



**PATIENT PRESENTING CLINICAL SIGNS**

Tebow Barco/Gauvrea

Tebow is a 13 YO MC Weimaraner who presented for CT scan due to abscess on his neck. Previous history of coughing in the beginning of the years that p had CT scan of chest for, but did not find any abnormalities. At that time it was suspected GOLPP. Then about 1-2 weeks ago O noticed firm swelling over the right side of the neck/chin and it progressed to getting larger. FNA and ultrasound were performed by rDVM about 1 week ago and purulent material was removed with the syringe. RDVM transferred p to specialist for surgery, but needs CT scan first and specialist cannot schedule CT until a month. P does have low grade heart murmur and previous CT scan showed nodules on liver and parathyroid gland.

**SPECIES**

Canine

**BREED**

Weimaraner

Abnormal PE/Chem/CBC/UA Results: CBC: nsf COMP: mild elevated ALP EPOC: nsf PCV/TS: 40%/8.2 g/dl

**COMPUTED TOMOGRAPHY OF THE SKULL/NECK**

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

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

MN

Multiple teeth are absent.

**AGE**

13 Years

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The mucosal lining of the right dorsolateral aspect of the oropharynx, caudal to the right tonsil, is irregular and prominent.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Animal Emergency Hospital Deland

In the region of the right medial retropharyngeal lymph node, an ill-defined, ovoid shaped, soft tissue attenuating and heterogeneous contrast enhancing mass is appreciated, measuring 4.9 x 4.9 x 9.0 cm.

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

**REFERRING VET**

Dr. Kari Lemanski

Within the right epaxial musculature, a well-defined, lipoma is seen, measuring 12 x 9 x 44 mm. Multiple intramuscular lipomas are appreciated along the pictured shoulder musculature.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

58026

- Right retropharyngeal soft tissue mass
- Possible mucosal mass oropharynx
- Multiple absent teeth
- Multiple intramuscular lipomas along the epaxial musculature of the neck and shoulder region

**DATE**

4-29-23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The possible mucosal thickening/mass of the oropharynx is concerning for primary soft tissue neoplasm – such as squamous cell carcinoma or melanoma with metastatic spread to the right medial retropharyngeal lymph node. Recommend thorough examination of the oropharynx for evaluation of



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the mucosal lining including biopsy in case of pathology. If not mucosal mass of the oropharynx is appreciated neoplastic transformation of the right medial retropharyngeal lymph node (e.g. squamous cell carcinoma, lymphosarcoma) or soft tissue mass of different origin (e.g. ectopic thyroid neoplasia, paraganglioma, sarcoma) are the top differentials. There is no evidence of abscess formation – potential puncture of a necrotic area.

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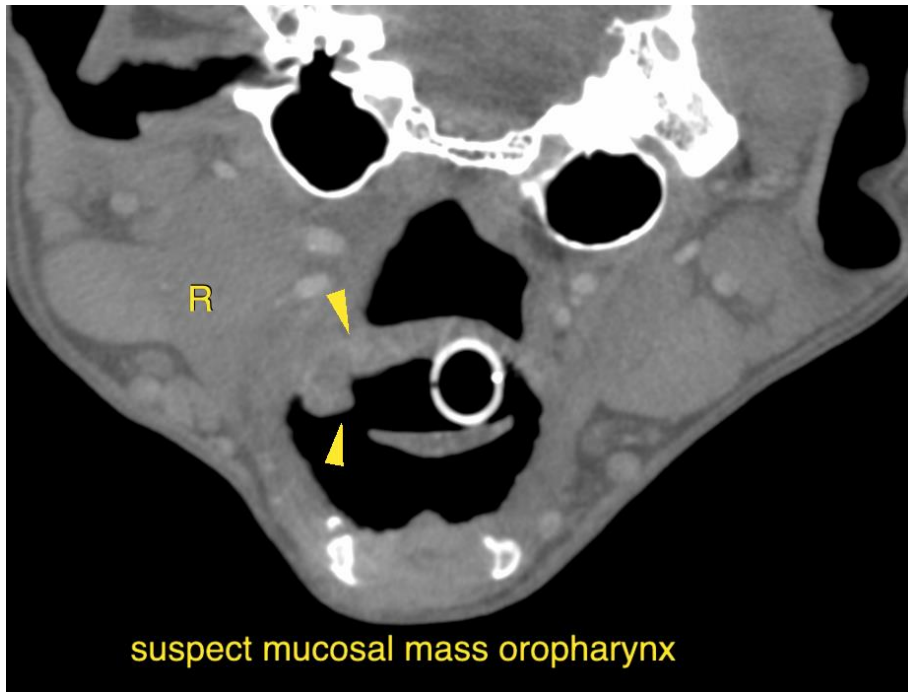
MN

**AGE**

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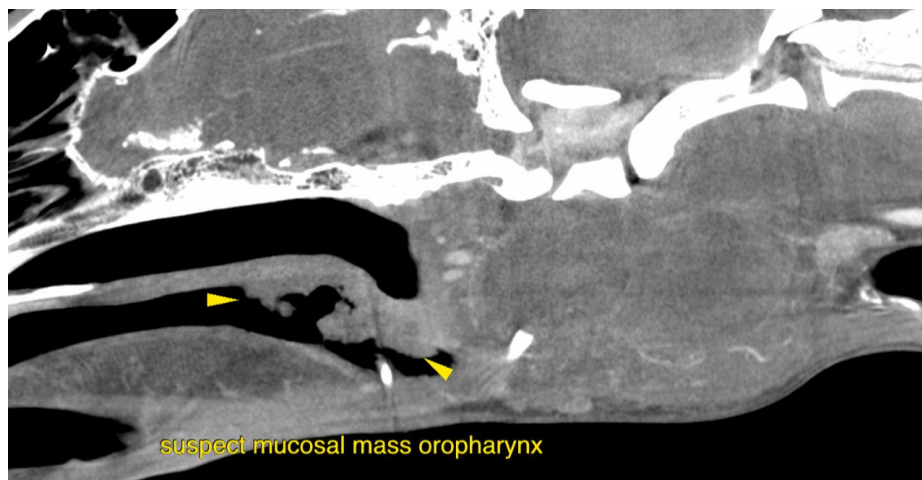
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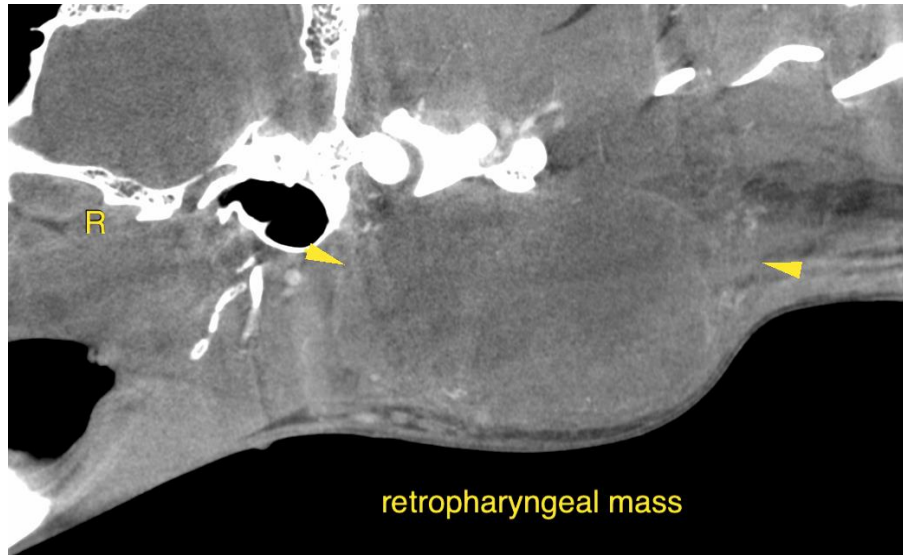
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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