



PATIENT

Ripley Patterson

SPECIES

Canine

BREED

Ridgeback

SEX

Spayed Female

AGE

11

WEIGHT

26

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Henry Xue

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Dr. Henry Xue

INVOICE

14515

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- acute L neck mass
- L tonsil suspecting carcinoma
- GA lateral recumbency before CT

Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Neck

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.

Mild nodular enlargement of the left tonsil is seen – presenting a mild irregular contrast enhancement pattern.

Level with the left medial retropharyngeal lymph node, a heterogeneous soft tissue attenuating and contrast enhancing, ovoid shaped mass is seen; measuring 6.5 x 6.6 x 10.8 cm. The larynx is deviated to the right by the mass effect. Along the ventral aspect of the ala of C1 solid periosteal new bone formation is seen.

The right medial retropharyngeal lymph node and the mandibular lymph nodes are small and present the expected size and shape.

The thyroid gland bilaterally has the expected size, shape and contrast enhancement pattern.

Thorax

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

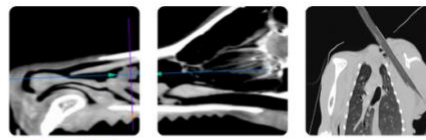
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

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, but zones with dystelectasis of the ventral aspects of the left cranial lung lobe.

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



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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present irregular margins. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

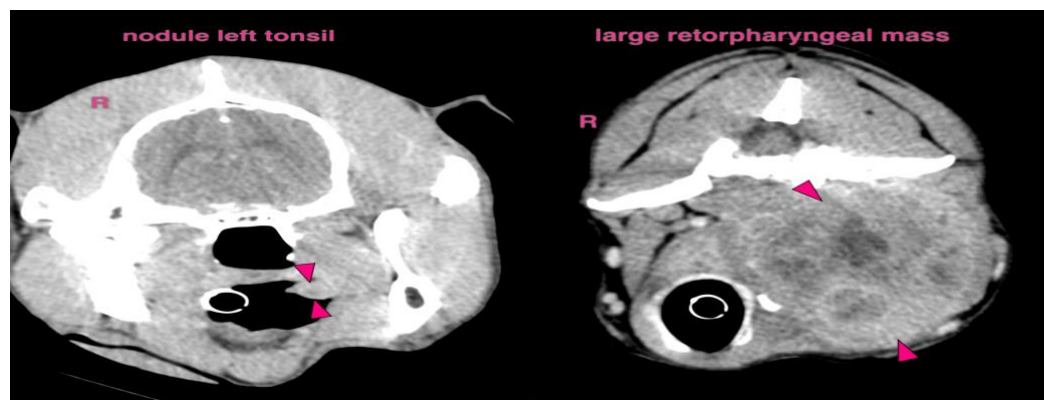
The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small left tonsillar nodule
- Large left retropharyngeal soft tissue mass – suspect origin in the left medial retropharyngeal lymph node
- Chronic nephropathy
- No evidence of pulmonary metastatic disease

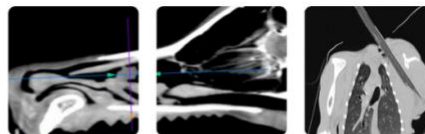
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small nodule within the left tonsil is supporting the diagnosis of squamous cell carcinoma of the left tonsil with secondary metastatic spread to the left medial retropharyngeal lymph node – forming a large left retropharyngeal soft tissue mass. FNA sampling of the retropharyngeal mass and abnormal physical examination findings of the left tonsil will support the diagnosis.



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.



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