



PATIENT

Dublin Williams

PRESENTING CLINICAL SIGNS

Pet presented on 11/4 for pain for 1 week. Owner reported the pet would periodically cry out when playing. On 11/4, the pet cried when owner tried to remove a rope toy from the mouth, and owner noted the L eye looked swollen. On exam, the pet was painful trying to open the jaw, even with sedation. A retrobulbar abscess was suspected. The pet was started on Clavamox and prednisone and was referred for a CT scan. FNA of the area behind the L eye (after the scan) yielded a small amount of blood tinged, possibly purulent fluid. The fluid was submitted for cytology and C/S.

SPECIES

Canine

BREED

Bernese Mountain Dog

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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

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The right parotid duct is distended, measuring 3.5 mm in diameter. In the most distal segment of the right parotid duct, an irregular shaped mineral attenuating body, measuring 1.6 mm in size is appreciated. The intraparenchymal ductal system of the right parotid gland is dilated.

AGE

1 Year, 7 Months

In the left retrobulbar space, a focal moderate soft tissue swelling and fat-stranding of the retrobulbar fat is seen; post contrast administration, a peripheral contrast enhancing and central fluid attenuating ovoid shaped lesion measuring 10 x 5 x 15 mm in size is seen. The surrounding tissues present a moderate ill-defined contrast enhancement pattern. The left ocular bulb is mildly deviated rostrally.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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.

REFERRING VET

Dr. Belinda Marcordes

The left mandibular and medial retropharyngeal lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided retrobulbar abscess
- Lymphadenopathy left mandibular and medial retropharyngeal lymph node – secondary reactive hyperplasia
- Sialolithiasis with obstruction of the right parotid duct

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

11-8-22

The findings are consistent with left sided retrobulbar abscess and surrounding steatitis & myositis, an underlying cause for the retrobulbar abscess is not appreciated. Ultrasound might be



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used to localize the abscess and screen for isoattenuating foreign material not appreciated by CT. Either medial or surgical management can be considered.

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The obstruction of the left parotid salivary duct is likely an incidental finding and may cause atrophy of the right parotid salivary gland, however if there is secondary inflammation/infection, swelling of the right buccal region can occur.

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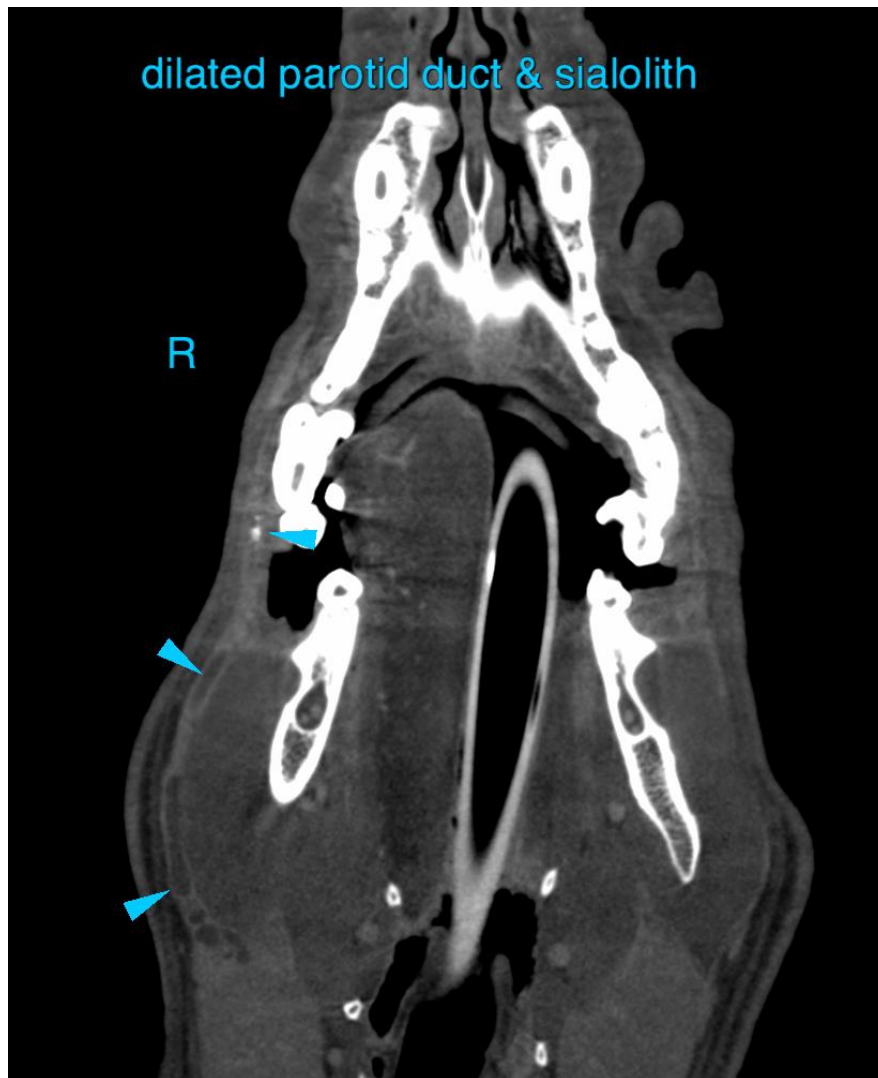
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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