



PATIENT

Howard Swanson

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8

WEIGHT

30.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Matthew O'Neil

HOSPITAL NAME

Westford Veterinary
Emergency and
Referral Center

REFERRING VET

Dr. Mallory Waston

INVOICE

73704

DATE

2-11-26

PRESENTING CLINICAL SIGNS

- Oral mass, right upper mouth
- Presented to rDVM with 2-3 week history of decreased appetite, drooling, not wanting to bark. Mass noted in back of mouth on examination. Started gabapentin and Clavamox and has shown great improvement. Mass still present and has foul odor.

Abnormal PE/Chem/CBC/UA Results: Mildly decrease T4 Elevate WBC

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, ill-defined, heterogeneously contrast-enhancing soft tissue mass is identified within the oropharyngeal and nasopharyngeal regions, predominantly right-sided. The lesion appears centered in the region of the right tonsil, with marked extension into the nasopharyngeal and oropharyngeal lumens and external expansion into the right parapharyngeal space. The mass measures at least 5.9 × 5.0 × 3.3 cm. The lesion is causing obstruction of the airway.

The lesion causes an expansile remodeling and mass effect on the adjacent hyoid apparatus; however, no evidence of cortical osteolysis or aggressive periosteal proliferation is observed. The thyroid cartilage is unremarkable.

The right medial retropharyngeal lymph node is markedly enlarged, irregularly margined, rounded, and heterogeneously contrast-enhancing, measuring approximately 5.0 × 4.1 cm.

The left medial retropharyngeal lymph node is moderately enlarged, maintaining a more regular shape and contour, measuring approximately 1.9 × 0.8 cm.

The right mandibular lymph nodes are markedly enlarged, rounded, and heterogeneously contrast-enhancing.

The left mandibular lymph nodes are mildly enlarged.

The salivary glands (mandibular, parotid, and zygomatic) and thyroid glands are unremarkable.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The frontal sinuses are unremarkable.

There is no evidence of intracranial mass effect or ventriculomegaly.

The tympanic bullae, external auditory canals, globes, retrobulbar spaces, dentition, and temporomandibular joints are within normal limits.



PATIENT

Howard Swanson

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8

WEIGHT

30.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Matthew O'Neil

HOSPITAL NAME

Westford Veterinary
Emergency and
Referral Center

REFERRING VET

Dr. Mallory Waston

INVOICE

73704

DATE

2-11-26

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

There are discrete, multifocal, subpleural ground-glass opacities. The remaining pulmonary parenchyma demonstrates normal attenuation, with no evidence of pulmonary soft tissue micronodules, nodules, or mass lesions.

The bronchial tree demonstrates normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vasculature are within normal limits, with adequate post-contrast opacification.

The pleural space, diaphragm, thoracic wall, and thoracic esophagus are unremarkable.

A small hyperattenuating mineral focus is identified within the gallbladder lumen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

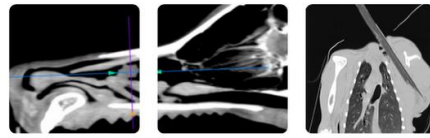
- Large, invasive right-sided oropharyngeal and nasopharyngeal mass centered in the region of the right tonsil, with extension into the nasopharynx and right parapharyngeal space, causing obstruction of the airway. Differential diagnoses include neoplasia, highly suspicious for tonsillar neoplasia, most likely tonsillar squamous cell carcinoma.
- Marked enlargement of the right medial retropharyngeal and right mandibular lymph nodes, with heterogeneous contrast enhancement, highly suspicious for metastatic lymph node involvement.
- Moderate enlargement of the left medial retropharyngeal lymph node and mild enlargement of the left mandibular lymph nodes, possibly reactive versus early metastatic involvement.
- Discrete, multifocal subpleural ground-glass pulmonary opacities. Differential diagnoses include passive pulmonary atelectasis; less likely discrete inflammatory changes and/or early infiltrative metastases. However, there is no CT evidence of pulmonary metastatic soft tissue nodules.
- Small mineral focus within the gallbladder lumen, most consistent with cholelithiasis or incidental mineralized biliary debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination reveals a large, locally aggressive soft tissue mass centered in the right tonsillar region, with regional lymphadenopathy suggestive of metastatic spread. Differential diagnoses include neoplasia, such as tonsillar squamous cell carcinoma, lymphoma, or malignant melanoma.

Fine-needle aspiration (FNA) or biopsy of the primary mass and enlarged lymph nodes is recommended for definitive histopathologic diagnosis. An oncology consultation is advised for complete staging and therapeutic planning.

Correlate the leukocytosis with possible tumor-associated inflammation or secondary infection.



PATIENT

Howard Swanson

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8

WEIGHT

30.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Matthew O'Neil

HOSPITAL NAME

Westford Veterinary
Emergency and
Referral Center

REFERRING VET

Dr. Mallory Waston

INVOICE

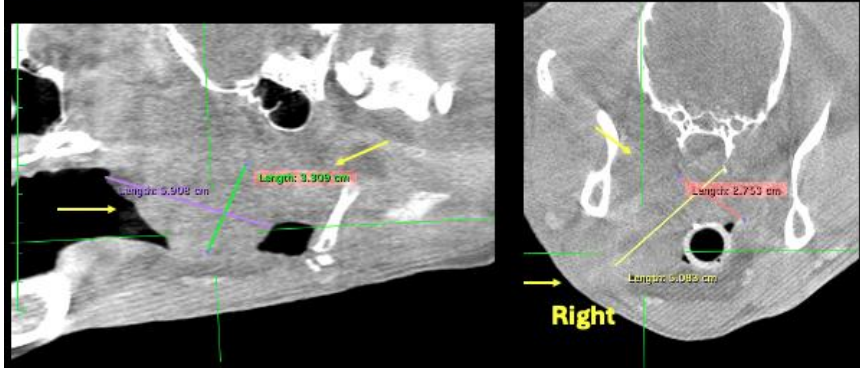
73704

DATE

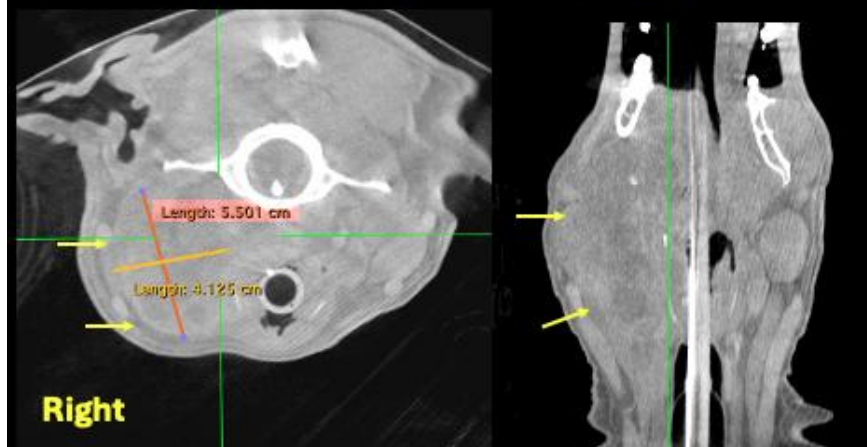
2-11-26

Within the thorax, there is no evidence of mediastinal metastatic disease. The mild, multifocal subpleural ground-glass pulmonary opacities are most likely consistent with passive pulmonary atelectasis; however, incipient pneumonia or, less likely, early infiltrative metastasis cannot be completely excluded.

Large, invasive right-sided oropharyngeal and nasopharyngeal - region of the right tonsil, extending into the nasopharynx and right parapharyngeal space, resulting airway obstruction.



Marked enlargement of the right medial retropharyngeal





PATIENT

Howard Swanson

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8

WEIGHT

30.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Matthew O'Neil

HOSPITAL NAME

Westford Veterinary
Emergency and
Referral Center

REFERRING VET

Dr. Mallory Waston

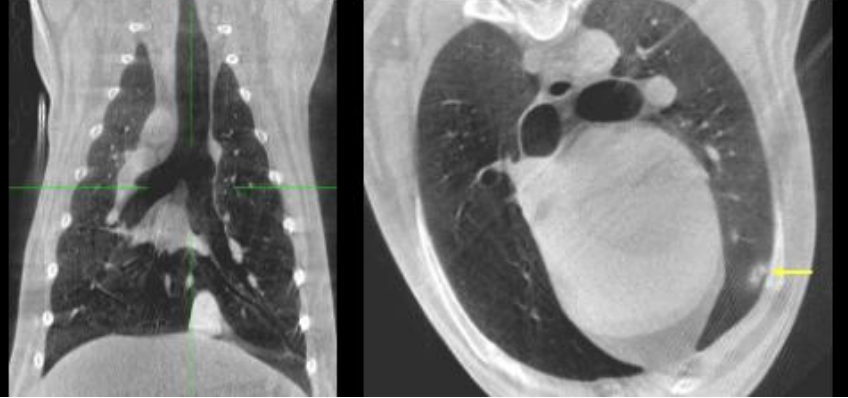
INVOICE

73704

DATE

2-11-26

Discrete, subpleural ground-glass pulmonary opacity. Otherwise, normal thorax



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