



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Poppy Marko  
**SPECIES** Canine  
**BREED** German Wire Haired Pointer  
**SEX** Female  
**AGE** 16 Months

History: Pet had a left sialoadenectomy at another veterinary clinic prior to presenting in November 2022 but developed recurrent fluid swelling in the area. A second surgery to remove remaining salivary tissue and place a drain tube did not reveal significant tissue remaining. Culture of the fluid at the time of the second surgery was negative. At the recheck to remove the drains they were not visible; pet was sedated and radiographs taken revealed SQ drain tube which was subsequently removed. Drainage continued for several weeks but eventually stopped at the recheck on 12/22/22. Fluid swelling recurred and pet presented for recheck in June 2023. CT performed to evaluate for residual or contributing salivary tissue.

**COMPUTED TOMOGRAPHIC STUDY OF THE NEUROCRANIUM/CRANIAL SEGMENT OF THE NECK**

A high resolution pre- and post-contrast CT study of neurocranium and cranial segment of the neck – up to the level of C2/C3 – is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

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.

**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.

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.

**HOSPITAL NAME** Wilson VH  
**REFERRING VET** Dr. Wilson

Level with the left mandibular salivary gland, a well-defined, soft tissue attenuating irregular roundish lesion is appreciated, presenting central small amount of mineralized material – the lesion is continuous with the left sublingual monostomatic salivary gland at the rostral aspect. The lesion level with the left mandibular salivary gland presents a large outpouching into the subcutaneous and a small caudal outpouching. Post contrast administration, the lesion level with the left mandibular salivary gland is peripheral contrast enhancing and filled with fluid attenuating material – extending into the outpouchings.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- INVOICE** 23973
- History of surgical management of sialocele left mandibular salivary gland with remaining left sublingual monostomatic salivary gland

**DATE** 8/16/23



**PATIENT**

- Large cavitory mass originating from the region of the left mandibular salivary gland

Poppy Marko

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings present persistent sialoceles – potentially triggered by remaining parts of the mandibular salivary gland the sublingual monostomatic salivary. Surgical management is the therapy of choice, removing the entire glands. Don't drain the lesion prior to surgical management for better intraoperative orientation.

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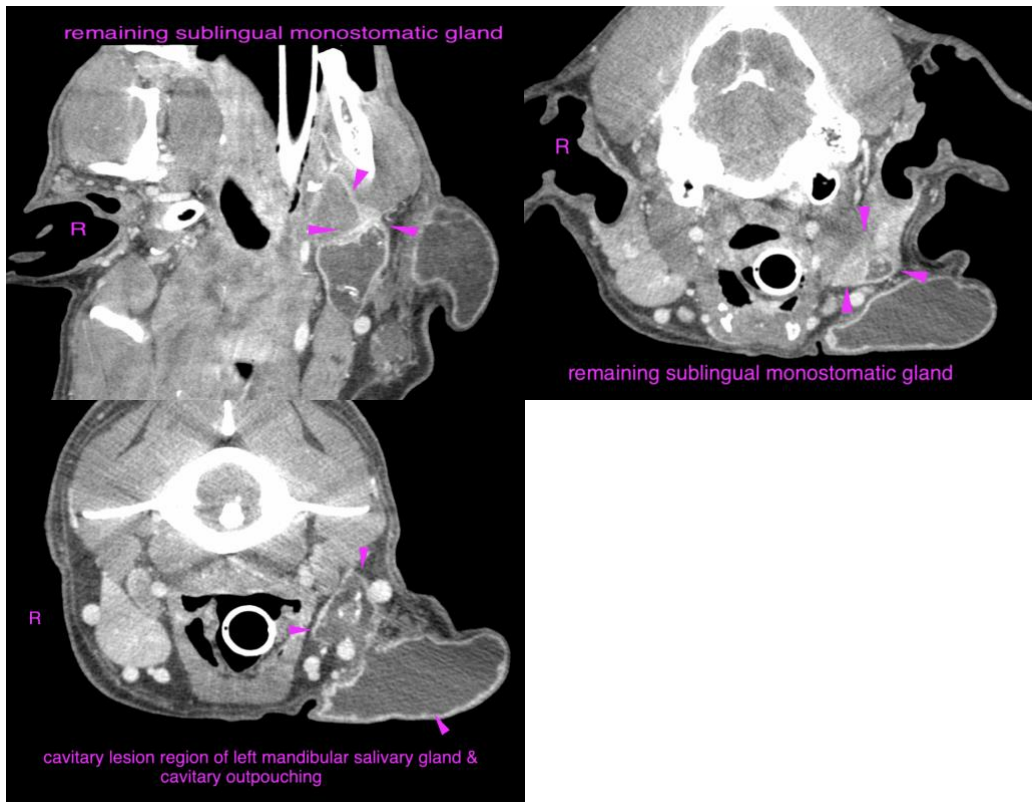
16 Months

**INTERPRETED BY**

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

**HOSPITAL NAME**

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**REFERRING VET**

Dr. Wilson

**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.

**INVOICE**

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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
info@sonopath.com

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