



PATIENT

Daisy McCloy

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Female

AGE

7 Years

WEIGHT

20 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Molly Ellson

HOSPITAL NAME

Animal Trust Ellesmere
Port

REFERRING VET

Grange VH

INVOICE

35447

DATE

11/7/25

PRESENTING CLINICAL SIGNS

History: Patient presented due to sudden appearance of a submandibular/cranioventral neck mass - was seen in clinic 2 weeks prior by my colleague & not noted as present at this point. Slightly right sided large firm? mass possibly including larynx, small double subcutaneous mass overlying, not certain if this could be LN or other not related, patient has history of lipomas diagnosed with FNAB. Mild pyrexia 39.6 oC, mild lethargy compared to usual, slightly reluctant with her food, O feels not opening her mouth for treats as would usually do but is still eating. Patient in overweight condition. 8-month history of a suspected left sided facial paralysis, no thyroid testing has been done to date.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Multiple teeth are absent.

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 tonsils are unremarkable.

The right medial retropharyngeal lymph nodes is moderately enlarged, rounded, uniform soft tissue attenuating and contrast enhancing. The fat surrounding the right medial retropharyngeal lymph node presents moderate fat-stranding.

The right mandibular lymph nodes are prominent.

The thyroid glands present the expected size, shape and attenuation behavior.

The remainder of the osseous and surrounding soft tissue structures of the neck are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy right medial retropharyngeal lymph node with surrounding cellulitis
- Mild lymphadenopathy right mandibular lymph nodes
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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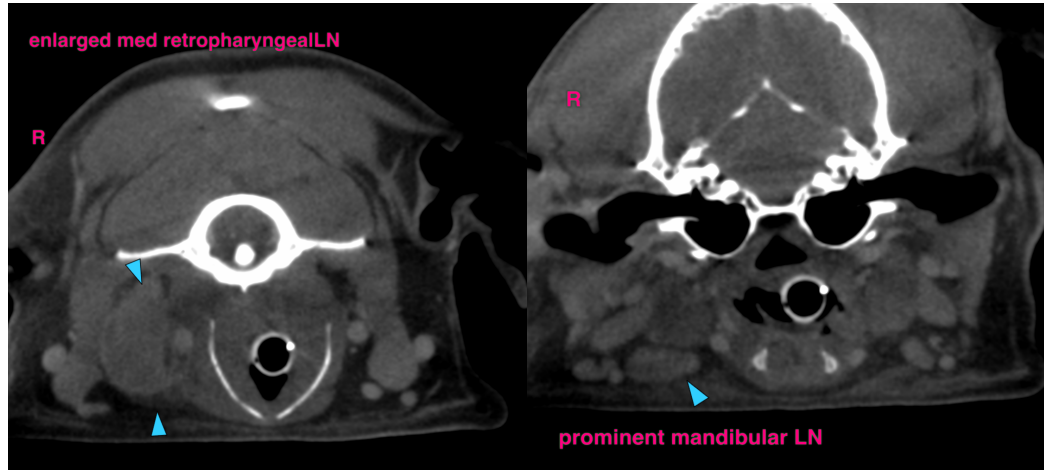
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The clinically appreciated prominent right retropharyngeal lymph node can be a sequela to (septic)lymphadenitis or neoplastic infiltration (e.g. carcinoma). If not done so yet, recommend complementing workup by FNA sampling and complete blood work for specification.



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com