



**PATIENT PRESENTING CLINICAL SIGNS**

Theodore Henry DeMarco  
 History: 1 month struggling to breathe, is on an elixir which isn't helping, weight loss, struggling on inspiration, wheezing and sits up at night, No cough. Radiographs of neck looked suspicious for mass; sedated laryngeal examination before induction: visible large pharyngeal mass.  
 Abnormal PE/Chem/CBC/UA Results:

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

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

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**Skull**

**SEX**

All teeth but triadan 104, 204, 304, 307, 309, 310, 404, 407, 409 and 410 are absent.

Neutered Male

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

**AGE**

8 Years

In the left aspect of the pharynx, caudal to the left tonsil, a plaque like, ill-defined uniform soft tissue attenuating and mild heterogeneous contrast enhancing plaque like mass is appreciated, measuring approximately 16 x 7 x 22 mm in size.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

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

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.

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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. A supracollicular fluid accumulation is seen and the lateral ventricles are prominent.

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.

**REFERRING VET**

Dr. Lea Mehrkens

The intervertebral disc space C6/C7 is collapsed, and the subchondral bone of the respective vertebral endplates presents moderate sclerosis and spondylosis formation.

**Thorax**

**INVOICE**

16006

Mild kyphosis of the mid segment of the thoracic spine is visible.

**DATE**

6/9/22



**PATIENT**

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**SPECIES**

Canine

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

**BREED**

Yorkshire Terrier

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

The gallbladder contains a small amount of heterogeneous mineral attenuating material.

**SEX**

Neutered Male

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left sided intraluminal pharyngeal mural mass – region of left tonsil
- Multiple absent teeth
- Incidental intracranial supracollicular fluid accumulation
- Chronic discopathy C6/C7 with chronic osseous remodeling of the respective vertebral endplates
- Suspect mineralized biliary sludge
- Normal thorax, no evidence of pulmonary metastatic disease

**AGE**

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Sebastian Schaub, DVM Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are fitting the history of an intraluminal mural mass of the left wall of the pharynx. Neoplastic disease is considered likely, and potentials include melanoma, squamous cell carcinoma (check the ipsilateral tonsil), round cell tumor. Granuloma might be a differential as well, but the odds are considered lower. Further workup FNA sampling or excision biopsy – if feasible.

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**SPECIES**

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**BREED**

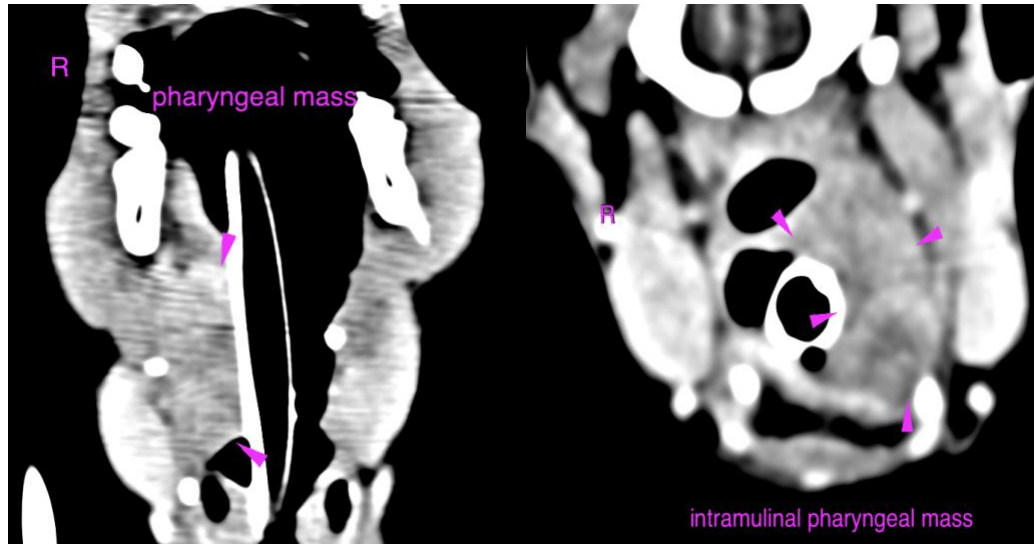
Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

8 Years



**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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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

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