



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Odin Kinder
SPECIES Canine
BREED Schnauzer
SEX Neutered Male
AGE 8 Years

History: acute onset right sided facial swelling
 Abnormal PE/Chem/CBC/UA Results: **General Appearance:** BAR **Body Condition Score:** 7 out of 9 **Hydration:** Normal **Eyes:** Clear with no discharge OU **Ears:** No discharge or erythema, non-painful AU **Oral cavity:** No lesions noted **Nose:** No obvious abnormalities observed **Cardiovascular:** No murmur or arrhythmia ausculted, strong and synchronous pulses **Respiratory:** Normal effort, normal sounds in all lung fields **Abdomen:** Pliable, non-painful on palpation, no palpable masses **Rectal:** Did not perform, normal tone **Musculoskeletal:** Ambulatory x4, adequate musculature **Integument:** Firm swelling right caudal mandible ventral to AD **Lymph Nodes:** No palpable lymphadenopathy **Urogenital:** No discharge noted, normal external appearance **Neurologic:** No neuro deficits noted Focused US: consistent with cellulitis, no large fluid pocket FNA/cytology: RBCs, PMNs, salivary cells, no infectious organisms Plan: Add gabapentin for additional pain control. If no improvement or if continues to worsen, discussed surgical explore +/- culture +/- biopsy (with rDVM or DACVS)

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

A high-resolution plain CT and positive contrast fistulographic CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 106, 305 and 405 are absent.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

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.

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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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A subcutaneous soft tissue swelling is noted along the right aspect of the skull with moderate fat-stranding of the subcutaneous fat. In the fistulography, contrast media is distributing in the subcutaneous tissue lateral to the ramus of the right mandible and is dissecting medially and caudally up to the right parotid salivary gland. In the subcutaneous tissue level with triadan 109/410 of the buccal region, a small, mineralized body, measuring 0.9 mm in size is noted.

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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. The ventricular system is non-dilated and symmetric.

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The submandibular and medial retropharyngeal lymph nodes are prominent.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous steatitis along the right aspect of the skull – level with the ramus of the mandible
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally
- Absent teeth 106, 305 and 405

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The swelling along the right aspect of the skull is consistent with local steatitis/cellulitis, an underlying cause cannot be specified – such as an abscess or migrating foreign body. There is a small mineral attenuating body in the subcutaneous tissue of the right buccal region that might present dystrophic mineralization or can represent a small sialolith within the parotid duct – no overt dilation of the parotid duct is appreciated, that would be expected in case of obstruction. Rule out insect bite as cause for the swelling as well. If clinical signs are refractory to empirical therapy, recommend re-evaluation of the patient.

Suspect secondary reactive hyperplasia of the tributary lymph nodes, FNA sampling can be considered to rule out malignant infiltration (e.g., mast cell tumor).

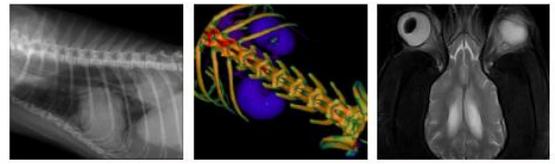
TECHNICAL COMMENTS

If performing a fistulography, consider a 'normal' iv-post contrast study prior to local contrast administration.



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



PATIENT I can be of any further assistance please contact me.

Odin Kinder **Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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