


**PATIENT PRESENTING CLINICAL SIGNS**

Lucy Smith History: PC: Fascial swelling Last Saturday March 26th owner noticed swelling in right side of her face and it got worse this week She was drinking and eating much less than normal Her energy was fine until April 1st Normal bowel movement and urination until April 1st Took her to vet on April 1st

**SPECIES**

Canine

**BREED**

Coton De Tulear

**SEX**

Spayed Female

**AGE**

8 Years

rDVM: Rec admit to hosp for IVF and IV Abx, with plans to send her to a 24 hours center for ongoing supportive care, IV Baytril, pain mgmt, FNA and culture and cytology. O consents. Culture and cytology is pending Gave 0.015 mg/kg Buprenorphine at noon. Discussed with NVEC o remembers her chewing on a bone, she jumped and dropped. o mentioned she only gives the bones when she can watch them. She had dental surgery 9 months ago and had quite a few teeth removed. Owner has another puppy and she is fine, Owner not sure if she got bit by the other puppy and she got an infection She has a reverse sneeze but she's always done that. Diet: kibble and wet food Serious condition: None Medication: None UTD vaccine  
 Abnormal PE/Chem/CBC/UA Results: Eyes, Ears, Nose, Throat. Eyes: mild discharge right eye Ears: clear bilaterally large firm swelling extending from the ventral aspect of the right eye to the ventral mandible and back around the caudoventral aspect of the right ear painful during examination, also mild swelling was noted on the Left maxilla - Thoracic auscultation Murmur ausculted: Grade II-III/VI heart murmur. Normal rhythm , Pulse strength normal , unable to assess pulse synchrony Lung sounds: clear Upper respiratory sounds: normal

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & NECK**

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 101-103, 106, 201, 202, 205, 206, 301, 302, 305, 401-403 and 405 are absent.

A nasoesophageal tube is seen in the left nasal cavity, extending into the esophagus.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

A generalized significant subcutaneous swelling is noted along the right aspect of the skull.

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

The right tympanic bulla is occupied by non-contrast enhancing soft tissue material, the osseous lining is smooth and thin. The right external ear canal presents a moderate swelling of the wall and the lumen is narrowed.

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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.

**DATE**

4/4/22

The right mandibular and medial retropharyngeal lymph node are moderately enlarged and rounded; in the pre- and post contrast CT study, the right mandibular and medial retropharyngeal lymph node are hypoattenuating. The left mandibular and medial retropharyngeal lymph node are prominent with a mild heterogeneous contrast enhancement pattern.

**INTERPRETED BY**

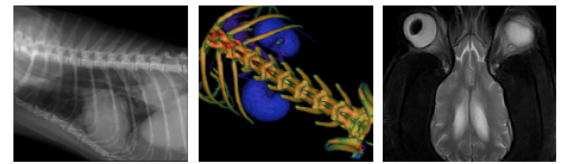
 Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

**HOSPITAL NAME**

 Animal Health  
 Partners

**REFERRING VET**

Dr. Jeffery Biskup



**PATIENT** Lucy Smith  
 The larynx is mildly deviated to the left by the right sided generalized swelling. The veins at the right aspect of the skull presents decreased contrast enhancement – likely due to impaired blood flow by the generalized edematous swelling, no thrombus material can be appreciated.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Generalized edematous swelling right side of the skull
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes, R>>L
- Intramural swelling right external ear canal
- Right sided otitis media, possible primary secretory
- Multiple absent teeth, see above

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The CT study is fitting the history of advanced edematous swelling along the right aspect of the skull, most accentuated in the region surrounding the right external ear canal. There is evidence of associated significant enlargement of the tributary lymph nodes. No specific underlying cause can be appreciated – such as a mass or abscess formation – and both inflammatory edema (e.g. bacterial/mycotic/protozoal cellulitis or lymphadenitis, vasculitis, sterile steroid-responsive lymphadenitis (more common in younger dogs)) or neoplastic causes (e.g. mast cell tumor, lymphosarcoma) are considerations. Rule out allergic/idiosyncratic reaction (e.g. secondary to insect bite, snake bite) as well.

If not done so yet, recommend complementing workup by FNA sampling of the regional lymph nodes. Ooscopic evaluation of the right external ear canal is recommended to check for pathology besides the suspected edematous swelling.

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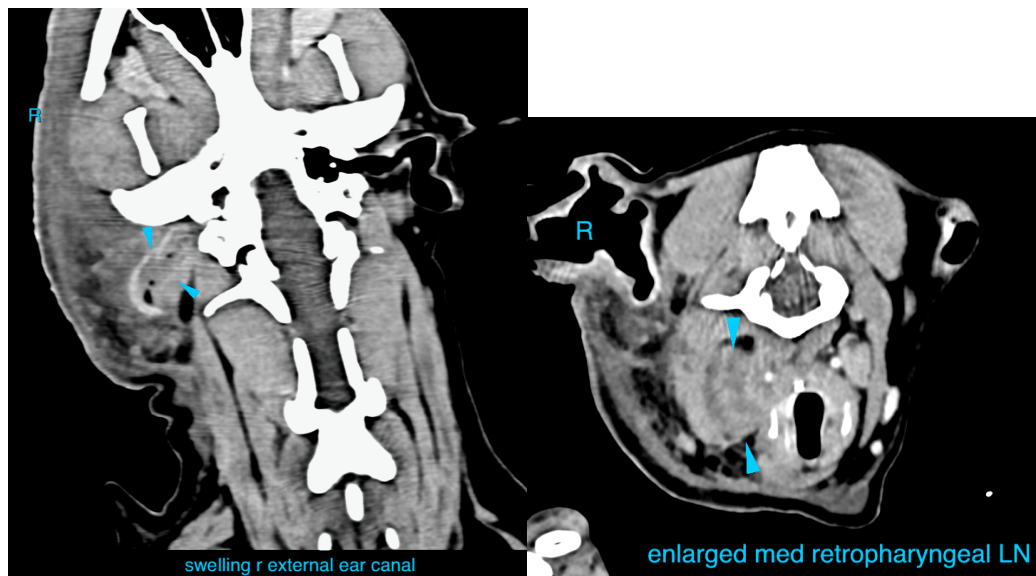
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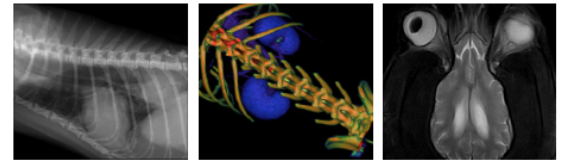
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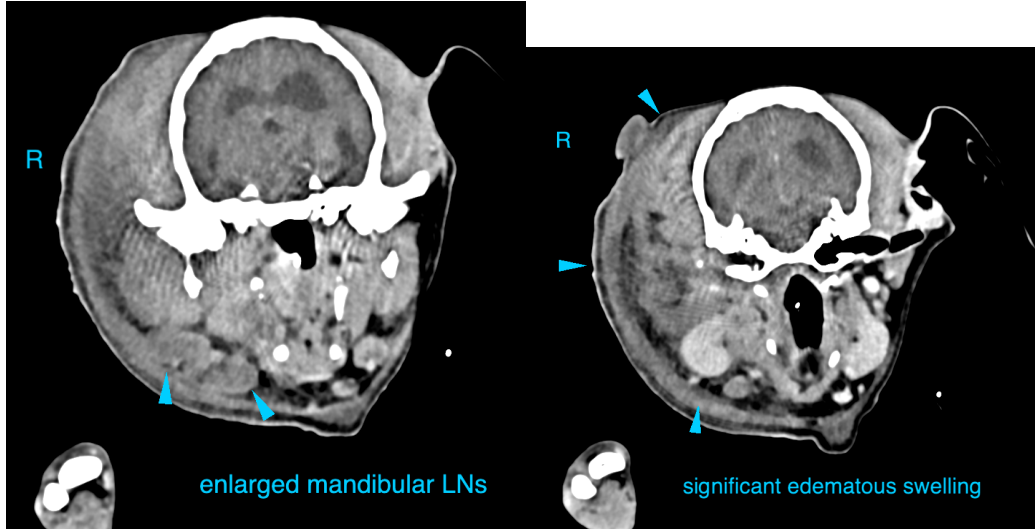
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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