



## PATIENT

Cookie Penner

## SPECIES

Canine

## BREED

Retriever X

## SEX

FS

## AGE

8Y, 5M

## WEIGHT

43.6kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Janice

## HOSPITAL NAME

Bridgewater Veterinary  
Hospital and Wellness  
Centre

## REFERRING VET

Dr. Danielle Friesen

## INVOICE

73741

## DATE

2-12-26

## PRESENTING CLINICAL SIGNS

- presented on Wednesday for lethargy and inappetence for a few days. She was febrile. She was a little bit sensitive on palpation of neck on the right side, started on amoxiclav and metacam. Presented the next day as still not interested in eating. Was on IV fluids, iv ampicillin and Metacam injection, ate some food that day, still a bit sensitive on palpation under neck, still febrile. Overnight at home, still not really improved appetite but perkier energy. Presented again Friday and still uncomfortable under neck, just a little, shaved area and seems more firm on right side, but no external injuries, opening mouth okay and no obvious changes there.
- Temperature slightly improved but still not really eating.
- Recommend next step of CT scan +/- ultrasound of the neck to look for a fluid pocket/foreign material, or other changes to explain the swelling, if she is not improving on the medication, not starting to eat.
- Multiple ulcers noted on tongue and gums post induction for CT
- Post CT - orange tinged fluid coming from her nose; very loose stool, very dark red in color.

Abnormal PE/Chem/CBC/UA Results: Wednesday cbc- some bands seen, chem- mild increase in alt/globulins. Radiographs of abdomen and chest were wnl, some fecal material in colon. Radiograph of neck, potentially a bit more density on ventral neck, no obvious gas pattern suggesting sq foreign body. Took FNA to send to lab and full result is pending, neutrophils seen, some histocytic cells on the right side.

## COMPUTED TOMOGRAPHY 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

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

The digastric muscle bilaterally is moderately swollen, and the surrounding fat presents moderate soft tissue striation; post contrast administration the digastric muscle bilaterally has a heterogeneous contrast enhancement pattern, sparing multiple hypoattenuating areas. Post contrast administration, throughout the masticatory muscles and the epaxial muscles along the neck multiple small zones with irregular contrast uptake are seen.

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.



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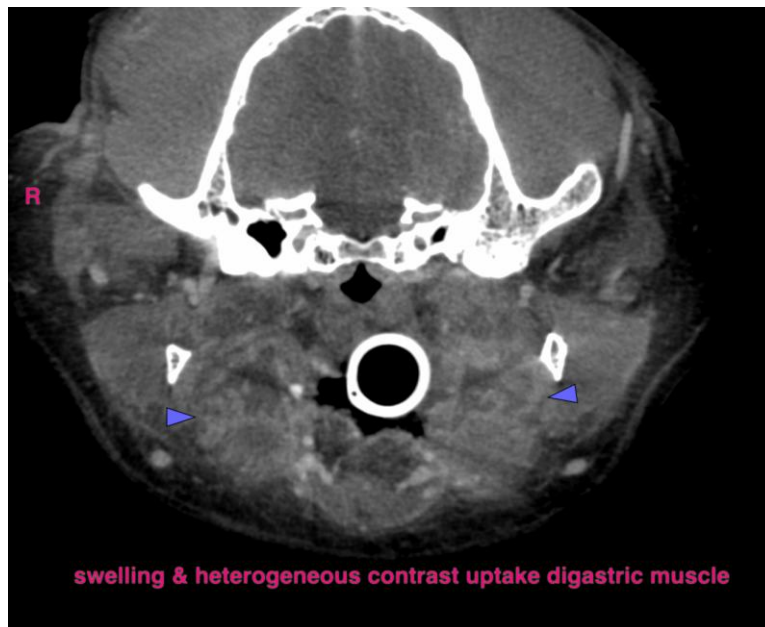
2-12-26

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Swelling and heterogeneous contrast uptake digastric muscle bilaterally
- Multiple small zones with irregular contrast uptake throughout the muscles of mastication and muscles along the neck
- Partially surrounding cellulitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The muscular lesions affecting both the muscles of mastication and muscles along the neck are consistent with myositis – in combination with the described oral lesions – are concerning for underlying infectious origin. Screen for possible infectious disease such as Hepatozoon, Pythiosis, Ehrlichiosis/Anaplasmos, other. Immune mediated disease can be a potential as well. The findings are unusual for underlying neoplastic disease, although round cell tumor may be a consideration. If cytology results are inconclusive, muscle biopsy of the digastric muscle can be considered as advanced diagnostic tool.





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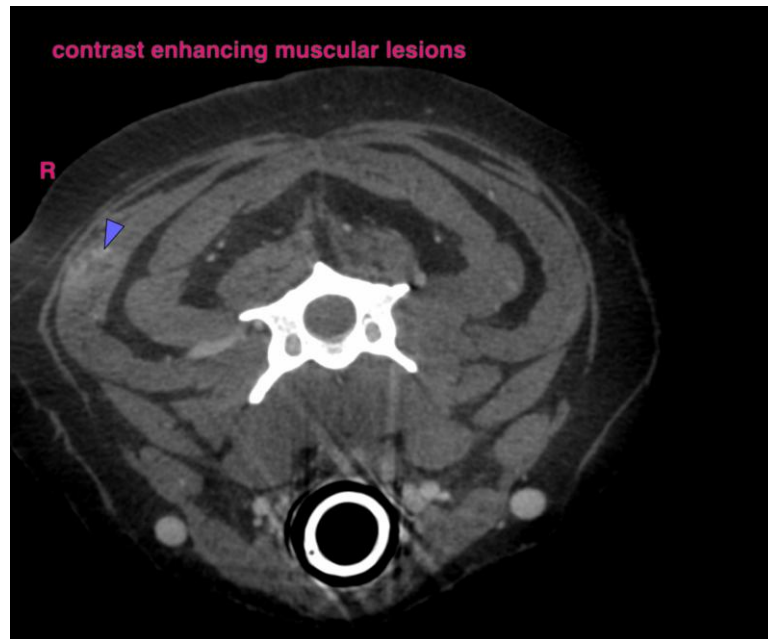
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)