

PATIENT

Togo Lapinet

SPECIES

Canine

BREED

Siberian Husky

SEX

Male

AGE

4

WEIGHT

56

INTERPRETED BY

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

IMAGING PERFORMED BY

Armando Sobrado

HOSPITAL NAME

Miami Springs AH

REFERRING VET

Dr. Eduardo Garcia

INVOICE

36453

DATE

3/31/26

PRESENTING CLINICAL SIGNS

Togo is a 4-year-old, male, Siberian husky, presenting for a follow-up appointment regarding diagnosed left prescapular mass and lymph node. He has a history of a suspected immune-mediated process, dermatologic issues, and a risk of malignancy associated with the mass. Overall, he has shown significant improvement in his condition. His energy levels are high, and he is lively. Pain associated with the prescapular mass has reportedly resolved, but the mass itself has not decreased in size. The dermatologic lesions on his legs have improved with medication, and the affected area on his muzzle is also better. His appetite is good, and the owner has doubled his food intake to prevent further weight loss, which has resulted in a reported weight gain. However, he is now experiencing a new sign of mushy and liquid stool, despite no changes in his diet. His CBC and chemistry panel are unremarkable. Past medication history includes a course of Prednisone which caused polyuria and a course of levothyroxine that was discontinued after free T4 levels were found to be normal (previously low TT4 and normal TSH values). Previous treatment for dermatitis with Cephalexin and steroid resulted in a relapse after the medication course was completed.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

A pre- and post-contrast CT study of the neck are provided for review totaling 3 series. Two pre-contrast series of the neck bone algorithm. One post-contrast series of the neck, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

NECK

The left superficial cervical (prescapular) lymph nodes (2), are markedly enlarged, rounded, and heterogeneously contrast-enhancing, with centrally hypoattenuating cavitory regions and peripheral rim enhancement. Mild adjacent subcutaneous fat stranding is present. The largest lymph nodes measure approximately 3.9 × 3.3 cm and 3.2 × 2.2 cm.

The adjacent musculature, left scapular region, and left shoulder joint are unremarkable, with no evidence of direct invasion or associated osseous abnormality identified within the scanned field.

The trachea is within normal limits.

The esophagus is mildly gas-distended, considered an incidental finding.

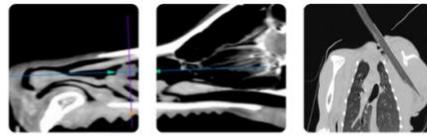
The thyroid glands are within normal limits in the visualized portions, although the cranial aspect is not completely included in the scan field.

The cervical spine and cervical vascular structures are within normal limits.

Within the included cranial thorax, there are multiple markedly enlarged and rounded thoracic lymph nodes, involving the sternal, cranial mediastinal, and tracheobronchial lymph nodes.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked left superficial cervical (prescapular -2) lymphadenomegaly, characterized by heterogeneous contrast enhancement, central cavitory/necrotic change, and mild adjacent inflammatory fat stranding.
- Marked mediastinal lymphadenomegaly, involving the sternal, cranial mediastinal, and tracheobronchial lymph nodes. Differential diagnoses include lymphoma, histiocytic sarcoma,



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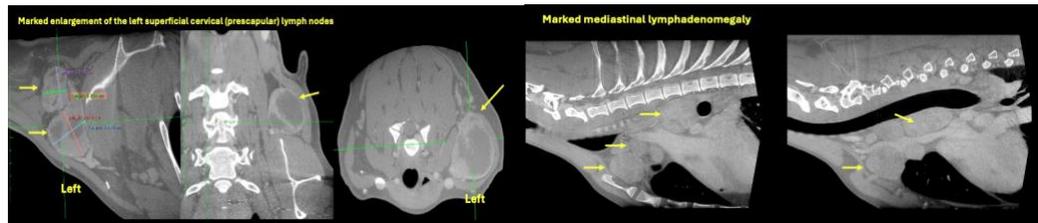
and metastatic nodal disease; marked suppurative or granulomatous lymphadenitis is considered less likely.

- No CT evidence of invasion into the adjacent scapular musculature, shoulder region, or cervical osseous structures is identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination demonstrates marked cavitory lymphadenopathy affecting the left prescapular region, with additional marked mediastinal lymphadenomegaly. Differential diagnoses include lymphoma, histiocytic sarcoma, and metastatic nodal disease; marked suppurative or granulomatous lymphadenitis is considered less likely.

Ultrasound-guided fine-needle aspiration and/or core biopsy of the enlarged left prescapular lymph node(s) is recommended for cytology and histopathology. Complete thoracic staging with thoracic CT and abdominal staging with abdominal ultrasound or abdominal CT are also recommended.



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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