



PATIENT

Lahna Williams

SPECIES

Canine

BREED

Mix

SEX

S

AGE

11Y

WEIGHT

16.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Victoria Bradshaw

HOSPITAL NAME

Gulf Shore Veterinary
Specialty Surgery

REFERRING VET

Dr. Byron Young DVM,
MS, DACVS

INVOICE

75274

DATE

6-2-26

PRESENTING CLINICAL SIGNS

Lahna presents for CT imaging of head, neck, and thorax. Dr. Ward evaluated Lahna and there is concern for left mandibular salivary gland neoplasia.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK AND THORAX

A pre- and post-contrast CT study of the head, neck and thorax are provided for review totaling 4 series. One pre-contrast series of the head & neck bone algorithm. One pre-contrast series of the thorax bone algorithm. One post-contrast series of the head & neck soft tissue algorithm. One post-contrast series of the thorax soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

There is marked enlargement of the left mandibular salivary gland. The gland retains a generally smooth and well-defined contour; however, it is mildly rounded with partial loss of its normal morphology. Occupying the majority of the gland is a large centrally cavitory, heterogeneous lesion characterized by peripheral contrast enhancement and a non-enhancing central component. A small portion of the cranial aspect of the gland remains preserved and demonstrates normal enhancement. The abnormal gland measures approximately 5.3 x 4.7 x 3.0 cm.

The enlarged gland produces mild regional mass effect within the left cervical region, extending medially and causing mild displacement of the hyoid apparatus and adjacent soft tissues toward the right. Additionally, there is mild ventral subcutaneous swelling.

The left parotid salivary gland is unremarkable. The right mandibular and right parotid salivary glands are normal in size, shape, and attenuation. The bilateral zygomatic salivary glands are unremarkable.

The mandibular and medial retropharyngeal lymph nodes are normal in size and attenuation without evidence of lymphadenopathy.

No adjacent osseous lysis or aggressive periosteal reaction is identified involving the hyoid bones, thyroid cartilage, cricoid cartilage, or surrounding osseous structures.

The thyroid glands are symmetrical and unremarkable.

Triadan 107, 207, 208, and 411 are absent.

Triadan 408 shows a complete complex crown fracture with a retained root.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx, nasopharynx and larynx are within normal limits.

The globes and retrobulbar spaces are within normal limits.

The frontal sinuses are unremarkable.



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The tympanic cavities and external auditory canals are within normal limits.

No evidence of intracranial mass effect or midline shift.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

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

The thoracic esophagus is air-distended, incidental.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked enlargement of the left mandibular salivary gland characterized by a large cavitory lesion with peripheral contrast enhancement and associated mild regional mass effect. Differential diagnoses include salivary gland neoplasia with central necrosis/cavitation or chronic abscessed/inflammatory salivary gland process.
- No CT evidence of regional lymph node metastasis.
- No adjacent osseous invasion identified.
- Triadan 107, 207, 208, and 411 are absent.
- Triadan 408 shows a complete complex crown fracture with a retained root.
- No evidence of pulmonary or intrathoracic metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate marked enlargement of the left mandibular salivary gland with a large centrally cavitory, peripherally enhancing lesion is highly suspicious for a primary salivary gland neoplasm with central necrosis. A chronic abscess or other inflammatory cavitory salivary gland lesion is also considered.

There is no CT evidence of regional metastatic lymphadenopathy, local osseous invasion, or distant thoracic metastatic disease at the time of examination.

Correlation with cytology and/or histopathology is recommended for definitive diagnosis and characterization of the lesion. Surgical excision and histopathologic evaluation may be considered.



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Fig. 1. Marked enlargement of the left mandibular salivary gland containing a large centrally cavitory lesion with peripheral contrast enhancement.

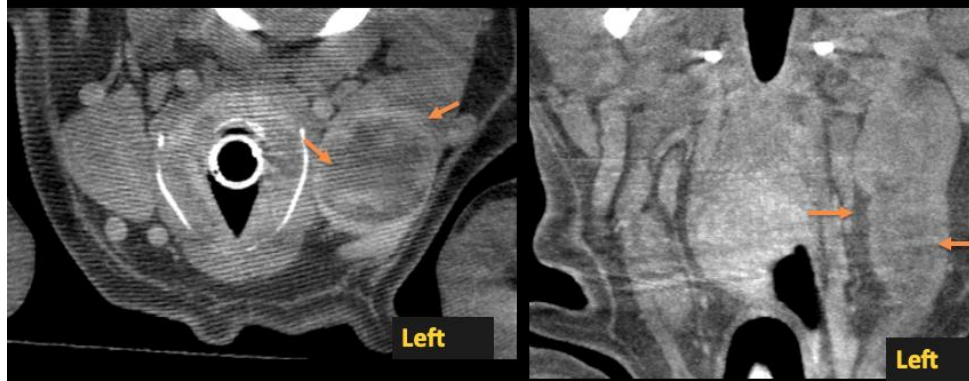
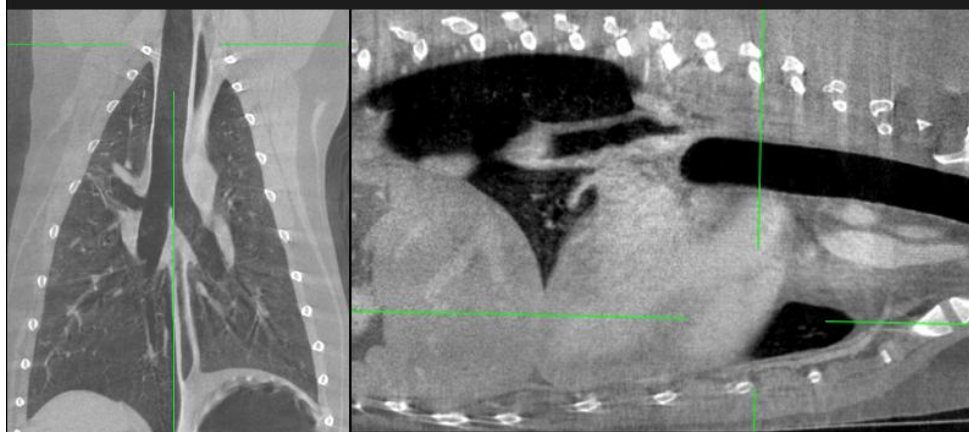


Fig. 2. Marked enlargement of the left mandibular salivary gland containing a large centrally cavitory lesion with peripheral contrast enhancement.



Fig. 3. Normal thorax





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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