



PATIENT PRESENTING CLINICAL SIGNS

Seamus Lindsay

P is being hosp for 4-days decreased appetite, lethargy and ataxia. on PE large swelling under neck (r/o LN vs mass vs other). Over last few months pt has had multiple sx's to remove masses from various parts of body. Pt has been lethargic, ADR, and slight swelling over right eye for 4 days. During the 4 days pt has had decreased appetite. Today o noticed increased respiratory effort and swelling on the left side of the neck. Pt has refused medication today and has no desire to move. Was on cefalexin with rDVM

SPECIES

Canine

BREED

Golden Retriever

SEX

NM

AGE

9

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: rDVM labs 2/15 - Chem Elevated ALP 171 CBC - Leukocytosis 23.1k, lymphopenia 231, Monocytosis 1709, neutrophilia 20.7k 4DX neg, fecal - neg UA USG 1.052, WBC 30-50/hpf, RBC 10-15/hpf, free catch sample ** bacteria noted on rDVM record 2/26 EPOC: iCa 1.44 (high) FNA of neck swelling - in house cytology showed suppurative inflammation with bacteria AUS: Performed 2/26 afternoon, report pending Neck swelling FNA: The area was clipped and cleaned with dilute chlorhex and scrub. Using a 22G needle, multiple aspirates of swelling were taken. Able to remove a small amount of fluid which was purulent In house cytology: Large amount of degenerative neutrophils with multiple chains of cocci. A few intracellular cocci US of neck swelling: There is 1 area of mixed echogenicity in the area of the swelling, no obvious pocket of fluid. 2/27 Prelim Ab US report from Sonopath: Irregular hepatomegaly with isoechoic nodular changes. Hyperplasia vs neoplasia needs fna. Age related elsewhere. The UTI may be the cause of lethargy but also consider ortho disease/back pain as well given the age and size of this guy. UA - USG 1.048, >50 rbc/hpf (cysto), 4 wbc/hpf, possible bacteria but on Bacteria confirmation kit no rods or cocci found repeat US of neck - no fluid pocket found FNAs today: - neck swelling - blood only - neck plaque - lymphocytes - large and irregular - spleen (US guided) - some mesenchymal cells but not an overtly high number of lymphs - liver (US guided) - hepatic cells with vacuolation, PMNs, not an overtly high number of lymphs

COMPUTED TOMOGRAPHY OF THE SKULL/NECK & THORAX

A high resolution post-contrast CT study of the skull/neck and thorax are provided for review.

HOSPITAL NAME

Wilvet Salem

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The subcutaneous tissue along the left side of the skull is significantly swollen and the subcutaneous fat presents moderate fat-stranding.

REFERRING VET

Dr. Gardner

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

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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.

DATE

2-28-22

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The left external ear canal presents a moderate thickening of the wall.

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.



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The left mandibular lymph nodes are moderately enlarged, rounded and present a heterogeneous contrast enhancement pattern.

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In the region of the left medial retropharyngeal lymph node, an ill-defined, peripheral contrast enhancing mass, presenting a fluid attenuating center is visible. Multiple contrast enhancing septa are extending from the periphery of the mass into the hypoattenuating center. The left retropharyngeal mass is measuring approximately 5.3 x 4.3 x 8.2 cm in size. The surrounding fat presents marked fat-stranding.

BREED

Thorax

Golden Retriever

Mild spondylosis formation is seen along the thoracic spine.

SEX

NM

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.

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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.

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Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior, but small regions of dystelectasis.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

HOSPITAL NAME

Wilvet Salem

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided retropharyngeal thick walled cavitory lesion with surrounding septic steatitis
- Lymphadenopathy left mandibular lymph nodes
- Inflammatory subcutaneous edema left aspect of the skull
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

REFERRING VET

Dr. Gardner

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The findings are consistent with left sided retropharyngeal abscess/abscessation of the left medial retropharyngeal abscess with surrounding septic steatitis and reactive hyperplasia of the regional lymph nodes. A preceding perforating trauma (e.g. stick injury, migrating foreign body, bite wound) is a potential underlying cause. Surgical drainage and curettage of the abscess is the therapy of choice.

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REFERRING VET

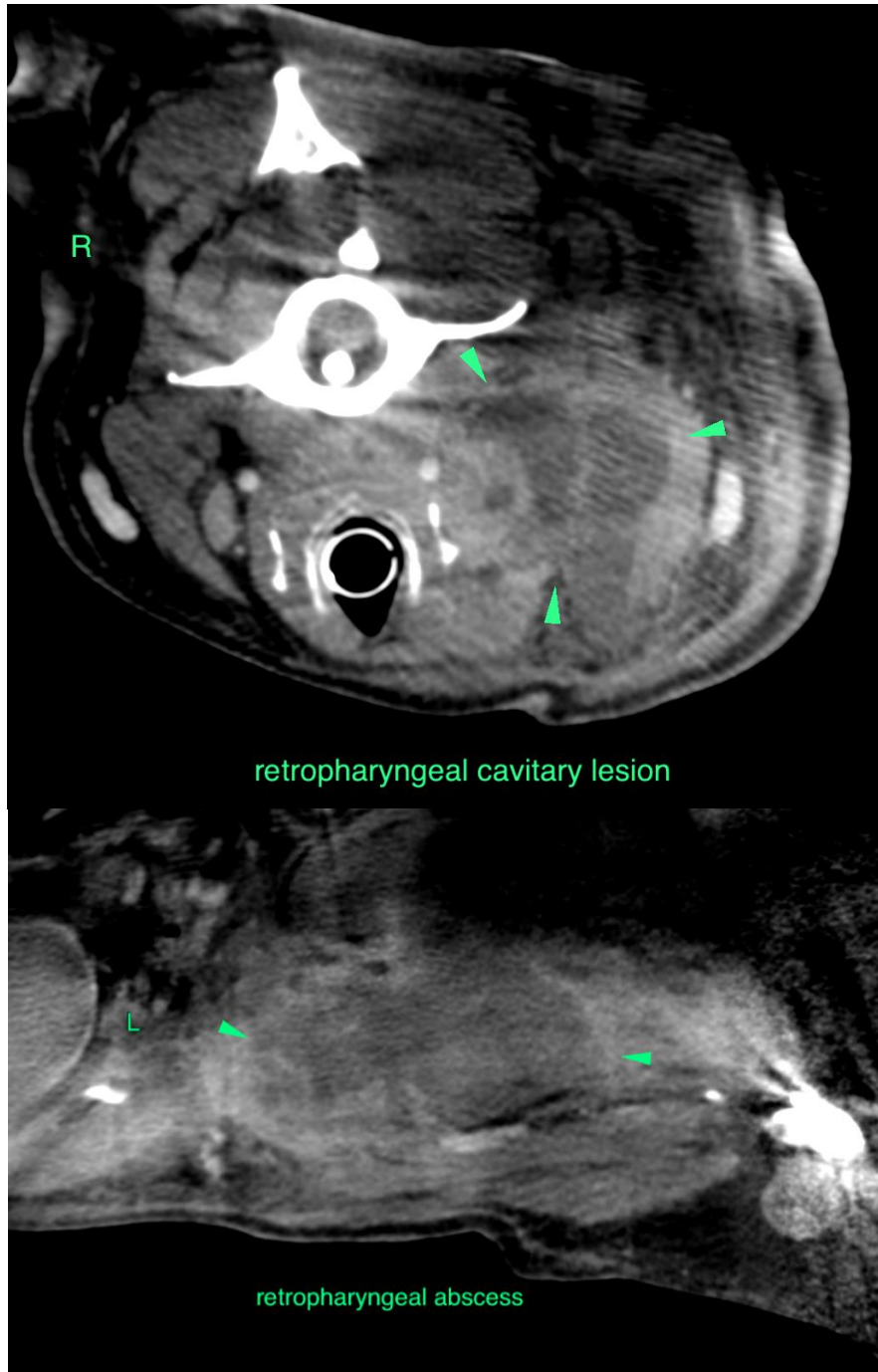
Dr. Gardner

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PATIENT

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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.

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Canine

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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