



PATIENT PRESENTING CLINICAL SIGNS

Koda Pulido Pain on opening mouth, lethargic, not eating well. Indiscrete swelling near throat.
 Abnormal PE/Chem/CBC/UA Results: Bloodwork was overall unremarkable. WBC 12,000.
 Very mildly increased ALP.

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COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND CERVICAL SOFT TISSUE

A high-resolution pre- and post-contrast CT study of the cervical soft tissue and head are provided for review.

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COMPUTED TOMOGRAPHIC FINDINGS

There is a large, ill-defined, multilobular, attenuating, heterogeneous, soft tissue mass, contrasting with non-attenuating areas, localized ventrally within the cervical region adjacent to the right salivary gland, between the right retropharyngeal lymph node, salivary gland, and oropharynx. The mass invades the oral cavity and partially obstructs the oropharynx lumen. The mass measures approximately 6.0cm x 5.0cm x 10.0cm. An ill-defined mass is also visible at the right tonsillar region and measures approximately 2.1cm x 1.3cm.

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There is thickening of the soft palate. In addition, the mass closely abuts with the right side of the proximal trachea and mildly displaces it towards the left. The adjacent subcutaneous soft tissues present wispy heterogeneous contrast enhancement.

The right retropharyngeal lymph node and right common carotid artery are not clearly defined. The mass is contiguous to the right common external jugular vein, which is externally dislocated, and mildly distended. However, no intraluminal filling defect is seen.

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

The right mandibular lymph nodes are enlarged and heterogeneously attenuating.

The right parotid lymph nodes are also enlarged and heterogeneously attenuating.

The left retropharyngeal lymph node and accessory lymph nodes are enlarged and mildly heterogeneously attenuating.

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The salivary and parotid glands are normal in size, shape, and contour.

The thyroid glands are normal in size, shape, and contour.

REFERRING VET

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The nasal cavities, nasal turbinates, and frontal sinuses are unremarkable.

The bone structures of the head and face are normal.

The mandibular and maxillary osseous structures are normal. In addition, all the teeth are normal.

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The temporomandibular joints are bilaterally congruent.

No other abnormalities are identified.

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1-12-23



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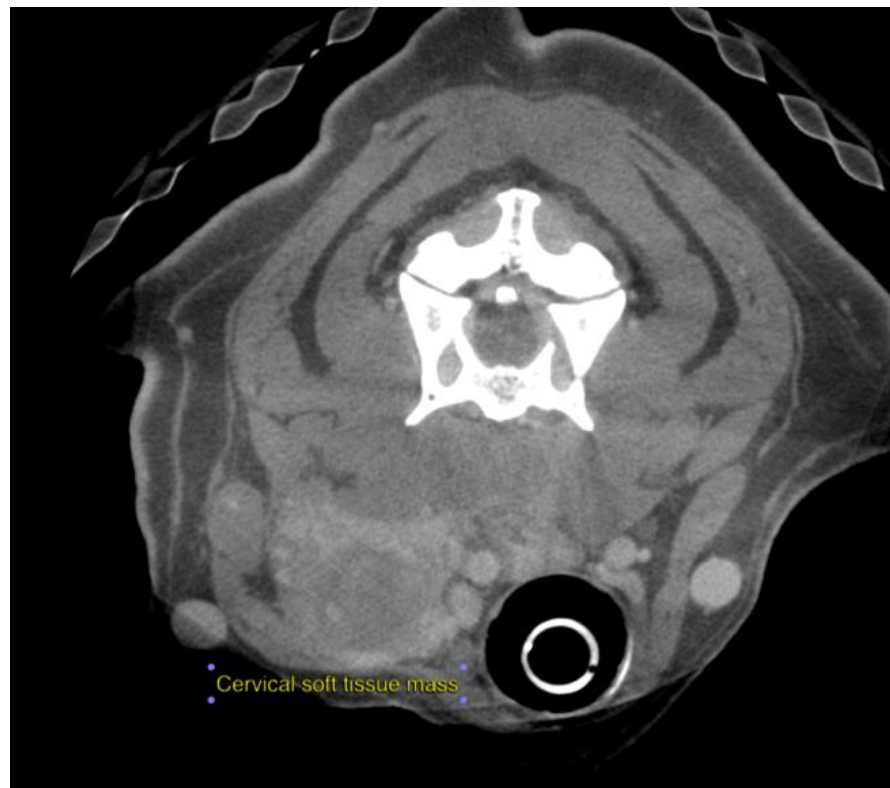
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided tonsillar mass - most likely a tonsillar carcinoma.
- Large, right-sided, ill-defined, soft tissue cervical mass that borders or invades the oropharynx - indicative of an aggressive neoplastic process and is likely associated to primary tonsillar mass and metastases to the right retropharyngeal lymph node.
- Retropharyngeal, mandibular, accessory, and parotid lymphadenopathy - neoplastic or reactive.
- Adjacent soft tissue edema - inflammation and/or hemorrhagic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large, ventral cervical mass is likely correlated with metastases of the right tonsillar origin mass. Other less likely differential diagnoses include nasopharyngeal mass with expansion throughout the neck area and retropharyngeal lymph node metastases, carotid body tumor such as chemodectoma or paraganglioma, or ectopic thyroid mass such as carcinoma. Cervical ultrasound and fine-needle aspiration is suggested for further evaluation. Alternatively, a laryngoscopy could be used as a following approach. The right external jugular vein is contiguous to the external portion of the mass. The right common carotid artery is not clearly defined.





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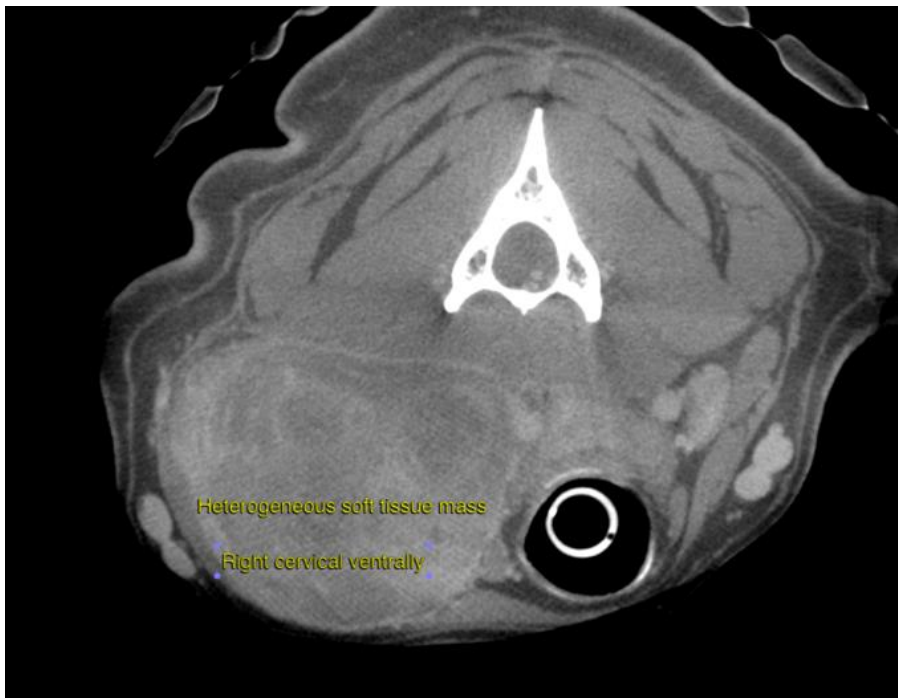
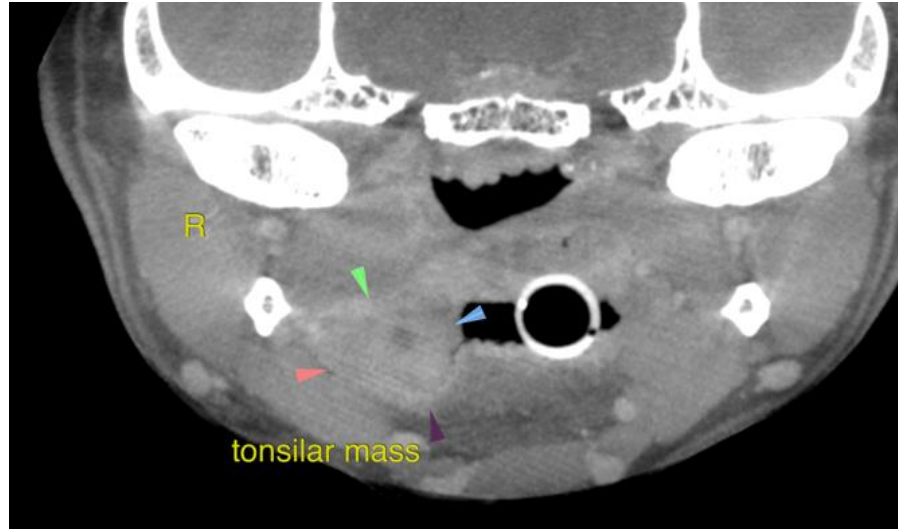
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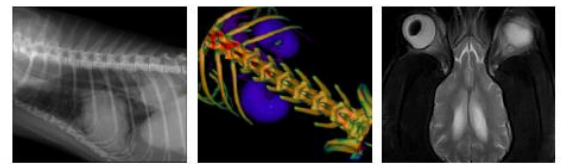
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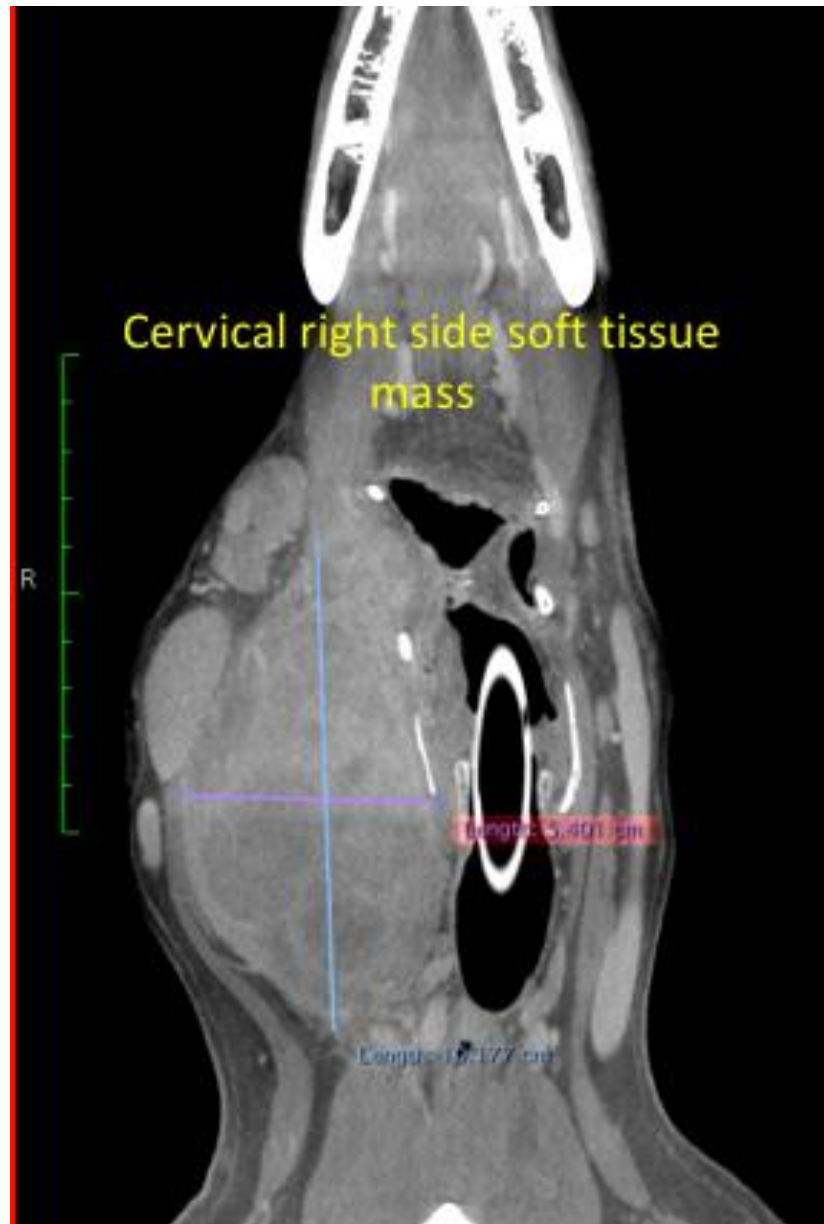
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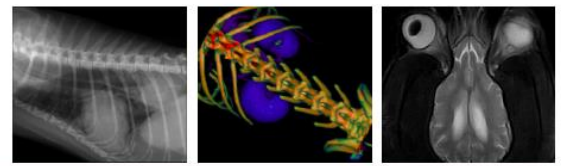
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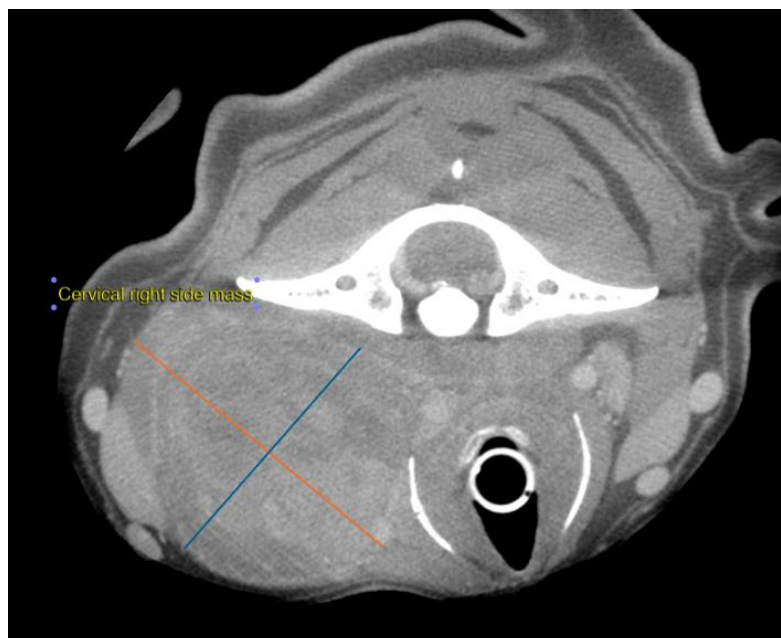
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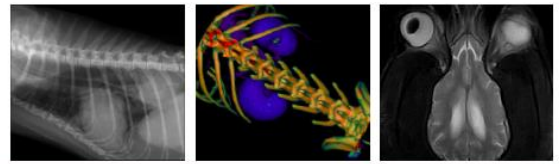
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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