



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Koda Sedgwick History: Koda first presented on 6/15/21 for lethargy and vomiting. He was sensitive in the area of the neck. Prednisone was prescribed. He presented again on 6/22/21 to evaluate a lump over the left ventral neck. An abscess was lanced and drained and a Penrose drain was placed. He was treated with cephalixin and carprofen. He presented again on 7/8/21 for recurrence of the abscess over the left ventral neck just behind the left ear. He was treated. with Clavamox and carprofen. The abscess resolved and has not recurred. The possibility of a foreign body such as a foxtail, causing the abscess to recur, was proposed. He finished a course of Clavamox 1 week ago. He presented today with a 2 day history of lethargy and reduced appetite. He is currently not on any medication. Blood work is dated 8/13/21. CBC - PCV = 45.8%, WBC = 18,758, neutrophils = 13,040, lymphocytes = 3590, monocytes = 1430. Chemistry - normal. UA - not completed.

SPECIES Canine
BREED German Shepherd/Husky Mix
SEX Intact Male

COMPUTED TOMOGRAPHIC STUDY OF THE NECK
 Abnormal PE/Chem/CBC/UA Results: PE: There is no palpable swelling over the left ventral neck. Endoscopic evaluation of the oral cavity is negative for any draining tracts or previous injuries. The left tonsil is inflamed and protruding out of the tonsillar crypt. There is purulent discharge within the tonsillar crypt surrounding a blade of grass. The grass is removed. Two tiny stones are also found within the tonsillar crypt and are removed. A draining tract is not found within the tonsillar crypt.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

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

9 Months

COMPUTED TOMOGRAPHIC FINDINGS

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.

HOSPITAL NAME VetMed Consultants
 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 tonsils are prominent.

REFERRING VET Jessica Zelnick
 The submandibular, medial retropharyngeal and superficial cervical lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform with a mild heterogeneous contrast enhancement pattern.

INVOICE 12566
 The subcutaneous fat at the craniolateral aspect of the neck, level with C1 and C2 and ventral to the left external ear canal shows a moderate soft tissue striation. The cervical segment of the esophagus is moderately distended by gas and mild amount of fluid – likely secondary to general anesthesia.

DATE

8/17/21



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

- Koda Sedgwick
- Mild subcutaneous steatitis left craniolateral and ventral aspect of the neck
 - Age related prominent lymph nodes and tonsils

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine

At this point there is no evidence of recurrence of abscess formation or foreign material. The local steatitis can still be considered as a normal finding post draining the abscess. If swelling reoccurs, consider an ultrasound examination to check for foreign material not appreciated by CT.

BREED

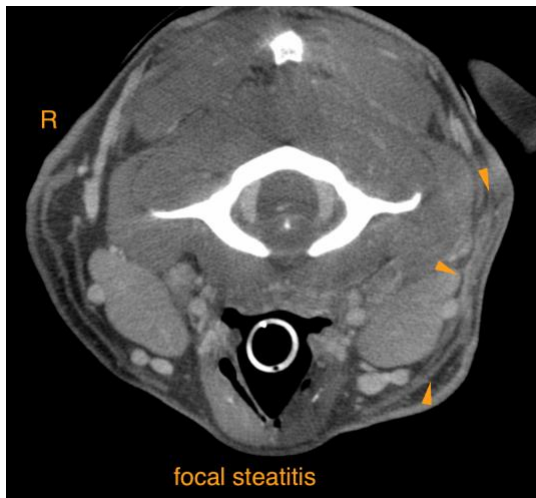
German Shepherd/Husky Mix

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AGE

9 Months



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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

HOSPITAL NAME

VetMed Consultants

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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REFERRING VET

Jessica Zelnick

INVOICE

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DATE

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