

Diagnostic Imaging

Veterinary CT, Ultrasound & Telecytology Services
veterinarian referral only

PATIENT

Pickles Vulovic

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

6 Years

WEIGHT

45.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

SonoPath Imaging
Center

HOSPITAL NAME

Blairstown Animal
Hospital

REFERRING VET

Dr. Clegg

INVOICE

14033

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- check for origin of enlarged lymph node
- Current Medications: Simparica trio, Cytopoint

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

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.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

The nasal cavities are bilaterally symmetric with preserved turbinate architecture. There is no evidence of turbinate lysis, intranasal mass effect, fluid accumulation, or radiopaque foreign material.

The nasal septum is midline and intact. The cribriform plate is intact.

The frontal sinuses are normally aerated and symmetric.

The nasopharynx is patent, without evidence of mural thickening, soft tissue mass, or obstruction. The oropharynx and regional soft tissues are within normal limits. The tonsils, larynx, thyroid cartilage, and cricoid cartilage are unremarkable.

No intracranial mass effect, falx cerebri deviation, ventriculomegaly, or abnormal attenuation is observed. The sella turcica region is unremarkable.

The tympanic cavities are air-filled with normal wall thickness and contour. The external auditory canals are unremarkable.

The globes and retrobulbar spaces are symmetric and within normal limits.

The temporomandibular joints are bilaterally congruent, with normal articular margins.

All teeth are present, without evidence of periapical lucency or intraoral mass effect.

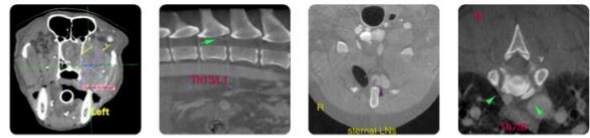
The mandibular lymph nodes are mildly enlarged, more pronounced on the right side. The largest right mandibular lymph node measures approximately 9.2 × 6.7 mm, and an additional right mandibular lymph node measures 8.9 × 6.1 mm.

There is mild fat stranding within the surrounding subcutaneous tissues adjacent to the right mandibular lymph nodes.

The medial retropharyngeal and right lateral retropharyngeal lymph nodes are mildly enlarged, maintaining normal shape and homogeneous contrast enhancement. The medial retropharyngeal lymph nodes measure approximately 7.5 mm and 5.1 mm in thickness.

The mandibular, parotid, and zygomatic salivary glands are within normal limits. The thyroid glands are unremarkable.

All osseous structures of the calvarium and facial skeleton, including the maxilla and mandible, are normal. There is no evidence of aggressive osseous lysis or proliferative change.



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The cervical trachea is unremarkable.

The cervical esophagus is moderately distended with gas and fluid. Although intraluminal fluid partially silhouettes the wall, no mural thickening or discrete mass effect is identified.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

Mild bilateral enlargement of the mandibular and retropharyngeal lymph nodes, more pronounced on the right side, with preserved morphology and homogeneous enhancement. Mild surrounding fat stranding is noted adjacent to the right mandibular lymph nodes.

BREED

Labradoodle

No identifiable primary mass lesion within the nasal cavity, oral cavity, pharynx, tonsil, salivary glands, or thyroid glands.

SEX

Spayed Female

Moderate gaseous and fluid distension of the cervical esophagus, without evidence of obstructive mass.

AGE

6 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination of the head does not identify a primary neoplastic lesion within the evaluated structures that would explain the cytologic suspicion of carcinoma within the enlarged mandibular lymph node.

WEIGHT

45.2 pounds

The mildly enlarged mandibular and retropharyngeal lymph nodes retain normal shape and contrast enhancement characteristics, reactive lymphadenopathy and early metastatic lymph node are considered in the differential diagnosis. However, given the cytologic findings of atypical epithelial cells suggestive of carcinoma, early metastatic lymph node involvement cannot be excluded despite the absence of marked structural distortion on CT.

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The mild perinodal fat stranding adjacent to the right mandibular lymph node may represent reactive inflammatory change or adjacent swelling.

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Given the absence of an identifiable primary lesion within the head on CT, further diagnostic considerations may include: Repeat or excisional biopsy of the affected lymph node for definitive histopathologic classification. Thorough oral examination under anesthesia, if not previously performed.

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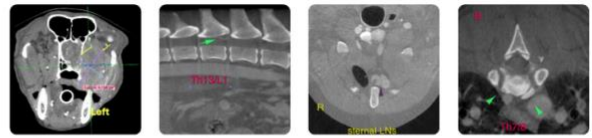
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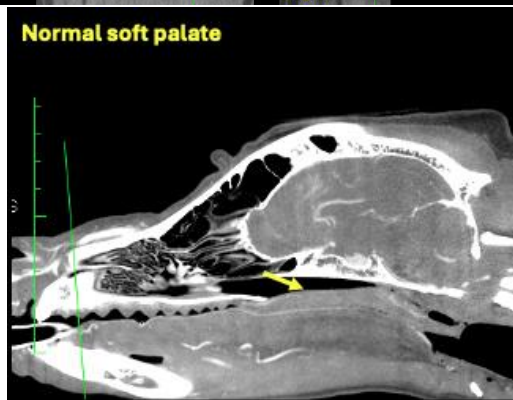
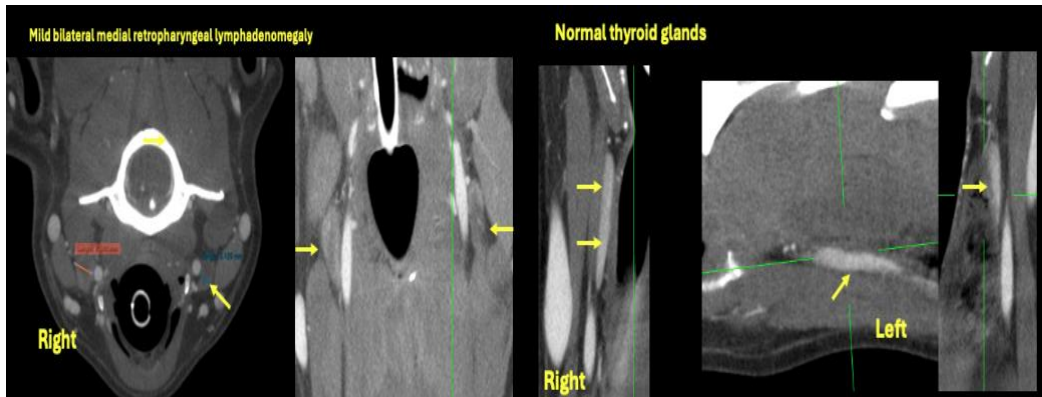
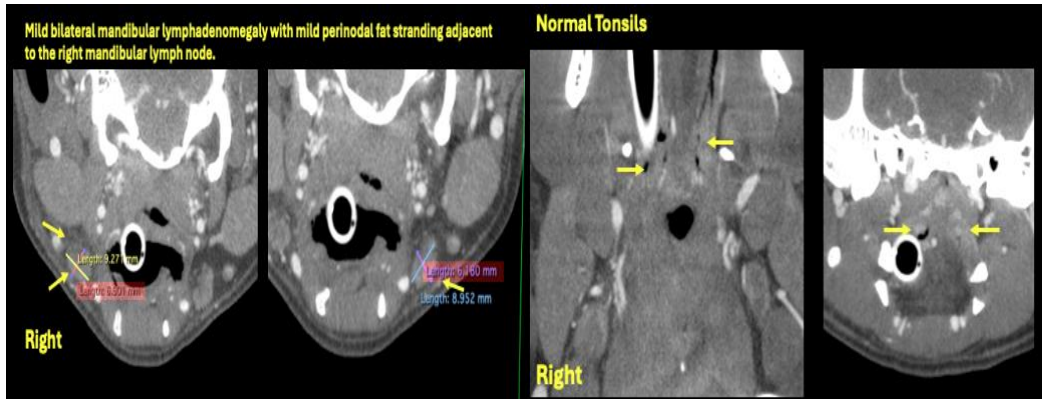
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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