



PATIENT

Heidi Seshadri

PRESENTING CLINICAL SIGNS

Sudden onset firm facial/throat swelling with difficulty breathing. CT: IV butorphanol and propofol to effect. Intubation with 12 ETT, larynx is displaced to the left and partially occluded by soft palate. Regional cellulitis and lymphadenopathy R base of ear, angle of mandible. NO overt abscess or penetrating FB noted. CT scan pre and post contrast completed Imaged submitted for radiology review. R middle ear infection / fluid noted Post study treated with 1 dose of steroids. Slow smooth uneventful recovery. Plan consult with R Fugazzi about surgery. 1. Abscess vs Mass? 2. Is it resectable?

SPECIES

Canine

BREED

Greater Swiss Mt
Dog

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

SEX

FS

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

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

AGE

8.5 Years

The left tympanic bulla is aerated, and the osseous lining is smooth and thin. The right tympanic bulla is filled with soft tissue attenuating material, the osseous lining is smooth and thin. The external ear canals present moderate shell-like mineralization of the wall.

INTERPRETED BY

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.

At ventral aspect of the skull/cranial neck, a significant subcutaneous swelling with fat-stranding of the subcutaneous fat is appreciated, most accentuated in the right submandibular region. The swelling is extending rostrally and moderate to marked diffuse swelling of the right lip is appreciated.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

The mandibular lymph nodes and medial retropharyngeal lymph nodes bilaterally, R>L, are prominent with a uniform soft tissue attenuation and contrast enhancement pattern.

REFERRING VET

Dr. Ravi Seshadri

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.

Mild to moderate peripheral mineralization of the dural tube along the pictured parts of the cervical spine is appreciated.

INVOICE

52589

At the cranioproximal aspect of the greater tubercle of the humerus bilaterally, moderate irregular mineralization are appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

6-27-22

- Edematous subcutaneous swelling along the ventral aspect of the skull and right lip
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally, R>L
- Right sided otitis media



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- Dystrophic mineralization external ear canals bilaterally
- Calcifying tendinopathy supraspinatus muscle bilaterally
- Dural mineralization - incidental

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INVOICE

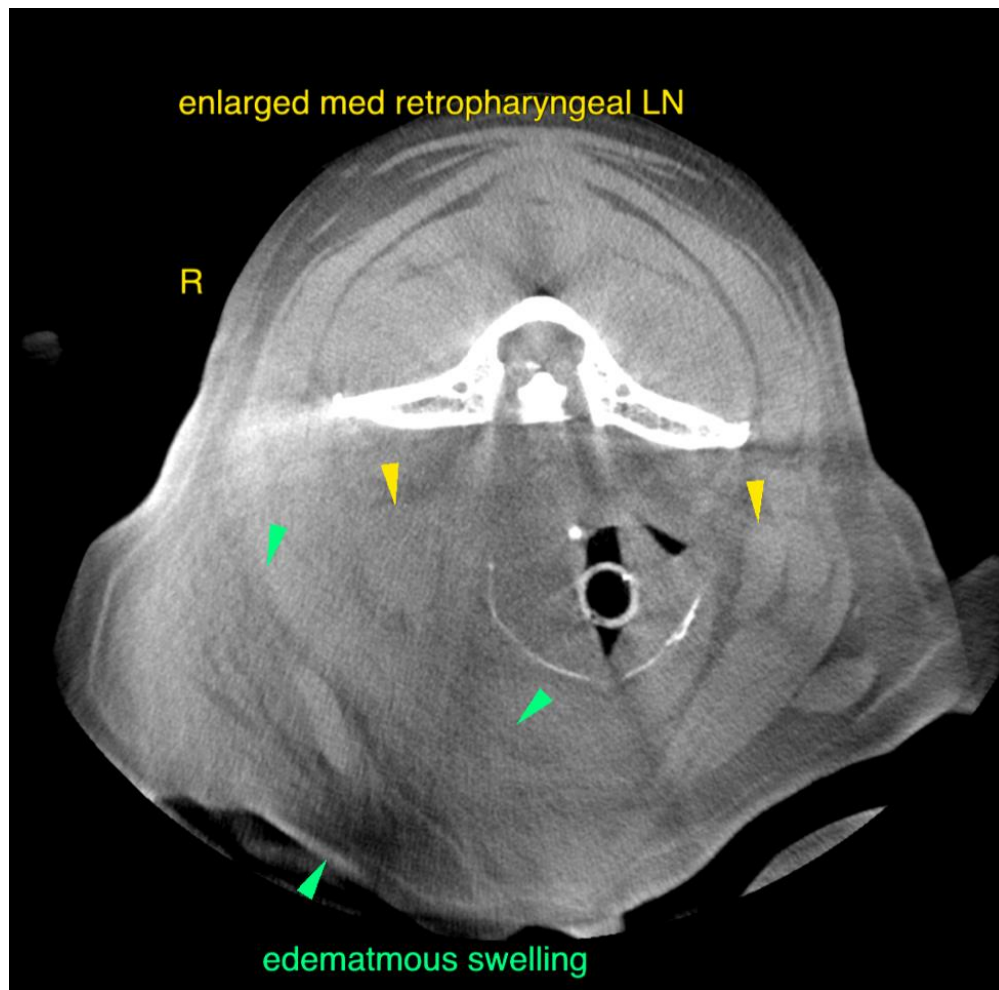
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of edematous swelling of the skull, most accentuated along the caudoventral aspect and the left lip with accompanying lymphadenopathy of the regional lymph nodes. An underlying cause for the swelling and lymphadenopathy cannot be appreciated and potentials include allergic reaction/insect or snake bite, paraneoplastic (e.g. mast-cell tumor), vasculitis, early stage of abscess formation or migrating foreign body, other. Recommend (ultrasound guided) FNA sampling of the regional lymph nodes –right medial retropharyngeal would be ideal – for further definition.





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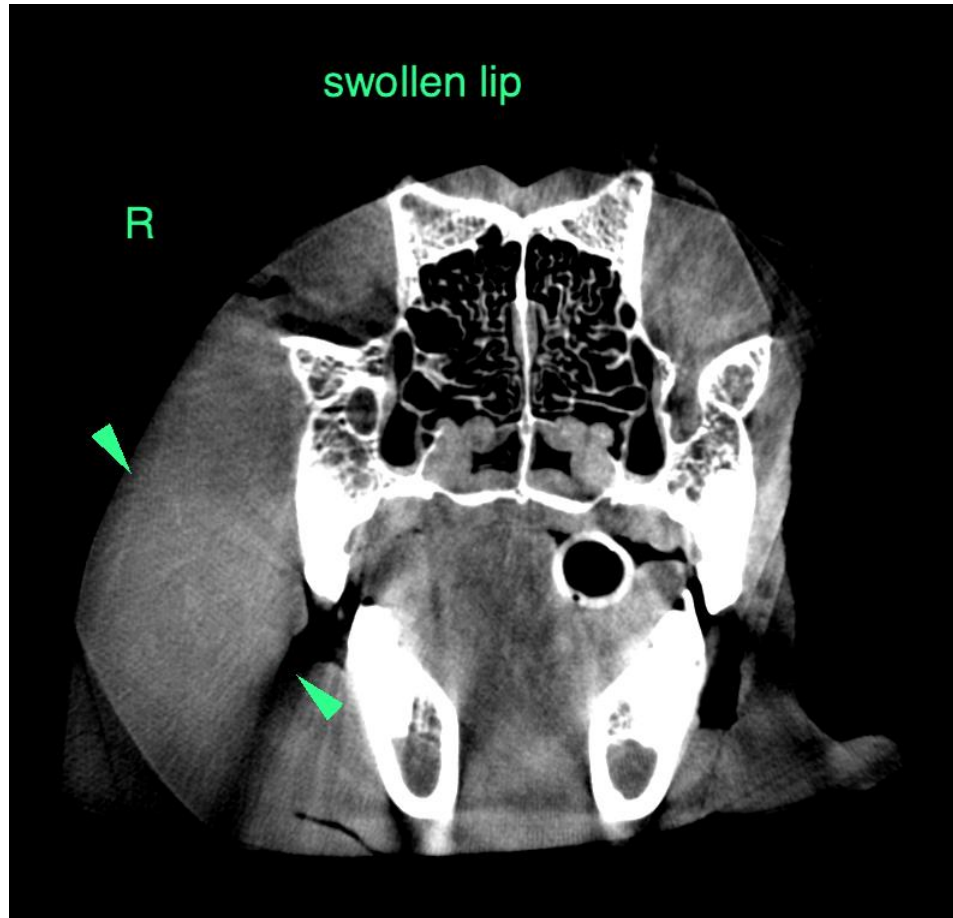
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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