



PATIENT PRESENTING CLINICAL SIGNS

Coal Christensen O noticed a lump on neck tonight at around 6:30pm. Large and firm on left side of neck. P has less energy today than normal. Had past history last year of stick in the back of the throat that had to be removed and then subsequent infection (kennel cough).

SPECIES Abnormal PE/Chem/CBC/UA Results: MM pink and moist has some wear on canines. No overt evidence of foreign material in mouth, looked when patient was getting intubated. Firm swelling on left lateral neck approx 3.5 x 3 inches in diameter seems to be present deep into tissue. Has region just ventral to that that is also slightly swollen. U/S did not seem to have fluid pocket and attempt at FNA no fluid obtained. Not painful on palpation. But when head was lifted up he acted somewhat uncomfortable. CBC- MPV 14 fL Chem 10- all values within normal reference range Iohexol 600mg/kg IV for contrast Biopsy was taken after CT

Canine

BREED Lab

COMPUTED TOMOGRAPHY OF THE NECK

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

SEX COMPUTED TOMOGRAPHIC FINDINGS

NM The subcutaneous tissue along the left ventrolateral aspect of the neck, level with C2 to C4 is significantly swollen and the subcutaneous fat has a soft tissue striation. Fat-stranding of the subcutaneous fat can be appreciated up to the level of the left superficial cervical lymph node. Level with C3&C4, at the ventrolateral aspect of the left hypaxial musculature, an ill-defined zone with peripheral contrast enhancement and a hypoattenuating center is seen.

AGE

6 Years

The left superficial cervical lymph node is prominent.

INTERPRETED BY

COMPUTED TOMOGRAPHIC DIAGNOSIS

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

- Ill-defined contrast enhancing swelling left lateroventral aspect of the hypaxial musculature level C3/C4
- Suspect septic steatitis along the left lateroventral aspect of the neck
- Lymphadenopathy left superficial cervical lymph node – likely secondary reactive hyperplasia

HOSPITAL NAME

Wilvet Salem

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Crystal Ebert

The CT changes are highly suggestive for either early stage of abscess formation or granuloma formation – given the history of stick injury, the odds for migrating foreign material are high. No foreign body is appreciated in the CT study, however isoattenuating material is a consideration and thorough ultrasound evaluation of the respective region is recommended to screen for foreign material warranting surgical management.

INVOICE

58039

DATE

4-30-23



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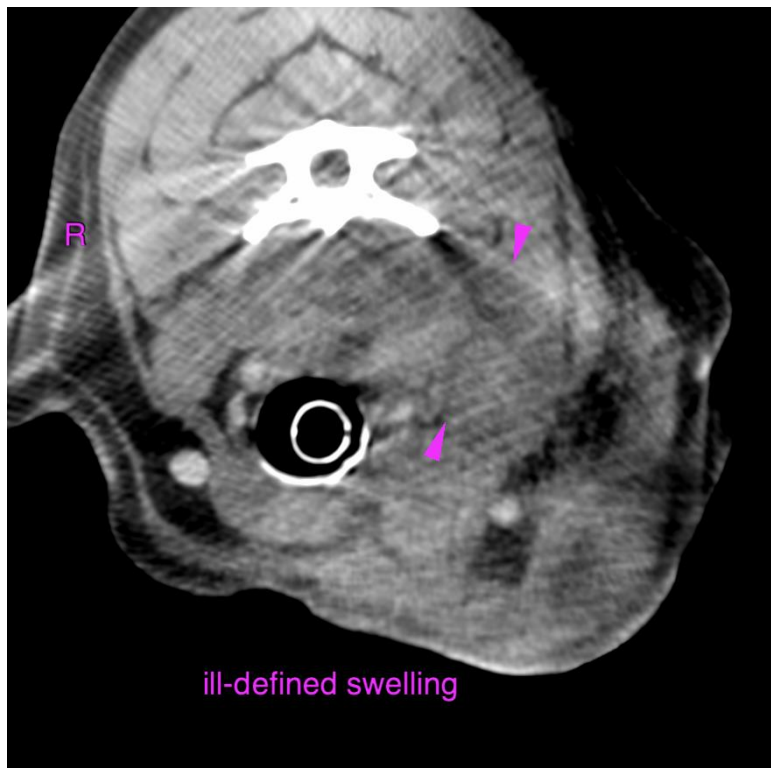
Crystal Ebert

INVOICE

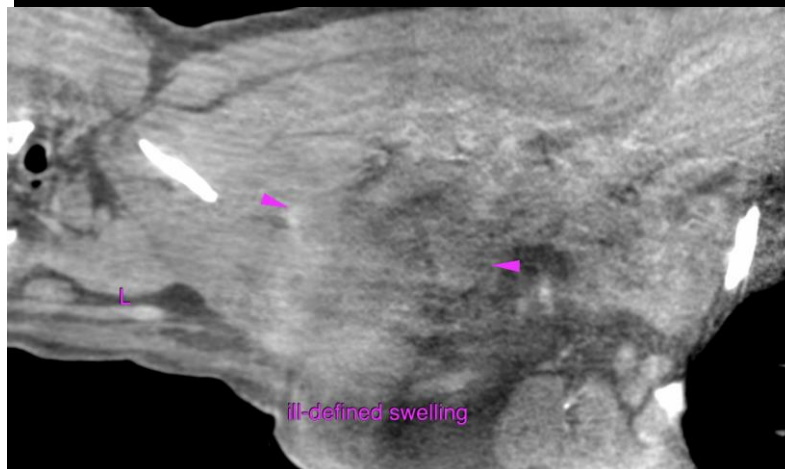
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ill-defined swelling



ill-defined swelling



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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.

SPECIES

Canine

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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