



PATIENT

Finn Burgess

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

8

WEIGHT

35

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

35756

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: Weight loss dysphagia (retching) coughing
Abnormal PE/Chem/CBC/UA Results: cbc/chem w/

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

A pre- and post-contrast CT study of the neck and thorax in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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 submandibular and medial retropharyngeal lymph nodes moderately prominent, rounded, uniform soft tissue attenuating and have a heterogeneous contrast enhancement pattern. The fat surrounding the lymph nodes presents mild soft tissue striation.

The right tonsil is prominent and forming a pedunculated mass, bulging into the oropharynx.

Along the lumbar spine, multifocal 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 and contrast enhancement pattern is uniform and considered within normal limits.

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

- Pedunculated mass right tonsil
- Lymphadenopathy medial retropharyngeal and mandibular lymph nodes bilaterally
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with primary neoplastic transformation of the right tonsil – squamous cell carcinoma is most likely – and secondary metastatic spread to the regional lymph nodes. The findings do explain the presenting clinical signs. Excisional biopsy of the tonsillar mass and/or FNA sampling of the regional lymph nodes can be performed for confirmation.



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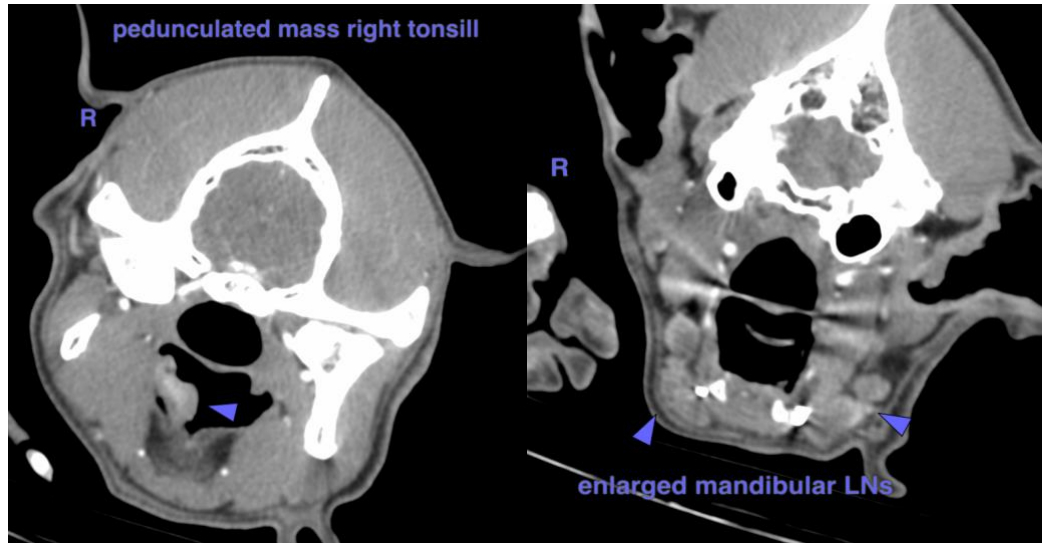
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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