



PATIENT

Nettle Phelps

SPECIES

Canine

BREED

Jack Russell

SEX

Female

AGE

10

WEIGHT

27.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Molly Ellson

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Park Veterinary Centre

INVOICE

72539

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Nettle has a recurrent soft tissue swelling in the region in the left submandibular region extending down the neck. It measures 7x7cm. It has previously responded to steroids and antibiotics but has never fully resolved. I'm worried about either a foreign body, tumour or sialadenitis.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm, delay phase.

COMPUTED TOMOGRAPHIC FINDINGS

A large, amorphous, ill-defined soft tissue mass effect is present in the region of the left medial retropharyngeal lymph node, measuring at least 3.7 × 4.3 cm. The lesion demonstrates an indistinct margins, with adjacent subcutaneous and perilymphatic soft tissue swelling. There is no evidence of radiopaque foreign material.

The left mandibular lymph nodes are also markedly enlarged. The right medial retropharyngeal lymph node is moderately to severely enlarged, rounded, and heterogeneously enhancing, measures 1.3 cm x 3.1 cm.

The right mandibular lymph nodes are within normal limits.

The large left-sided mass causes mild extramural compression of the oropharyngeal lumen, without evidence of obstruction.

The left mandibular salivary gland is contiguous with the mass effect, and its margins are partially obscured, though portions of the gland appear normal.

The parotid glands and right mandibular salivary gland are unremarkable.

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

The nasal cavities, turbinates, frontal sinuses, tympanic bullae, and external auditory canals are within normal limits.

The cribriform plate is intact.

All teeth are within normal limits.

The globes, retrobulbar spaces, dentition, and temporomandibular joints are unremarkable.

No evidence of intracranial mass effect or ventriculomegaly is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, ill-defined, amorphous soft tissue mass located in the region of the left medial retropharyngeal lymph node, accompanied by enlargement of the left mandibular lymph nodes and marked regional soft tissue swelling. Differential diagnoses include neoplasia, such as metastatic lymphadenopathy secondary to oral or pharyngeal neoplasia (considering tonsillar



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carcinoma even in the absence of a detectable primary lesion), a lesion of left salivary gland origin, or lymphoma.

- Contralateral (right) medial retropharyngeal lymphadenomegaly, possibly metastatic.
- Mild extramural oropharyngeal compression due to mass effect.
- No evidence of foreign body or osseous invasion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

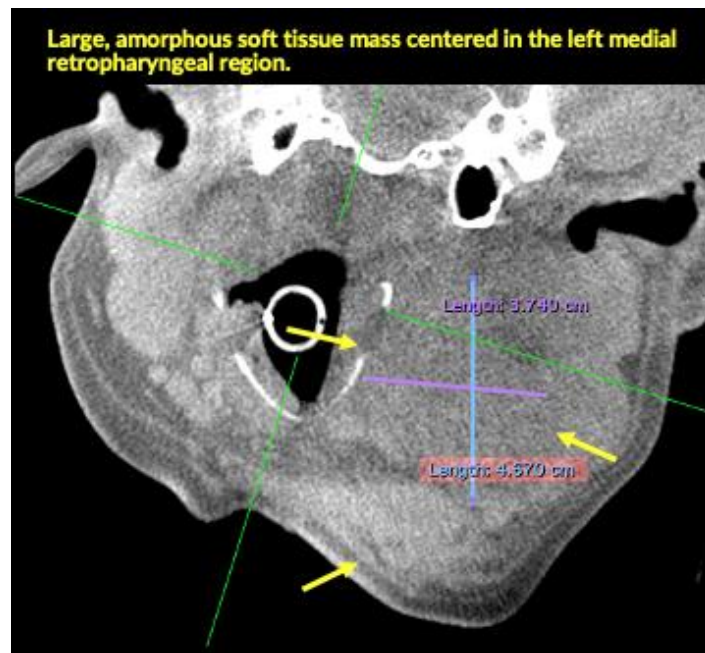
The CT findings reveal a large, infiltrative soft tissue mass centered in the left medial retropharyngeal region, with bilateral but asymmetrical lymphadenomegaly (left > right). Differential diagnoses include neoplasia, such as metastatic lymphadenopathy secondary to oral or pharyngeal neoplasia (considering tonsillar carcinoma even in the absence of a detectable primary lesion), a lesion of left salivary gland origin, or lymphoma.

Ultrasound-guided fine-needle aspiration or biopsy of the left retropharyngeal mass for cytologic or histopathologic diagnosis is recommended.

Thoracic radiography or CT of the thorax is advised for metastatic screening.

TECHNICAL COMMENTS

The post-contrast series exhibits generally low attenuation, which limits the evaluation of soft tissue structures—particularly the delineation of their margins, reducing the level of detail available for interpretation.





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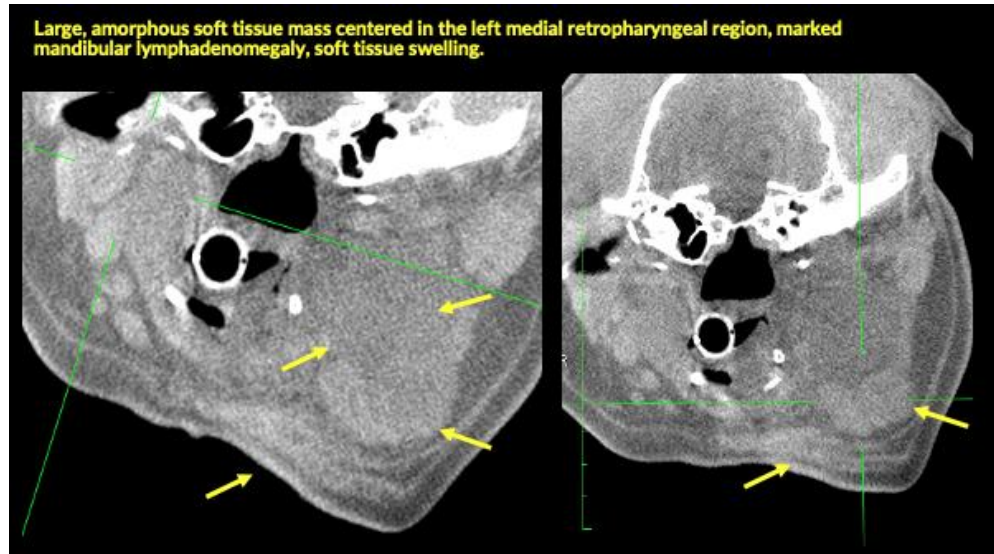
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com