



**PATIENT PRESENTING CLINICAL SIGNS**

Pepper Stuart Surgical management of a draining sinus, suspect foreign body in January. Recurrent cyst beneath zygomatic arch. Fills with fluid when eating  
Abnormal PE/Chem/CBC/UA Results: Cbc and Chem normal

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Collie Triadan 301, 307, 308, 401, 402 are absent. Advanced abrasion of the crowns of the maxillary and mandibular incisor and canine teeth is seen.

**SEX** In the left masseter muscle, at the lateroventral aspect of the left ramus of the mandible, a post contrast fluid attenuating lesion is seen, measuring 10 x 6 x 3 mm. The overlying subcutaneous tissue level with the fluid attenuating lesion is swollen.

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

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

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**INTERPRETED BY**

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.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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**

The left mandibular and medial retropharyngeal lymph node are prominent in comparison to the contralateral side.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Eamon

- History of chronic draining tract/cystic lesion lateroventral aspect left ramus of the mandible with overlying subcutaneous cellulitis
- Mild lymphadenopathy left mandibular and medial retropharyngeal lymph nodes
- Advanced abrasion maxillary & mandibular incisor and canine teeth
- Multiple absent teeth, see above

**INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The CT study is fitting the history of cavitory lesion in the region of the left masseter muscle. An underlying cause cannot be specified – such as foreign material, although isoattenuating foreign material cannot be ruled out – ultrasound will yield a higher sensitivity for possible foreign material. As the lesion fills with fluid during apprehension of food, a connection to the parotid salivary duct or less likely mandibular salivary duct is possible. A positive contrast sialography of the left parotid duct ± mandibular salivary duct can be performed to check for potential connection.

**DATE**

5-1-23

Reactive hyperplasia of the tributary lymph nodes.



**PATIENT**

Pepper Stuart

**SPECIES**

Canine

**BREED**

Collie

**SEX**

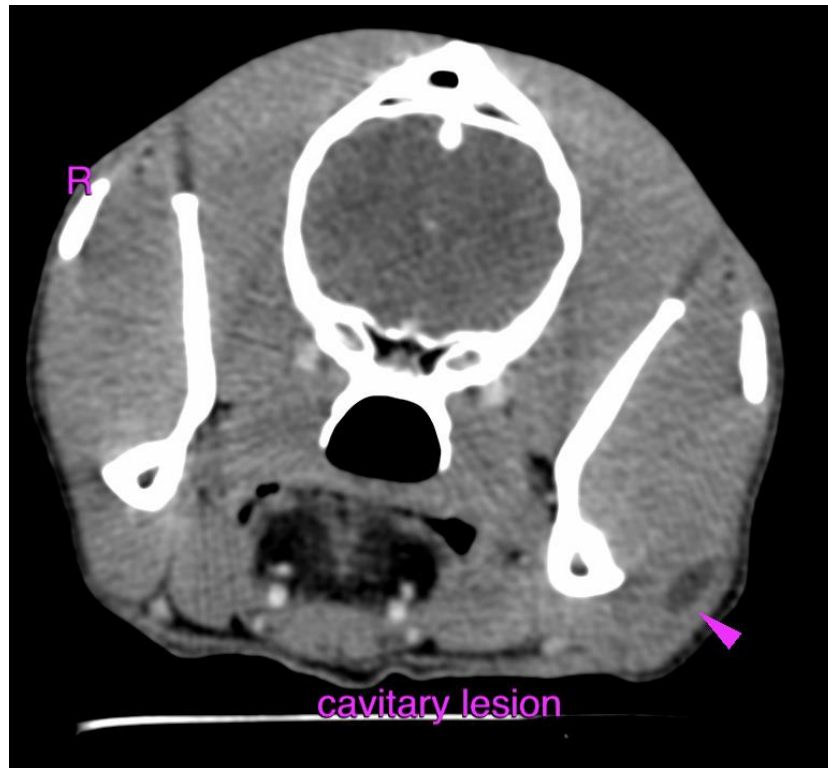
FN

**AGE**

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**HOSPITAL NAME**

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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.

**REFERRING VET**

Eamon

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**INVOICE**

58084

**DATE**

5-1-23