



## PATIENT

Milo Smith

## SPECIES

Canine

## BREED

Cross Breed

## SEX

MN

## AGE

11Y, 7M

## WEIGHT

22kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Ana

## HOSPITAL NAME

Animal Trust - Bolton

## REFERRING VET

Ana Valega

## INVOICE

72719

## DATE

11-24-25

## PRESENTING CLINICAL SIGNS

- previously noticed lump on left side of the neck - Soft tissue opacity compressing trachea on radiographs, left neck Cytology Description Four digital slides are available for evaluation. The specimen is highly cellular and consists of a heterogeneous population of inflammatory cells. Degenerate and nondegenerate neutrophils predominate and are present in markedly increased numbers, accompanied by low numbers of foamy macrophages. Small lymphocytes are occasionally noted. Within neutrophils are found low numbers of fine, thin bacterial rods. The cells are found in an eosinophilic background that contains streaming nuclear debris, other cellular debris, and a small amount of blood. troubles swallowing since end of July can eat but only small soft/food, seems like when O gives dentalstick gets stuck then brings it up, happens with anything larger or harder not on any meds no diarrhoea Recently (past week), new mass around 5cm on R side of neck, not compressing on any underlying structures - FNA today, very purulent+haemorrhagic material, waiting on results of cytology

Abnormal PE/Chem/CBC/UA Results: WNL

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution pre- and post-contrast CT study of the skull and abdomen and a plain CT study of the thorax is 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.

In the subcutaneous tissue of the right submandibular region and the left craniolateral aspect of the neck, an ill-defined uniform soft tissue attenuating swelling is seen respectively – presenting a heterogeneous contrast enhancement pattern with central fluid attenuating regions. The surrounding fat presents moderate soft tissue striation in both regions.

Dorsal to the upper esophageal sphincter, an ill-defined, uniform soft tissue attenuating and post contrast heterogeneous contrast enhancing swelling hypoattenuating swelling is seen.

### Thorax

Along the mid segment of the thoracic spine, mild spondylosis formation is seen.

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.



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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.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multicameral subcutaneous swelling right submandibular region and left craniolateral aspect of the neck with surrounding cellulitis
- Soft tissue swelling dorsal to upper esophageal sphincter
- Spondylosis deformans mid segment thoracic spine
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multicameral subcutaneous soft tissue swelling are supporting the diagnosis of an inflammatory origin and small abscess/granuloma are most likely – an underlying cause cannot be specified preceding perforating trauma or migrating foreign material are possible. No foreign material is appreciated by CT, but isoattenuating material will be missed.

The presenting clinical signs of dysphagia of larger or hard material is a sequela to the ill-defined soft tissue mass dorsal to the upper esophageal sphincter – either granuloma (prioritized) or primary soft tissue neoplasia (e.g. sarcoma, round cell tumor) are considerations. Ultrasound guided FNA sampling/TruCut biopsy of the soft tissue swelling dorsal the upper esophageal sphincter would be ideal for specification.

Check for history of possible stick injury as main underlying cause.



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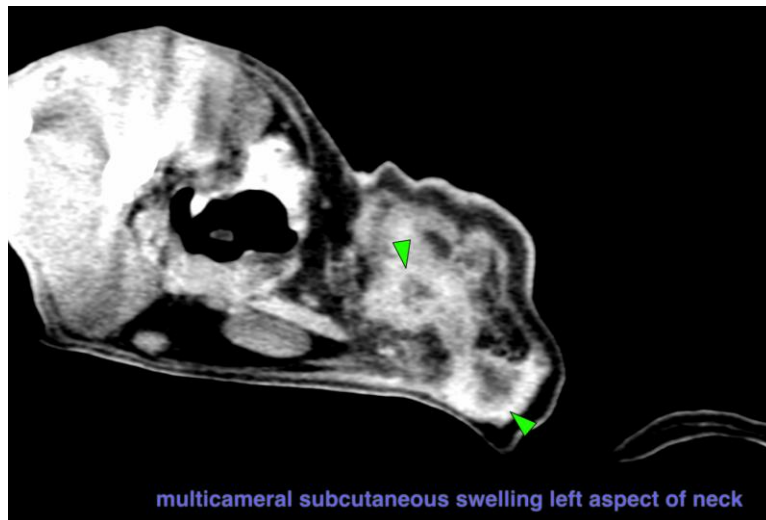
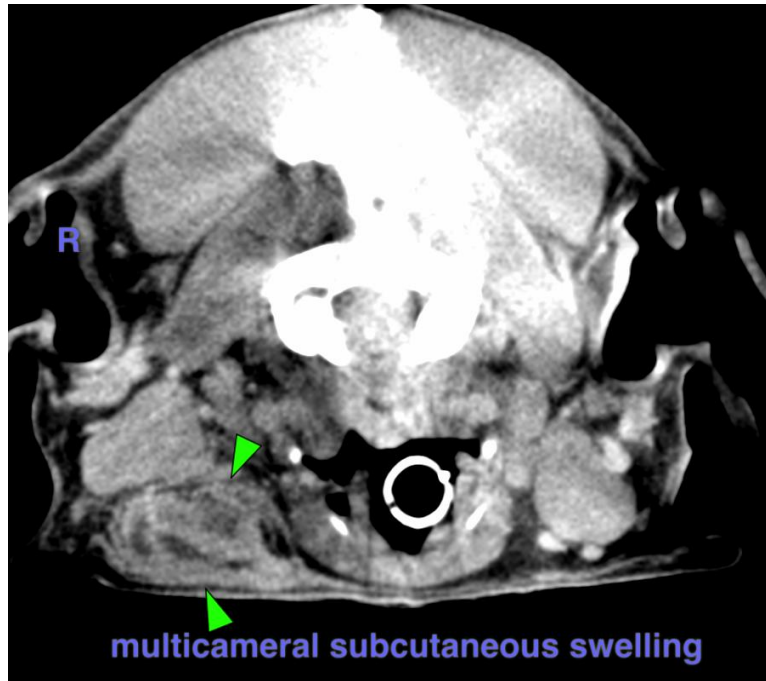
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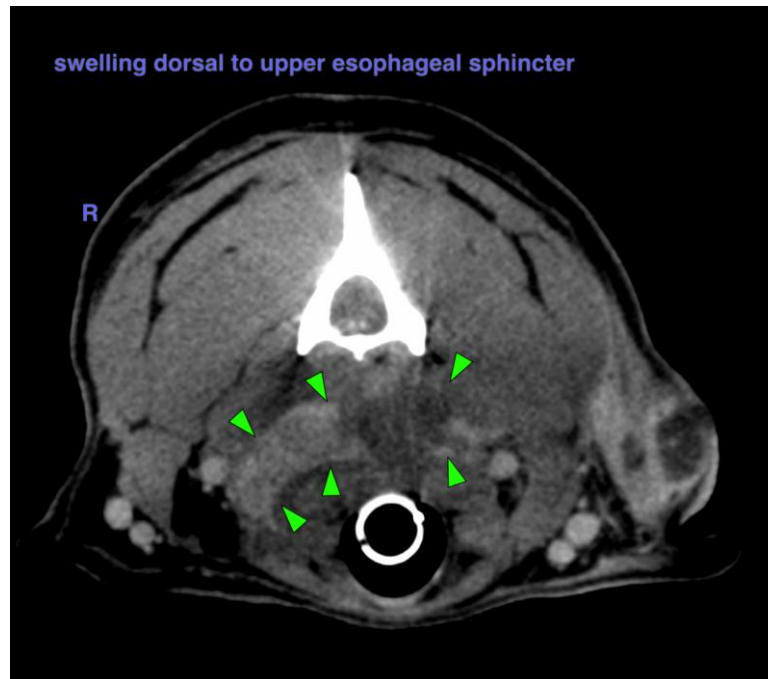
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)