



PATIENT PRESENTING CLINICAL SIGNS

MG Angel 19/1/21 soft smooth golf ball sized lump in right submandibular area. FNA viscous and purulent discharge. Cytology indicated active neutrophils, occ macrophages and RBCs and proteinaceous background. 25/1/21 lump reduced to 2cm firm, well-circumscribed, non-painful. Antibiotics extended. 17/3/21 recurrence of lump/swelling. Golf ball sized. Redispensed clindamycin. 29/2/21 Ultrasound of liver and of swelling in submandibular area. Mass present 5mm and attached to submandibular salivary gland. Swelling has become painful. ? saliocele, sailodentitis/salioadenosis, salivary gland necrosis, neoplasia
 Abnormal PE/Chem/CBC/UA Results: ALT 2139 (prev 1801) and ALP 220 (previously 155).

SPECIES

Canine

BREED

Maltese

COMPUTED TOMOGRAPHY OF THE SKULL

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

SEX

Female

COMPUTED TOMOGRAPHIC FINDINGS

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE

14 Years

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. In the left right external ear canal, a small polypoid lesion is protruding from the lateral wall into the lumen, measuring 3 mm in size.

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.

HOSPITAL NAME

Adelaide Plains
 Veterinary Surgery

At the medial aspect of the right mandibular salivary gland, a tubular flaccid appearing structure is visible, presenting a fluid attenuating centered demarcated by a thin contrast enhancing wall. The tubular structure is measuring approximately 1.3 x 2.6 x 4.5 cm in length and extending rostrally and caudally beyond the level of the right mandibular salivary gland.

The right medial retropharyngeal lymph node is prominent.

REFERRING VET

John Katakasi

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Tubular cavitory lesion medial aspect right mandibular salivary gland
- Mild lymphadenopathy right medial retropharyngeal lymph node
- Small polypoid lesion in right external ear canal

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with sialoceles originating from the right mandibular salivary gland, due to the lack of inflammatory changes of the surrounding soft tissue structures an abscess is far less likely. If the CT study confirms cytology results, right sided sialoadenectomy of the right mandibular & monostomatic salivary gland is the therapy of choice.

DATE

9-30-21

Recommend otoscopy of the right external ear canal to check for an epithelial polypoid lesion versus neoplasia versus cerumen.



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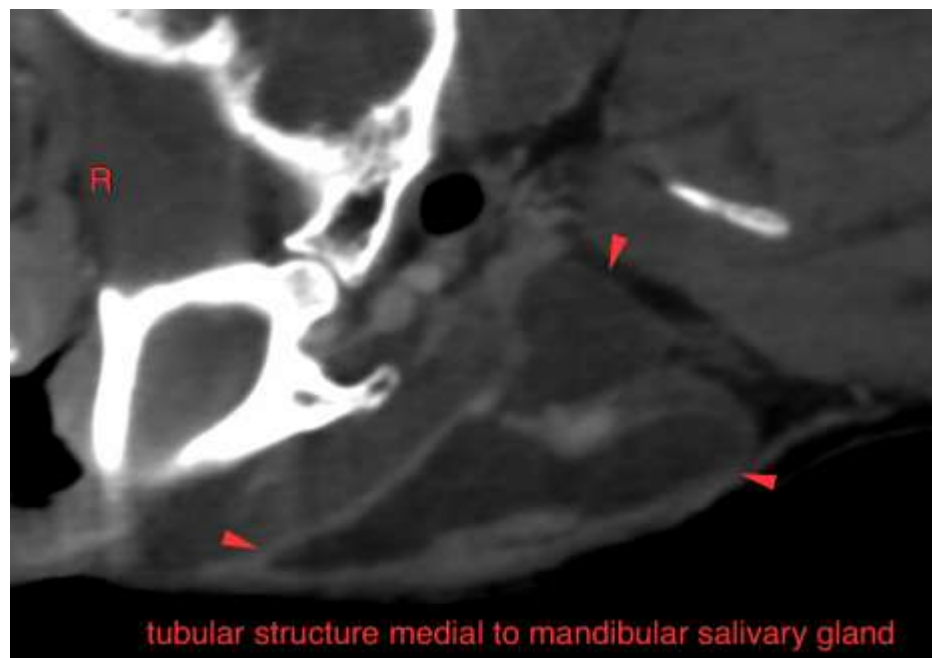
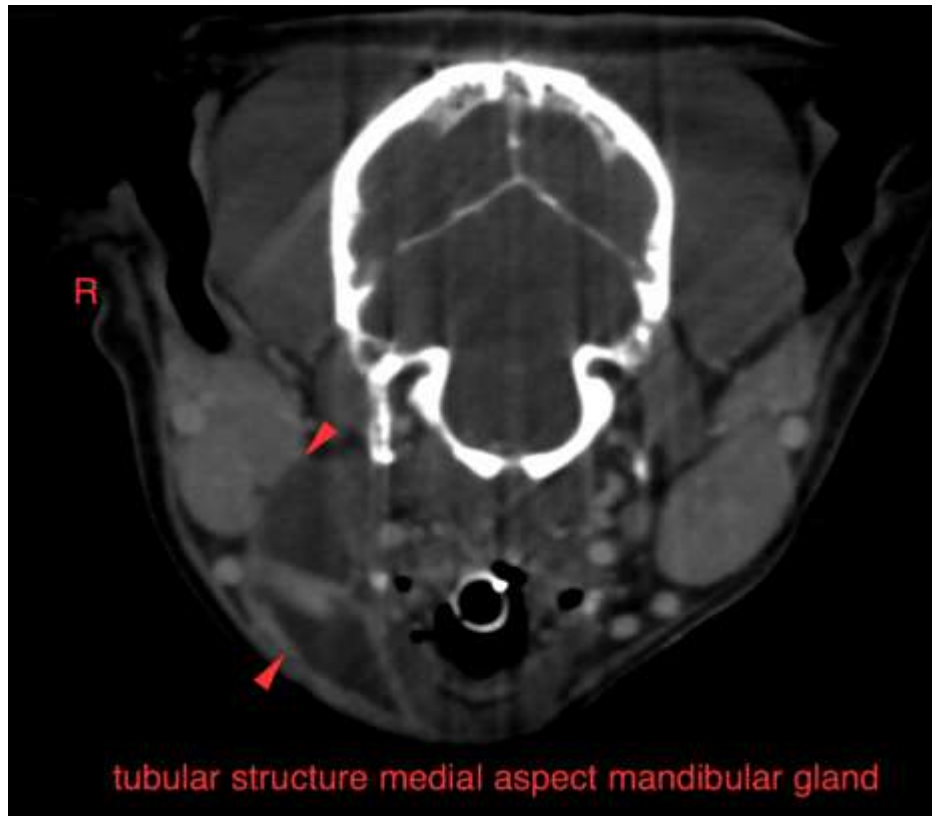
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PATIENT

MG Angel

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.

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.

SPECIES

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