

PATIENT

Duke Kaelin

SPECIES

Canine

BREED

German Shepherd Dog

SEX

MN

AGE

3

WEIGHT

41.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Cherie A

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Abigail Thomas

INVOICE

73582

DATE

2-2-26

PRESENTING CLINICAL SIGNS

History:

- 3-year-old neutered male German Shepherd Dog, was transferred for labored/stertorous breathing following progressive facial, lip, and cervical swelling. On January 27 he was evaluated by his primary veterinarian for sore, swollen jaw with difficulty opening his mouth and was started on amoxicillin-clavulanate 500 mg/125 mg PO every 12 hours; doses were missed on the evening of February 1 and the morning of February 2. He was also started on firocoxib 227 mg, and reportedly received a Rimadyl injection and a Polyflex injection at the primary care clinic. He rechecked on January 28 and was acting better, but subsequently worsened with progressive stertorous breathing and marked facial and cervical swelling over the last 24 hours.

Abnormal PE/Chem/CBC/UA Results: Urinalysis on January 27 was unremarkable. Bloodwork on January 27 showed total protein 8.3 g/dL, globulins 4 g/dL, lymphocytes 0.77 K/ μ L, monocytes 1.4 K/ μ L, and platelets 141 K/ μ L. A recheck CBC on February 2 showed lymphocytes 0.9 K/ μ L, monocytes 1.9 K/ μ L, and platelets 68 K/ μ L, after which he was referred.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast computed tomographic examination of the head was provided for review, consisting of two series: One pre-contrast series acquired using a bone algorithm. One post-contrast series acquired using a soft tissue algorithm

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The right medial retropharyngeal lymph node is markedly enlarged, exhibiting a hypoattenuating cavitory center and ill-defined margins. There is severe adjacent soft tissue swelling occupying the right parapharyngeal space, with extensive cranial and caudal extension into the facial and cervical regions. The lesion centered on the right retropharyngeal lymph node measures at least 8.2 x 4.0 x 3.4 cm, not accounting for the extensive adjacent soft tissue swelling.

No radiopaque foreign material is identified.

The soft tissue swelling surrounds the right-sided facial musculature, particularly the digastric and masseter muscles, as well as the right mandibular and parotid salivary glands.

The lesions are causing a significant mass effect within the parapharyngeal region, resulting in leftward displacement of the pharynx and larynx, and with no clearly defined interface.

The larynx appears swollen, with a mild right-sided mass effect; however, the thyroid cartilage and hyoid apparatus are intact and unremarkable. Laryngeal swollen is resulting in partial reduction of the airway lumen.

The right mandibular and right superficial cervical lymph nodes are enlarged and demonstrate mildly heterogeneous contrast enhancement.

The left medial retropharyngeal, mandibular, and superficial cervical lymph nodes are within normal limits.



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Aside from the marked right-sided subcutaneous soft tissue swelling, the salivary and mandibular glands are otherwise unremarkable.

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The zygomatic glands, left salivary glands, and parotid glands are unremarkable.

The thyroid glands are within normal limits.

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The mandible, maxilla, and temporomandibular joints are unremarkable.

All teeth are present and within normal limits.

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The tympanic cavities, external auditory canals, nasal cavities, turbinates, and frontal sinuses are unremarkable.

The cribriform plate is intact.

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No intracranial mass effect or falx cerebri shift is identified.

The globes and retrobulbar spaces are within normal limits.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked enlargement of the right medial retropharyngeal lymph node, exhibiting a cavitory hypoattenuating center, associated with extensive infiltrative soft tissue swelling involving the right parapharyngeal, facial, and cervical regions. These changes result in a significant mass effect, with leftward displacement of the pharynx and larynx. Differential diagnoses primarily include severe lymphadenitis with abscessation, with concurrent inflammatory and/or infectious cellulitis and soft tissue edema. A neoplastic process with central necrosis is considered less likely; however, it cannot be completely excluded.
- The parapharyngeal lesion silhouettes the right side of the larynx, resulting in partial narrowing of the airway lumen.
- Enlargement of the right mandibular and right superficial cervical lymph nodes is also noted, most consistent with reactive lymphadenopathy.

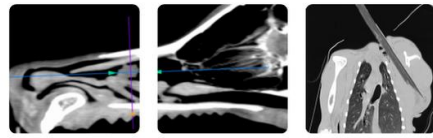
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings indicate a severe inflammatory process centered on the right medial retropharyngeal lymph node, characterized by cavitation and extensive surrounding soft tissue infiltration involving the cervical and facial regions. The resulting mass effect on the pharyngeal and laryngeal structures correlates well with the patient's stertorous breathing and respiratory compromise.

The imaging findings are most consistent with suppurative lymphadenitis with associated regional cellulitis, swelling and/or abscess formation, which is considered the primary differential diagnosis.

Ultrasound-guided fine-needle aspiration or drainage, if clinically feasible, is recommended for cytological evaluation and culture and sensitivity testing, with subsequent adjustment of antimicrobial therapy based on the results.

Surgical intervention may be considered if medical management fails or if airway compromise progresses. Additionally, in the event of poor response to medical and surgical management, endoscopic evaluation of the pharynx and larynx is recommended to further assess these structures



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and to exclude underlying conditions such as tonsillar neoplasia, which may be small and not readily detectable on computed tomography but can exhibit a high metastatic potential to the medial retropharyngeal lymph nodes.

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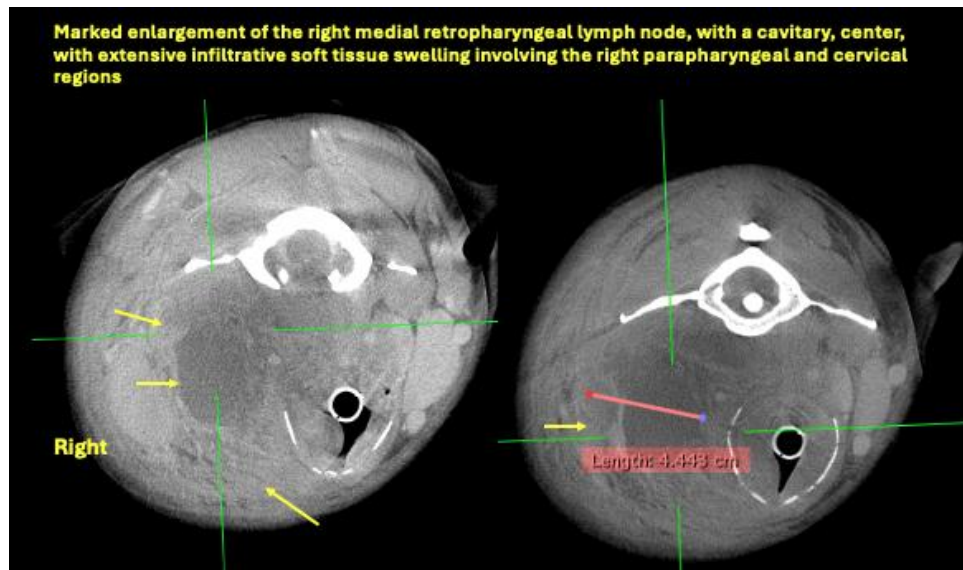
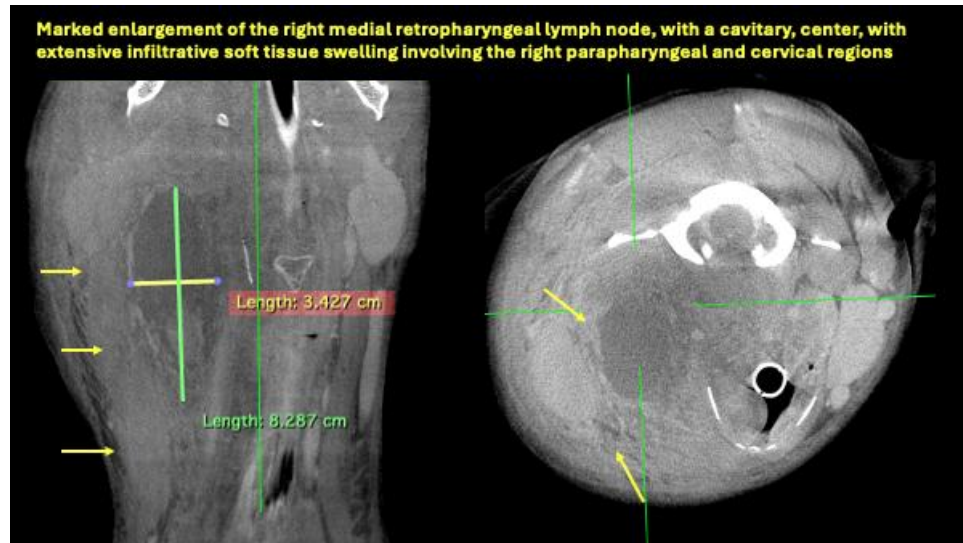
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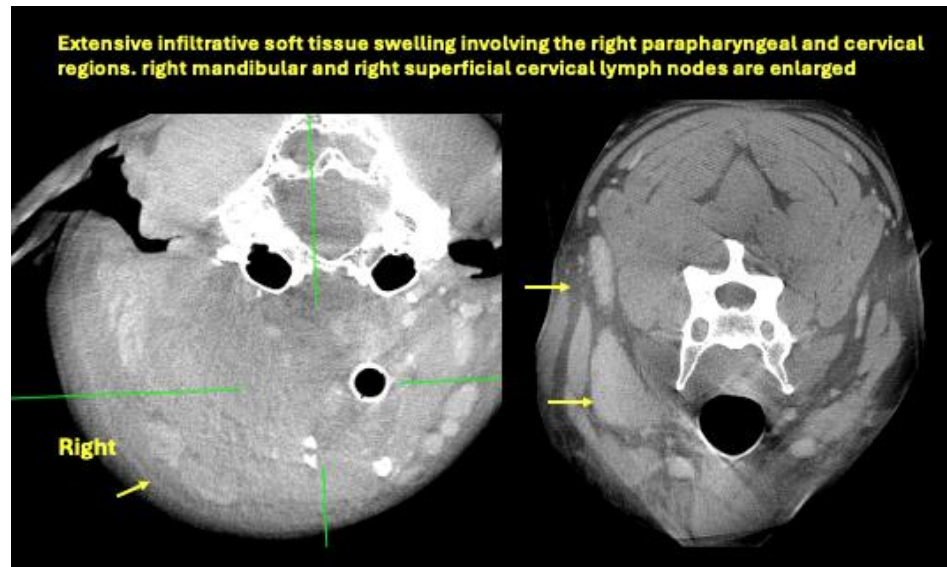
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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