



## PATIENT

314-26 Lifeline Puppy  
Rescue

## SPECIES

Canine

## BREED

Great Pyrenees Mix

## SEX

MN

## AGE

4M

## WEIGHT

33lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDE

## IMAGING PERFORMED BY

Samantha Short

## HOSPITAL NAME

Animal Health Care  
Denver

## REFERRING VET

Cathryn Sayer

## INVOICE

74761

## DATE

4-22-26

## PRESENTING CLINICAL SIGNS

Was brought in on transport on 4/8. No known altercations with another dog but possible on transport. Around that time he was noted to be food aggressive with his sister so he was separated from all other dogs since 4/9. On 4/16 he was noted to have swelling under the jaw of unknown cause. We sent home Clavamox. 4/21 the swelling burst and drained large amount of fluid. Today we performed CT to rule out underlying causes and performed surgery to remove necrotic skin. Abnormal PE/Chem/CBC/UA Results: Normal BW

## COMPUTED TOMOGRAPHY OF THE SKULL

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

## COMPUTED TOMOGRAPHIC FINDINGS

The dentition is in transition from the non-permanent to permanent teeth.

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 small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

In the left submandibular region, a large cutaneous defect is appreciated, and multiple gas inclusions are seen in the left submandibular region and left retropharyngeal area. The subcutaneous and retropharyngeal fat in the respective region is swollen and presents significant soft tissue striation and amorphous fluid attenuating area with interspersed gas bubbles that are demarcated by an irregular shaped contrast enhancing capsule.

The left medial retropharyngeal lymph node is significantly enlarged, ill-defined, and has a heterogeneous contrast enhancement pattern.

The right medial retropharyngeal lymph node is moderately enlarged and has an irregular contrast enhancement pattern.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thick walled cavitary lesion left submandibular/retropharyngeal region involving the left medial retropharyngeal lymph node
- Secondary surrounding septic cellulitis
- Reactive lymphoid hyperplasia right medial retropharyngeal lymph node

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with a ruptured abscess in the left submandibular/retropharyngeal region. An underlying cause for the abscess formation cannot be specified by CT; a preceding perforating trauma is likely.



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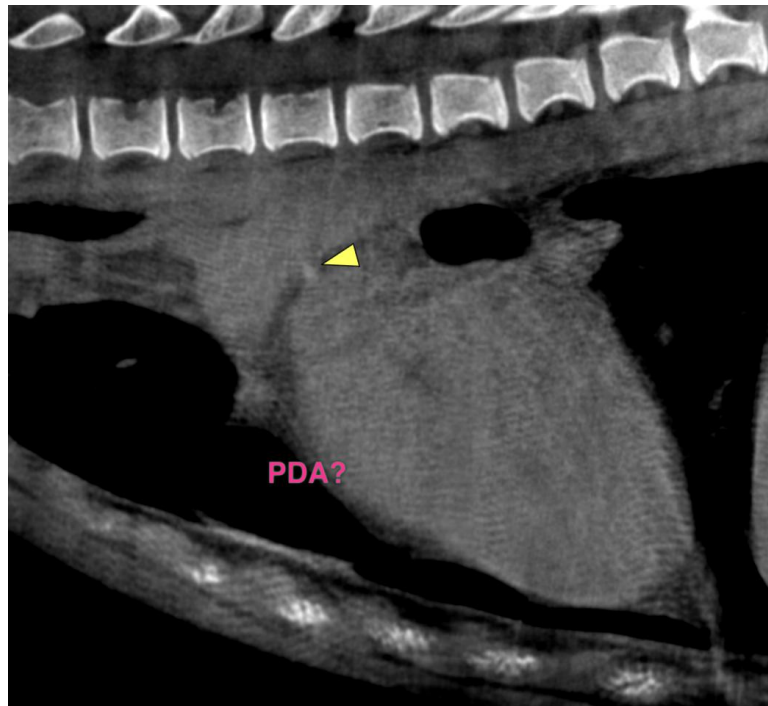
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In the thoracic scan, there is a short & thin contrast stained connection between the aorta and pulmonary artery – can be indicative for PDA. A cardiac echo is warranted for confirmation or ruling out the diagnosis.



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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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