



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Piper Harper  
**SPECIES**  
K9  
**BREED**  
Maltipoo  
**SEX**  
SF  
**AGE**  
10 Years

Cytology of the left cervical mass shows that the mass is cancerous in nature. It is a carcinoma but the source of the tumor is not clear. Surgical removal is the treatment of choice, if possible. As I suspect there are enlarged lymph nodes are present, we should consider a CT scan prior to considering surgery.

**PRESENTING CLINICAL SIGNS**  
Abnormal PE/Chem/CBC/UA Results: Pre-anesthetic labwork shows normal cell counts on CBC and normal chemistry values aside from mildly elevated elevated alk phos. Alk phos is commonly elevated in older dogs for benign reasons such extra sugar or regenerative nodules in the liver or extra stress hormone (cortisol) in the body during times of illness

**COMPUTED TOMOGRAPHY OF THE SKULL & NECK**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Multiple teeth are absent.

Originating from the left wall of the pharynx/region of the left tonsil, an ill-defined, plaque likel, soft tissue attenuating and heterogeneous contrast enhancing mass is visible, measuring approximately 2.1 x 2.4 x 3.0 cm in size. The mass is extending into the left retropharyngeal tissue. The salivary duct of the left mandibular & sublingual salivary gland is moderately dilated and can be followed up to the pharyngeal mass.

The medial retropharyngeal lymph nodes are significantly enlarged (L>R), irregular rounded and present a heterogeneous contrast enhancement pattern. The mandibular lymph nodes bilaterally are mild to moderately enlarged and present a heterogeneous contrast enhancement pattern.

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.

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.

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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Plaque like left pharyngeal mass
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally, L>>R
- Secondary dilated salivary duct left mandibular & sublingual salivary gland
- Multiple absent teeth

**INVOICE**

53447

**DATE**

8-11-22

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Dr Kimberely Winters



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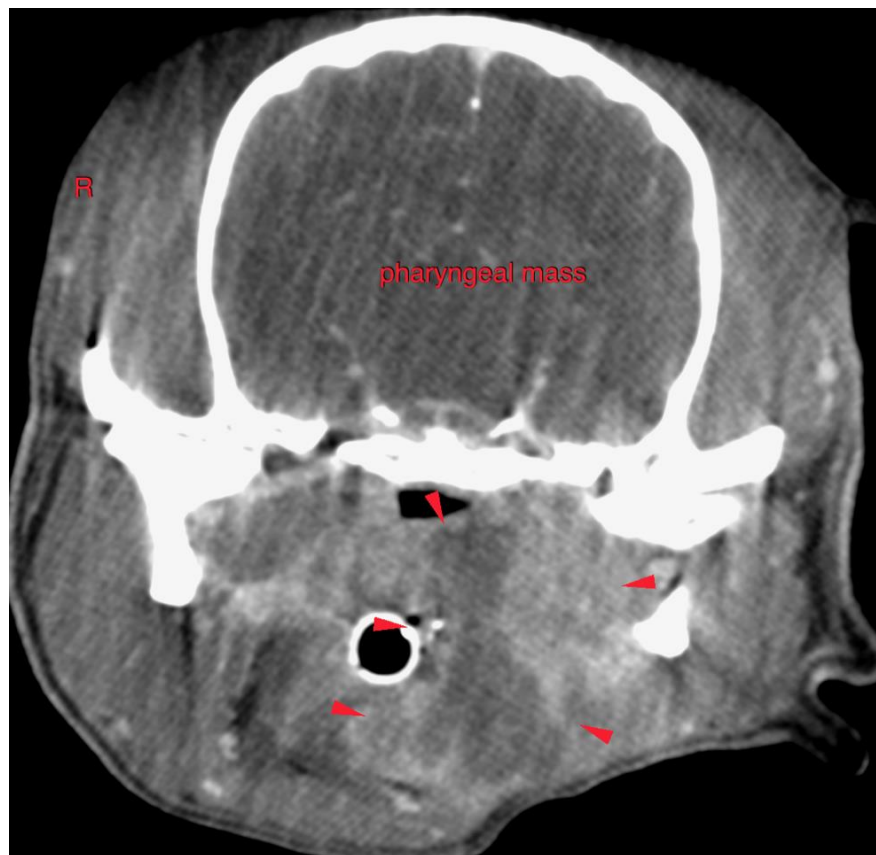
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the location of the mass, squamous cell carcinoma – potentially originating from the left tonsil – is the top differential here. The mass presents local invasive growth, including the soft palate at the same level. The enlarged tributary lymph nodes are consistent with metastatic spread. Complete surgical excision of the mass is considered not feasible. Potential palliative treatment options might be discussed with oncologist.

The long term prognosis is guarded.





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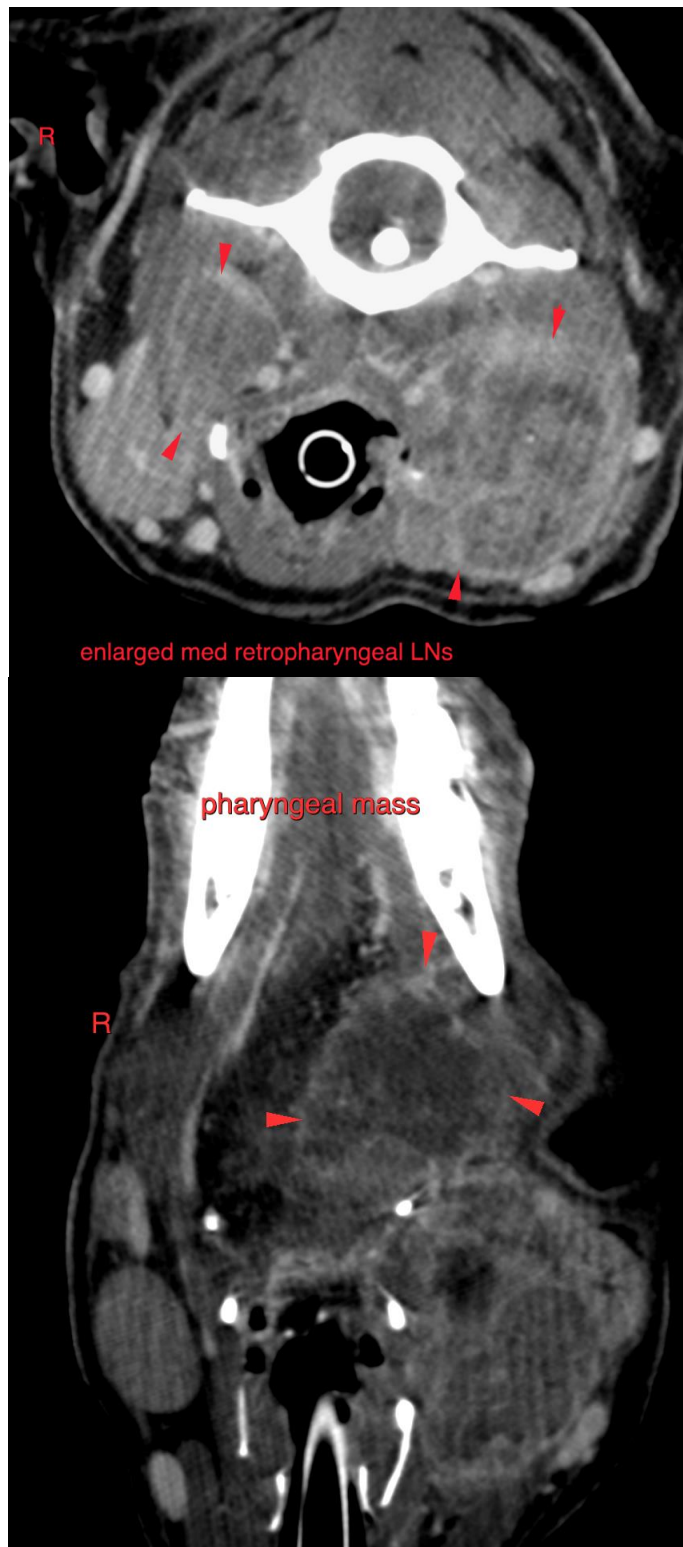
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**PATIENT**

Piper Harper

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**

K9

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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