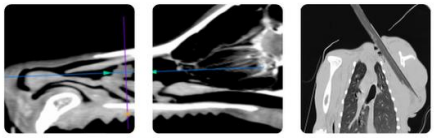


PATIENT

Valley Dembroski

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

6

WEIGHT

100.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joseph D'Abbraccio

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Dr. Joseph D'Abbraccio

INVOICE

73916

DATE

2-23-26

PRESENTING CLINICAL SIGNS

- - Owners palpated a mass on/near her throat last wednesday (2/18). Since then, energy and appetite have been decreasing. Today patient had to be enticed to eat by hand feeding and offering wet food only. Owners mentioned the patient is having a hard time chewing/swallowing.
- Owners noted hacking/coughing episodes where it seems the patient is trying to catch her breath.

Abnormal PE/Chem/CBC/UA Results: -Cutaneous mass on the right commissure of the jaw, approximately 2 cm in size. Large mass at the throat latch region, measuring approximately 10 cm side to side. Mass was sampled and came back as carcinoma -Generalized lymphadenopathy with multiple peripheral lymph nodes enlarged, particularly the popliteal and inguinal lymph nodes. Popliteal LN sampled and came back suggestive of reactive lymphoid hyperplasia

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the thorax, bone algorithm. One pre-contrast series of the abdomen, bone algorithm. One post-contrast series of the thorax, bone algorithm. One post-contrast series of the abdomen, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

Multiple scattered subpleural soft tissue micronodules are present, measuring approximately 0.43 – 0.54 cm. Additionally, a soft tissue nodule measuring approximately 1.6 × 1.7 cm is identified within the accessory lung lobe. A few subpleural mineralized hyperattenuating foci are noted.

There are moderate gravity-dependent pulmonary consolidation areas associated with reduced lung lobe expansion, more pronounced in the left lung lobes, with mild ipsilateral mediastinal shift. These findings are most consistent with passive atelectasis.

The cranial mediastinal and tracheobronchial lymph nodes are mildly enlarged; the largest cranial mediastinal lymph node measures approximately 1.8 cm in diameter. The sternal lymph nodes are within normal limits.

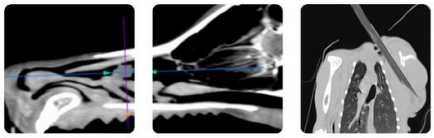
The trachea and main bronchi are within normal limits. The bronchial tree demonstrates normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vasculature are within normal limits.

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

Bilateral mineralized foci are observed in the region of the supraspinatus tendons adjacent to the greater humeral tubercles, more pronounced on the left side.

Collimated Head/Neck Portion



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There is marked enlargement of the medial retropharyngeal lymph nodes, more pronounced on the left side. These nodes are rounded and heterogeneously contrast-enhancing, with central hypoattenuating cavitary regions. Diffuse surrounding fat stranding is present in the adjacent subcutaneous tissues.

The lateral retropharyngeal and mandibular lymph nodes are also enlarged.

The deep cervical lymph nodes are mildly enlarged.

The thyroid glands are not clearly identified.

ABDOMEN

The liver is normal in size, shape, attenuation, and contrast enhancement.

The gallbladder, cystic duct, and common bile duct are within normal limits.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvises and ureters are unremarkable.

The urinary bladder is moderately distended with homogeneous fluid attenuation, associated hyperattenuating contrast material, and normal wall thickness.

The spleen is normal in size, shape, attenuation, and contrast enhancement.

The gastrointestinal tract is mildly distended with fluid and gas, maintaining normal distribution and wall thickness. No mural mass effect is identified.

The descending colon and rectum contain gas and a small amount of fecal material. Wall thickness is normal.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

The serosal fat demonstrates normal attenuation.

Complete bridging spondylosis deformans is present at L2–L3 and L7–S1.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple soft tissue pulmonary micronodules and one larger soft tissue nodule in the accessory lung lobe (1.6 × 1.7 cm). Findings are suspicious for pulmonary metastatic disease, particularly in the context of confirmed carcinoma.
- Scattered subpleural hyperattenuating micronodules, concurrent pulmonary osteomas.
- Mild cranial mediastinal and tracheobronchial lymphadenomegaly — reactive versus metastatic.
- Moderate dependent pulmonary atelectasis, more pronounced in the left lung lobes.
- Bilateral supraspinatus mineralization, consistent with chronic tendinopathy, or incidental findings.
- L2–L3 and L7–S1 spondylosis deformans.
- No evidence of abdominal metastatic disease identified on this examination.
- Collimated Head/Neck Portion: Severe bilateral medial retropharyngeal lymphadenomegaly (left > right) with heterogeneous contrast enhancement and central cavitary hypoattenuating regions. Additional enlargement of lateral retropharyngeal, mandibular, and deep cervical

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lymph nodes. Findings are highly suspicious for metastatic lymphadenopathy given the known carcinoma. Consider as a primary region possible tonsillar neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

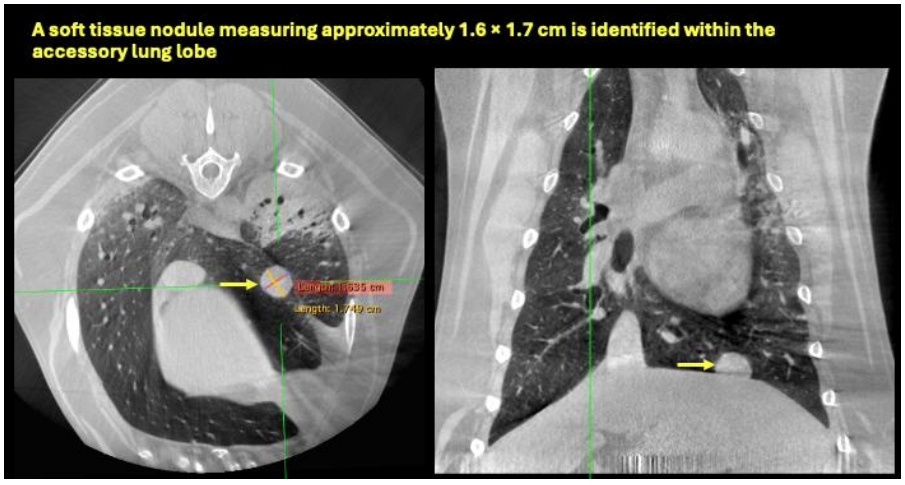
The CT findings demonstrate severe regional cervical lymphadenopathy with necrotic features, multiple pulmonary micronodules, and one soft tissue pulmonary nodule. The overall imaging appearance is highly concerning for regional and pulmonary metastatic disease.

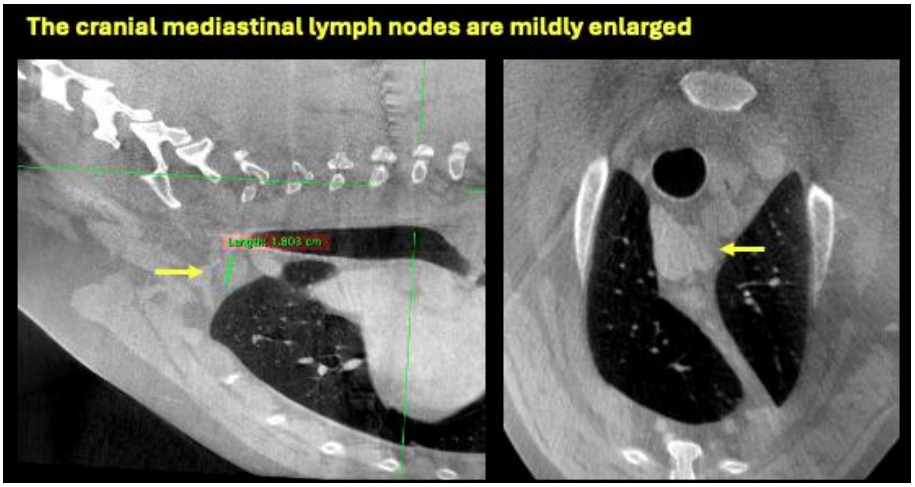
The primary site of the carcinoma remains uncertain; however, tonsillar carcinoma is considered the leading differential diagnosis, although a definitive tonsillar mass is not clearly identified on this study.

The thyroid glands are not clearly visualized. Cervical ultrasonography is recommended for further evaluation.

Endoscopic examination of the tonsillar region is also recommended.

Oncologic consultation is advised for complete staging and therapeutic planning.





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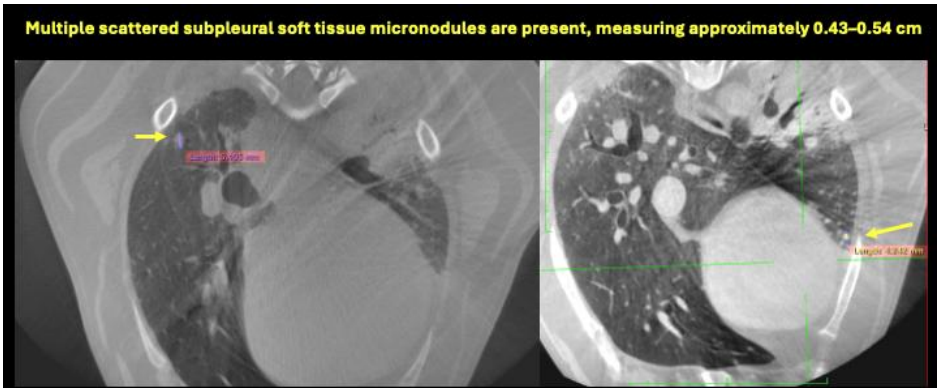

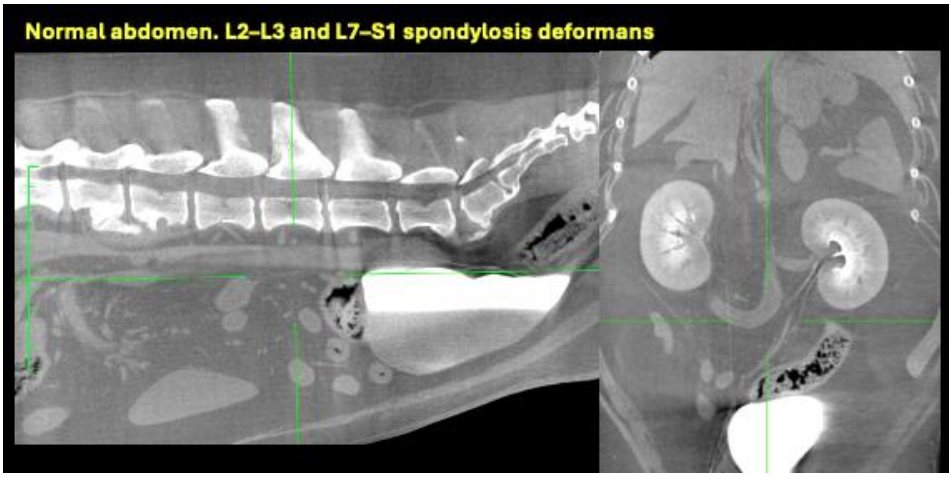

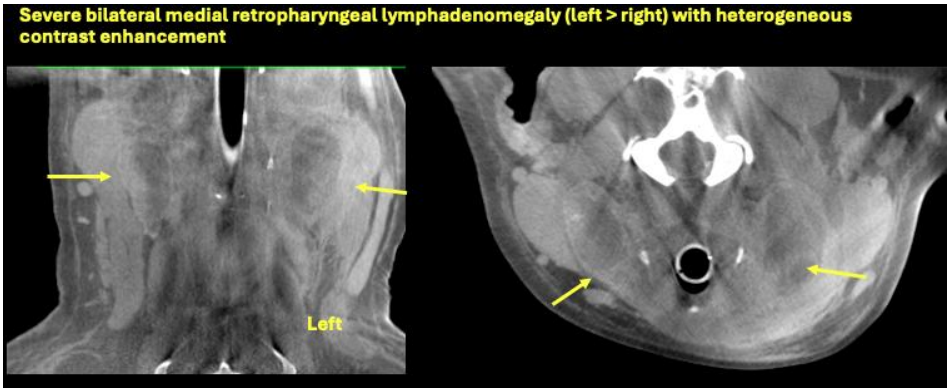

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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