



PATIENT

Kano Abraham

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

9Y

WEIGHT

3.16kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Nicole Tippie

HOSPITAL NAME

Pet Emergency &
Referral Center - NVA

REFERRING VET

Bushra Zaidi

INVOICE

73613

DATE

2-4-26

PRESENTING CLINICAL SIGNS

History:

- Oral squamous cell carcinoma - left tonsillar mass, Palliative RT completed 11/12/25, metastatic to left submandibular lymph node. Mitotic count (per 2.37 sq mm): 10. Histologic tumour-free margins: Not clear; incisional biopsy. Vascular invasion: Absent
- Recent swelling of left temporal/cheek region - suspected retropharyngeal LN.
- Recent bleeding from mouth

Abnormal PE/Chem/CBC/UA Results: Ruptured swelling at left temporal/cheek region. Blepharospasm and green mucoid d/c OS. Upon intubation a hard, friable mass was appreciated in the left pharyngeal space, deviating and occluding the trachea to the right. Intubation was difficult.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 210, 301, 311, 401, 405 and 411 are absent.

The caudal segment of the body of the left mandible and the ramus of the left mandible – including the condylar process – present advanced moth eaten osteolytic lesions along with multiple intraosseous and perosseous gas inclusion. Caudal to the left maxillary molars, a concave depression of the soft tissues is seen.

The caudal segment of the soft palate presents a defect in the left aspect.

A diffuse hypoattenuating swelling is appreciated in the region of the left tonsil and left retropharyngeal region

In both nasal cavities a small amount of fluid attenuating material is attached to the nasal mucosal lining. Mild to moderate destruction of the nasal conchal structures is seen.

The left tympanic bulla is filled with non-contrast enhancing soft tissue material.

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 mandibular and medial retropharyngeal lymph node bilaterally are prominent and present a heterogeneous contrast enhancement pattern.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.



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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.

Accentuated the ventral aspects of the lung present a patchy ground glass attenuation pattern.

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

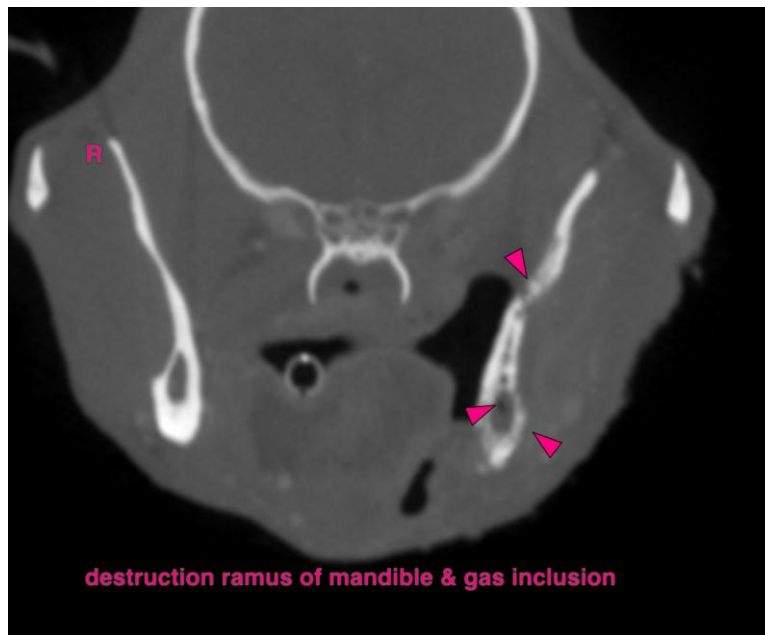
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of radiation therapy due to tonsillar squamous cell carcinoma
- Osteonecrosis ramus left mandible along with septic cellulitis
- Defect in the soft palate
- Soft tissue swelling region of left tonsil and left retropharyngeal region
- Lymphadenopathy mandibular lymph nodes and medial retropharyngeal lymph nodes
- Destructive rhinitis
- Left sided otitis media
- Ventrally accentuated patchy unstructured interstitial pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated changes along the left mandible are highly concerning for osteoradionecrosis along with soft tissue inflammation/necrosis and secondary defect in the soft palate. The clinically appreciated local soft tissue swellings are likely a sequela to the local inflammatory response and reoccurrence/continuous growth of the squamous cell carcinoma. The findings do explain the described clinical signs.

The lung pattern is highly suggestive for pneumonia possible triggered by aspiration of exudate from the upper respiratory tract. There is little chance for accompanying pulmonary metastatic disease represented by the sporadic roundish areas with an unstructured interstitial pattern.





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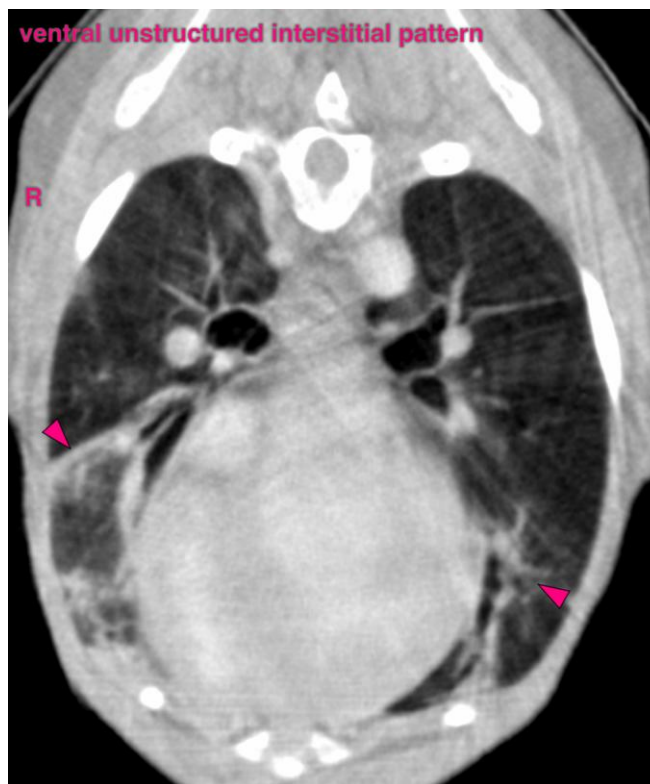
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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