



## PATIENT

Nina Jones

## SPECIES

Canine

## BREED

CB

## SEX

Female

## AGE

4 Years 8 Days

## WEIGHT

24.7 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Klaudia

## HOSPITAL NAME

Animal Trust Bolton

## REFERRING VET

Dr Klaudia Czarna

## INVOICE

36220

## DATE

3/13/26

## PRESENTING CLINICAL SIGNS

- Rescue from Bulgaria.
- Imported 4 years ago.
- Owner noted sudden swelling under chin 8 days ago.
- When aspirated with needle - saliva was aspirated.
- Nina was prescribed NSAIDs and antibiotics - no improvement noted.
- O reports swelling getting bigger and has spread to the right side of her face now.
- Marked solid swelling on ventral neck and right side of the face.
- Oral cavity - tonsils displaced medially, marked swelling of the hard palate but no obvious masses palpated.
- FNA - aspirated bloody saliva

Abnormal PE/Chem/CBC/UA Results: Neutrophilia Immature and/or toxic neutrophils likely present - Consider inflammation. Anemia without reticulocytosis - Likely non-regenerative anemia; consider pre-regenerative anemia. Total Protein 40 52 - 82 g/L Albumin 21 23 - 40 g/L Globulin 19 25 - 45 g/L ALP 306 23 - 212 U/L

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

## COMPUTED TOMOGRAPHIC FINDINGS

Electronic image markers are considered to be flipped as the patient positioning is set to 'head first supine' but the patient is in ventral recumbency.

A diffuse edematous subcutaneous swelling is appreciated along the skull, R>>L.

Triadan 308 and 408 are absent.

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 moderately enlarged and present a heterogeneous contrast enhancement pattern. In the right submandibular region, extending into the right retropharyngeal region, a post contrast multiloculated, fluid attenuating swelling, demarcated by



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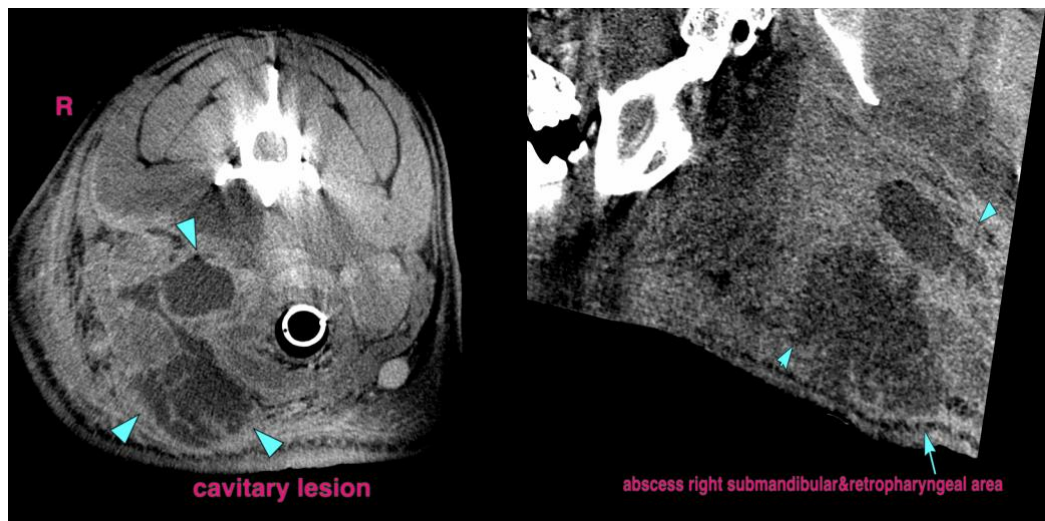
an irregular marginated, strong contrast enhancing capsule is appreciated. In the dorsal aspect of the cavitory swelling, small gas bubbles are seen.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thick walled multiloculated cavitory lesion right retropharyngeal and medial retropharyngeal region with surrounding septic cellulitis
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally
- Significant inflammatory edema along the cranial aspect of the neck and entire skull
- Absent triadan 308 and 408

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a large abscess in the right submandibular and retropharyngeal region – a plausible explanation for the presenting clinical signs. Surgical drainage of the abscess is advised.





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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](mailto:info@sonopath.com)