



PATIENT

Basha Williams

SPECIES

Canine

BREED

Great Pyrenees

SEX

Spayed Female

AGE

8 Years

WEIGHT

39.2 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Jessica

HOSPITAL NAME

Southern Oregon VSC

REFERRING VET

Dr. Fugazzi

INVOICE

36007

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: Basha 8yo FS present for facial swelling, not E, on intake febrile. P hasn't been eating since Tuesday. Wednesday: O noticed swelling on left side of face. Swelling has since progressed to neck and mandible per O. O also said P guards goats, and she thinks her goat poss got into something recently. O has been giving clavamox 75mg BID since Wed PM. O says has not been helping. P panting a lot also. No V/D/C/S. P did have a dental involving 2 upper teeth. 2w post op check up dvm said P has been healing well. UTD vaccs No meds UTD heartguard/flea/tick
Abnormal PE/Chem/CBC/UA Results:

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.

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.

Along the right aspect of the skull, generalized subcutaneous edematous swelling is seen.

The right mandibular lymph nodes and right medial retropharyngeal lymph node are moderately enlarged, rounded. The right medial retropharyngeal lymph node presents a large intraparenchymal fluid attenuating area. The fat surrounding the mandibular lymph nodes and right medial retropharyngeal lymph node present significant soft tissue striation and is swollen. The right mandibular lymph nodes present a mild irregular contrast enhancement pattern.

The right mandibular salivary gland is swollen and presents mild dilation of the intracapsular ductal system.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitory lesion right medial retropharyngeal lymph node with surrounding (septic) cellulitis
- Lymphadenopathy right mandibular lymph nodes with surrounding cellulitis
- Likely secondary sialadenitis right mandibular salivary gland
- Edematous swelling right aspect of the skull

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the right medial retropharyngeal lymph node are compatible with abscessation of the respective lymph node and secondary surrounding septic cellulitis and lymphadenitis of the right



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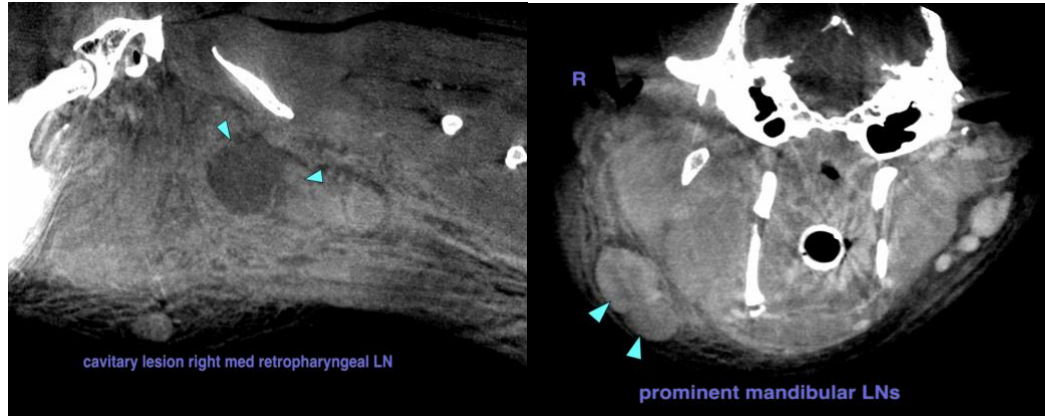
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mandibular lymph nodes. Tapping the cavitory lesion of the right medial retropharyngeal lymph node would be ideal for confirmation including sampling for microbial culture. Theoretically cystic neoplasm of the right medial retropharyngeal lymph node is a potential, but I consider the odds low. If abscess can be confirmed, surgical drainage may be beneficial.



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
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