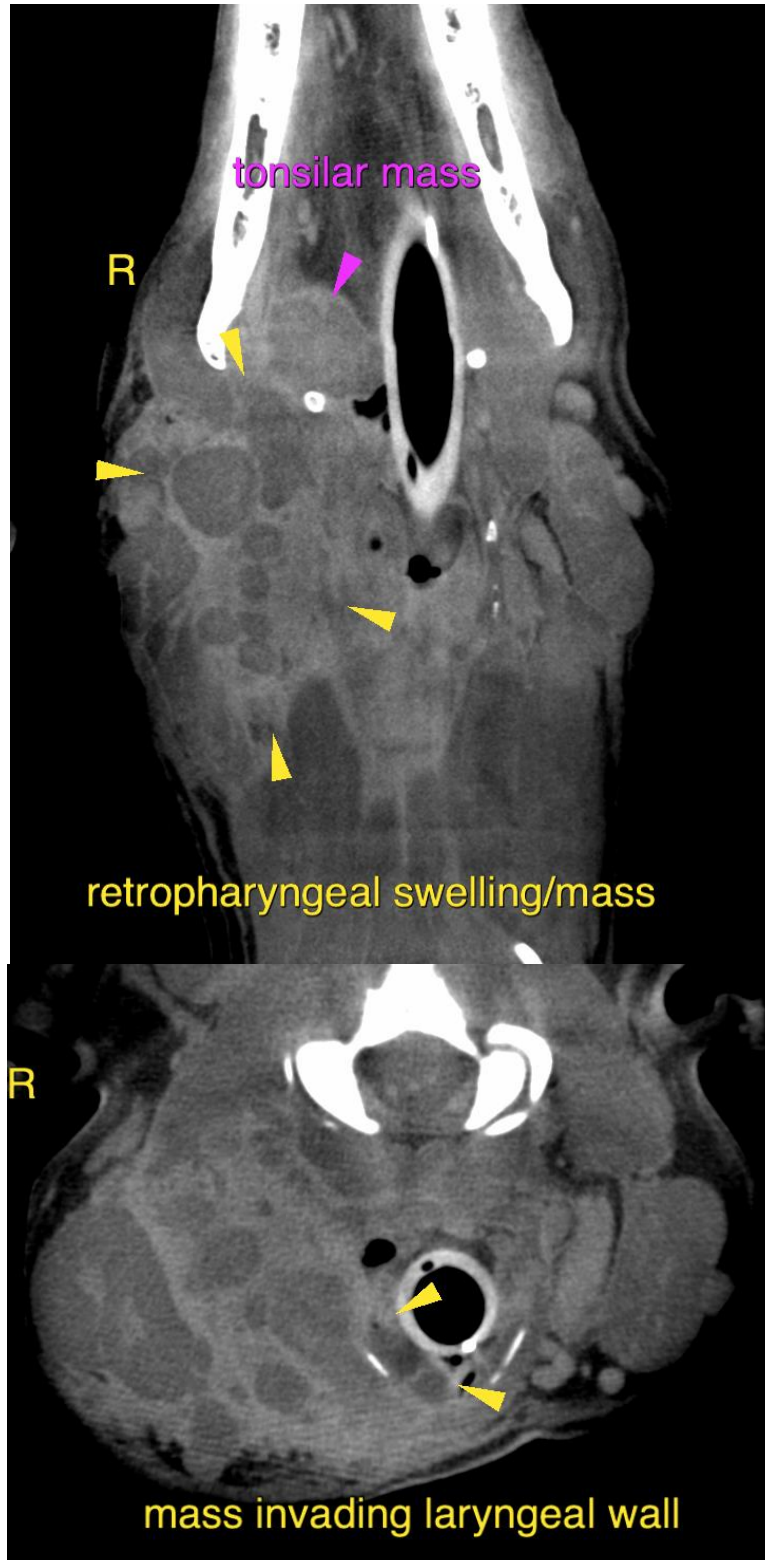
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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