



**PATIENT**

Ness Smith

**PRESENTING CLINICAL SIGNS**

BAR; p/m mm; CRT 1-2s; no mur/arrh; no abn lung sounds; no abd dist; no pain or abns on abd palp; eyes, ears, LNs WNL; pain on manipulation of mass on L side of pharynx; thin; BCS- 3-4/9; sedated; placed IVC; obtained CT (pre and post IV contrast); aseptically prepared mass; made an incision; collected several samples with a 4mm biopsy punch; closed with 3-0 Monocryl in simp int; reversed sedation

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE NECK**

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

**BREED**

German Shepherd

**COMPUTED TOMOGRAPHIC FINDINGS**

Potentially originating from the left mandibular salivary gland, a large heterogeneous contrast enhancing mass with central crescent shaped mineralization is seen. The left submandibular mass is measuring approximately 5.8 x 4.6 x 7.4 cm in size. The mass presents ill-defined margins in the medial aspect to the larynx. The pharynx is mildly distorted by the mass effect.

**SEX**

Female Spayed

The regional lymph nodes are small, unremarkable.

**AGE**

9 Years, 5 Months

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left sided submandibular/retropharyngeal soft tissue mass with central dystrophic mineralization

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study presents a stationary size of the mass in the left submandibular region, in comparison to the previous CT study of the skull. The mass appears to originate from the left mandibular salivary gland and epithelial neoplasia is considered likely. Sampling for histopathology has already been performed, regarding the history of results are pending. In the post contrast study, the mass presents less defined margins, and local invasive growth is possible. Based on the results of advanced diagnostic tests, the chances of surgical resection ± adjuvant chemotherapy/radiation therapy might be discussed with surgeon & oncologist.

**HOSPITAL NAME**

State Avenue Vet  
Clinic

**REFERRING VET**

Dr. Raul Casas-Dolz

**INVOICE**

51690

**DATE**

4-21-22



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**BREED**

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**SEX**

Female Spayed

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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  
sebast.schaub@gmail.com