



PATIENT

Clifford Benson

SPECIES

Canine

BREED

Great Pyrenees

SEX

Male Neutered

AGE

6Y

WEIGHT

58kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Jessica Rutledge

INVOICE

74508

DATE

4-7-26

PRESENTING CLINICAL SIGNS

- approx 1.5 month history of swelling on the throat. was taken to RDVM - started rimadyl & Amoxi/clav - swelling went down
- snoring more when sleeping
- decreased interest in eating
- nonpainful

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax was provided for review, totaling 10 series. Images were acquired in the transverse plane using soft tissue and bone algorithms at different slice thicknesses.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a moderate increase in volume of the subcutaneous soft tissues in the left ventral cervical region, showing mild contrast enhancement. The lesion is centered adjacent to the mandibular lymph nodes and hyoid apparatus. No radiopaque foreign material is identified.

The lesion is contiguous with the left mandibular salivary gland; however, the gland maintains normal morphology and contrast enhancement.

The left mandibular and left medial retropharyngeal lymph nodes are mildly enlarged.

The right mandibular and right medial retropharyngeal lymph nodes are within normal limits.

The hyoid apparatus and laryngeal cartilages are unremarkable.

The oropharynx, nasopharynx, and soft palate are within normal limits.

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

The thyroid glands are within normal limits.

The nasal cavities, turbinates, frontal sinuses, tympanic cavities, and external auditory canals are unremarkable. The cribriform plate is intact.

The globes and retrobulbar spaces are within normal limits.

No intracranial abnormalities are identified.

The maxillofacial bones and temporomandibular joints are unremarkable. Dentition appears within normal limits.

THORAX

The trachea and main bronchi are within normal limits.



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There is mild reduction in pulmonary volume with gravity-dependent ground-glass attenuation, more pronounced in the right lung lobes, consistent with passive atelectasis.

The remaining pulmonary parenchyma is unremarkable, with no evidence of nodules, masses, or micronodules.

The bronchial tree is normal in distribution and morphology.

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

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

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

The thoracic esophagus is unremarkable.

Incidental findings include bilateral mineralization at the insertion of the biceps brachii tendons and mild periarticular ossification of the shoulder joints.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderately subcutaneous soft tissue swelling in the left ventral cervical region, adjacent to the mandibular lymph nodes and hyoid apparatus, without evidence of a foreign body. Findings are most consistent with inflammatory or infectious soft tissue process (e.g., cellulitis, edema).
- Mild enlargement of the left mandibular and left medial retropharyngeal lymph nodes, regional lymphadenitis.
- Mild passive pulmonary atelectasis.
- Mild bilateral shoulder degenerative joint disease, with concurrent insertional biceps brachii tendinopathy/mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings support a regional inflammatory or infectious process affecting the left ventral cervical soft tissues, with mild associated lymphadenopathy. Given the clinical history of partial response to prior therapy, differential diagnoses include cellulitis or other focal soft tissue inflammatory or infectious disease. Continuation of empirical medical treatment may be considered; however, given the chronic nature of the condition, ultrasound-guided fine-needle aspiration (FNA) for cytology and bacterial culture and susceptibility testing is recommended.



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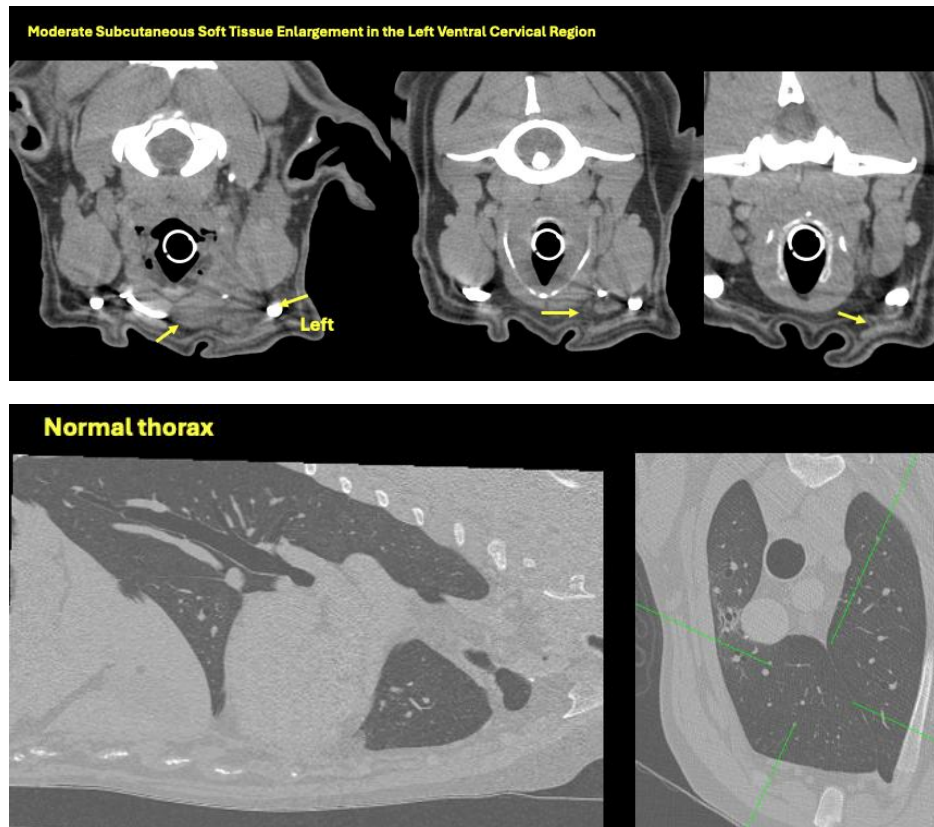
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com