



PATIENT PRESENTING CLINICAL SIGNS

Gigi Zearley Patient presented 8/20 for respiratory distress, breathing shallow and fast. On examination, patient was breathing comfortably, but she did have a large mass at the base of her throat approx 4cm multilobulated firm subcutaneous mass on right ventrorostral cervical area - proximal to the ramus of the mandible. Mass is crossing over midline and unable to palpate normal pharynx in this area. This mass may be invading her airway. Her respiratory issues may also be secondary to heart disease, as she does have a heart murmur.

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

SF

Abnormal PE/Chem/CBC/UA Results: Interpretation from Lacuna Pathologist: Mass R ventrodorsal cervical area: Abundant mucinous material with mild macrophagic inflammation and evidence of previous hemorrhage Comments Although cellularity of the submitted smears is low, the abundant mucinous material and evidence of mild macrophagic inflammation prompts consideration of a salivary mucocele. Radiographs on 8/21 MUSCULOSKELETAL: ill-defined soft tissue opacity at the level of the upper esophageal sphincter. Mottled gas is present within the cranial cervical esophagus. CONCLUSIONS: Region of increased soft tissue opacity surrounding the level of the upper esophageal sphincter, which may be due to a mass within this region with artifact secondary to superimposition of skin folds also considered. Correlate with sedated upper airway examination. RECOMMENDATIONS: Computed tomography or ultrasound of the cervical region would also be of benefit in this patient.

COMPUTED TOMOGRAPHY OF THE NECK

AGE

16 Years

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

COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

In the left retropharyngeal region at the caudomedial aspect of the left mandibular salivary gland, a uniform soft tissue attenuating mass is seen; post contrast administration, the mass is demarcated by a thin and smooth contrast enhancing capsule, has a bilobed appearance and presents a fluid filled center. The left medial retropharyngeal lymph node cannot be delineated. The bilobed cavitory mass is measuring 3.1 x 2.1 x 3.9 cm. The left medial retropharyngeal lymph node and the larynx are deviated to the right by the mass effect.

HOSPITAL NAME

Animal Emergency
Hospital Deland

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.

The intervertebral disc space C4/C5 is collapsed and heterogeneous mineralized material is bulging into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level.

REFERRING VET

Dr. Kuzimski

The vertebral endplates C5/C6 present mild spondylosis formation.

The right superficial cervical lymph node is prominent and rounded.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided retropharyngeal cavitory mass – in contact with the left mandibular salivary gland
- Lymphadenopathy right superficial cervical lymph node
- Mild intervertebral disc protrusion C4/C5 with possible dynamic myelocompression
- Spondylosis deformans C5/C6

DATE

8-22-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided retropharyngeal cavitory mass is compatible with sialocele originating from the left mandibular & sublingual monostomatic salivary gland. Surgical management is considered as the



PATIENT therapy of choice.

Gigi Zearley Recommend FNA sampling of the enlarged right superficial cervical lymph node to rule out malignant infiltrative disease.

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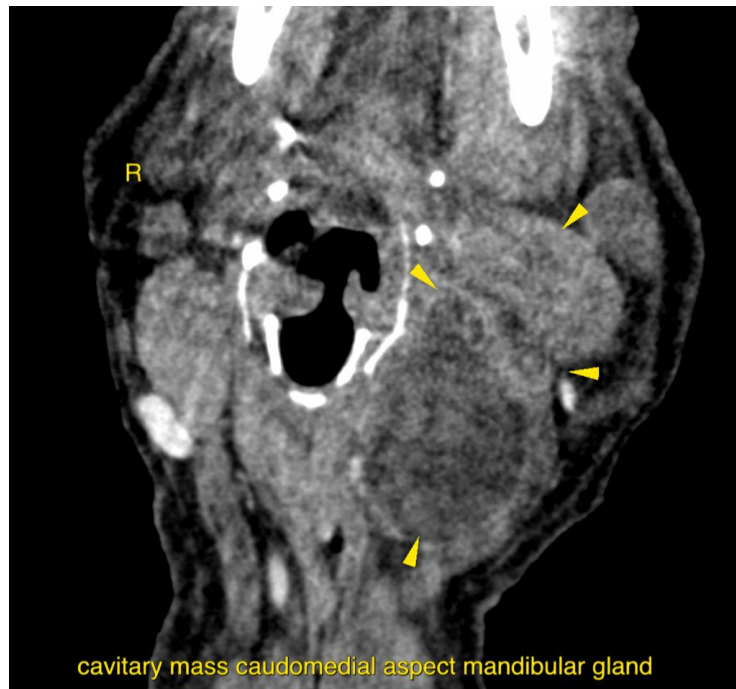
Dr. Kuzimski

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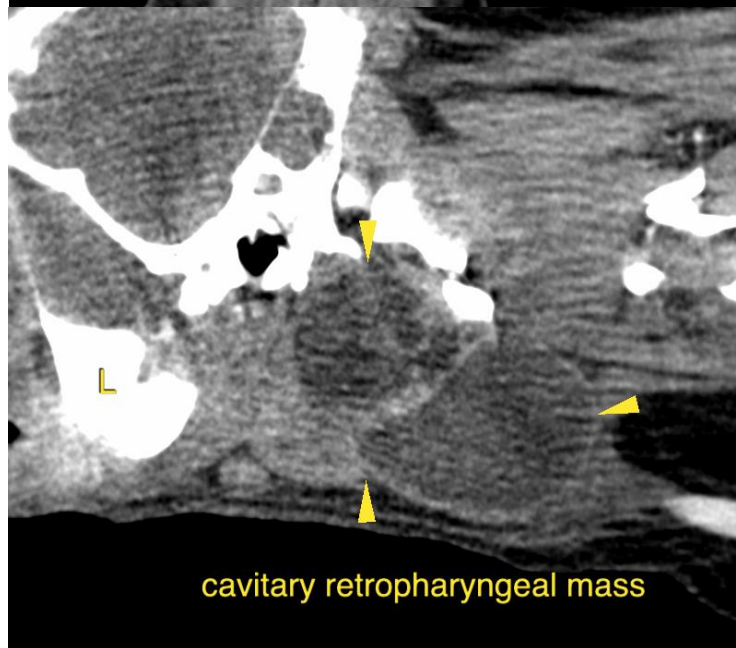
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cavitary mass caudomedial aspect mandibular gland



cavitary retropharyngeal mass



PATIENT

Gigi Zearley

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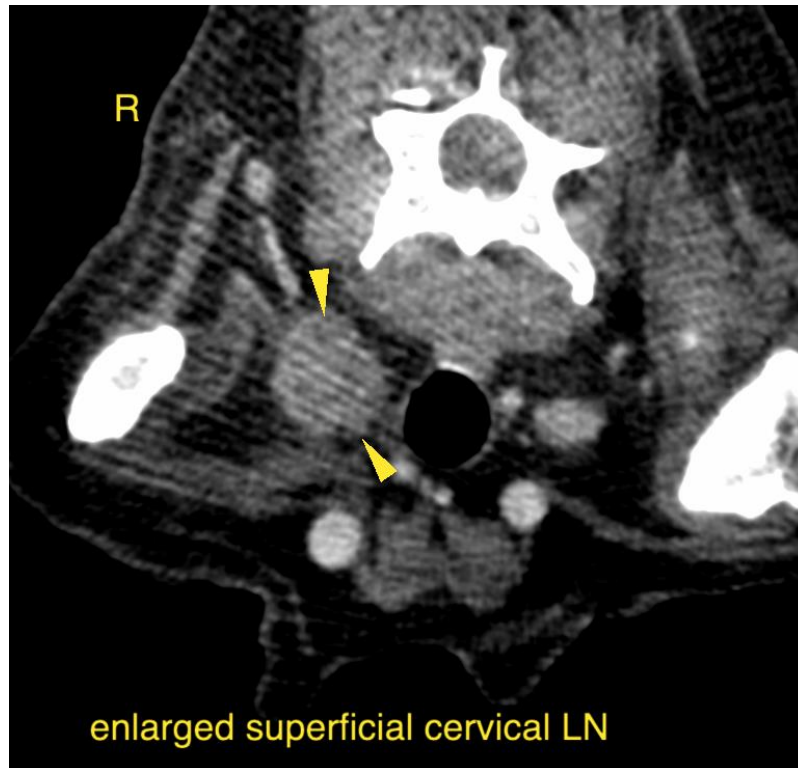
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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