



PATIENT PRESENTING CLINICAL SIGNS

Ziggy Stephens Referral for CT. Was seen at urgent care clinic. Had a fever, lethargy, swelling/pitting edema of the ventral mandible and down the neck. Thoracic radiographs and abdominal ultrasound were performed and were unremarkable.

SPECIES Abnormal PE/Chem/CBC/UA Results: Fever had resolved by presentation. Swelling has subsided, but a very firm mass of the right caudal mandible is palpated, approximately baseball sized. There is also a very firm subcutaneous nodule in the right prescapular region. Stress leukogram, mildly decreased platelets, mildly elevated globulin, mildly elevated ALP (bloodwork findings from urgent care several days prior)

Canine

BREED

Poodle Mix

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, CERVICAL SOFT TISSUE, & THORAX

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

SEX

MN

COMPUTED TOMOGRAPHIC FINDINGS

AGE

CERVICAL

8 Years

The right retropharyngeal lymph node is moderately enlarged with abnormal shape and peripheral enhancement, with mixed central non-enhancing hypoattenuating lesions and enhanced septations. The right sided adjacent cervical and ventral subcutaneous soft tissue is increased in volume with surrounding fat stranding and swelling. The right retropharyngeal lymph node measures approximately 4.1cm by 1.4cm. The left retropharyngeal lymph node is unremarkable.

INTERPRETED BY

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

There is irregular thickening showing mass effect characteristics in the right side of the larynx, and tonsillar region. The lesion has partially defined borders, and it is contiguous to the right enlarged retropharyngeal lymph node and external cervical soft tissue. The lesion partially reduces the airway pathway in this region. The thickened/mass effect measures approximately 1.2cm by 1.7cm.

HOSPITAL NAME

Animal Health Care Denver

No evidence of osteolytic or proliferative bone lesion in the hyoid apparatus.

No opaque foreign material or fistulous tract are seen contiguous to the lesion.

REFERRING VET

Zachary Scott

The mandibular lymph nodes are asymmetrical. The right-sided mandibular lymph nodes are moderately enlarged and mildly heterogeneously attenuating. The left mandibular lymph nodes are unremarkable.

The right salivary gland is externally displaced, however, with normal size, shape and contour. The left salivary gland and parotid glands are normal in size, shape, and contour.

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The zygomatic glands are normal in size, shape, and contour.

The thyroid glands are normal in size, shape, and contour.

DATE

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HEAD



PATIENT The nasal cavities, nasal turbinates, and frontal sinuses are unremarkable.

Ziggy Stephens The bone structures of the head and face are mildly asymmetrical, likely correlated to positional artifact, but no evidence of abnormalities.

SPECIES The mandibular and maxillary osseous structures are normal. All the teeth are normal.

Canine The temporomandibular joints are bilaterally congruent.

The brain attenuation is normal, no mass effect is identified.

BREED THORAX

Poodle Mix The trachea is normal in luminal diameter and position.

SEX The lumen of the main bronchus is normal.

MN There is mild reduction of the lung volume expansion and ground glass attenuation in the dorsal dependent, more caudal lung lobes. Otherwise, normal pulmonary parenchyma, no evidence of soft tissue nodules.

AGE The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

8 Years The tracheobronchial lymph nodes are normal.

INTERPRETED BY The sternal, mediastinal, and cranial mediastinal lymph nodes are unremarkable.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet The right axillary lymph node is mildly enlarged, homogeneously attenuating.

The pleural space and diaphragm are normal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Animal Health Care
Denver

- Ill-defined mass effect with severe thickening in the right larynx and right tonsillar region, adjacent cervical soft tissue swelling and inflammation and enlarged ipsilateral retropharyngeal lymph node. The differential diagnosis includes neoplasm or severe non-neoplastic granulomatous inflammation.

REFERRING VET

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- Right retropharyngeal and mandibular lymphadenitis, metastatic or reactive.
- Severe subcutaneous soft tissue swelling and inflammation in adjacent ventral neck. However, no evidence of radiopaque foreign material.
- Right axillary lymphadenitis, reactive or metastatic.
- Normal head.
- Dorsal dependent pulmonary passive atelectasis, no evidence of pulmonary soft tissue nodules.
- Otherwise, normal thorax.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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To confirm the etiological diagnosis of the ill-defined thickened mass effect of the larynx, a biopsy is required. Consider endoscopy as a further approach. Another option is a cervical ultrasound and if



PATIENT attainable, an eco-guided fine-needle aspiration of the right retropharyngeal lymph node. Concurrent laryngeal paralysis should be considered.

Ziggy Stephens

The neoplasm lesions that could be affecting this region is a tonsillar carcinoma. Other differential neoplasm processes include squamous cell carcinoma, extramedullary plasmacytoma, mast cell tumor, rhabdomyosarcoma, and melanoma.

SPECIES

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No right sided prescapular mass effect was identified. The firm subcutaneous soft tissue mass could be associated to the right enlarged axillary lymph node.

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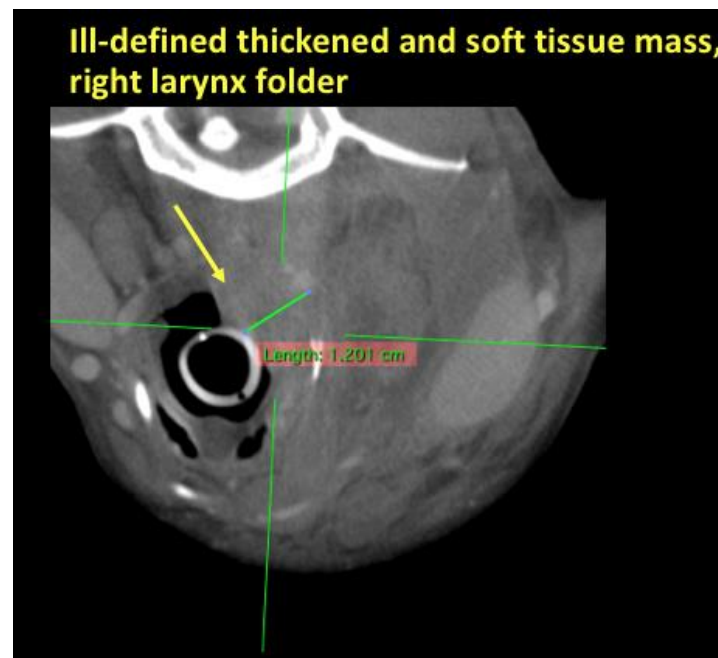
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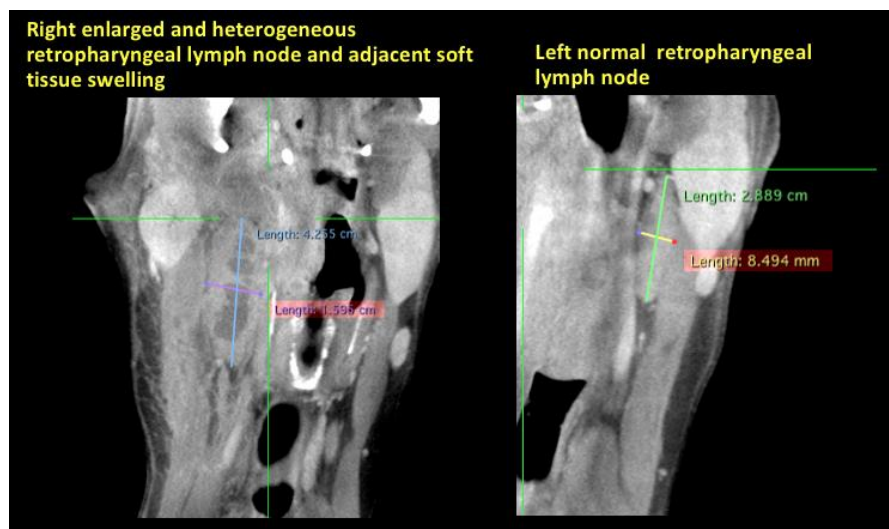
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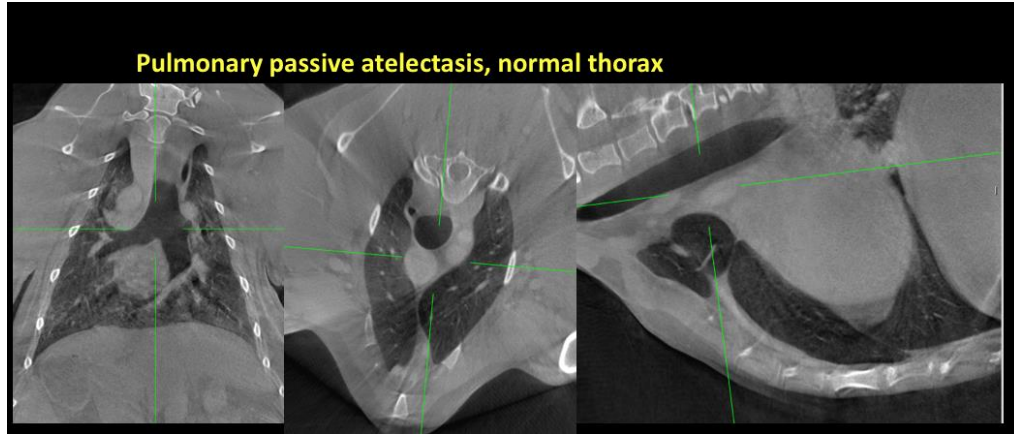
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SPECIES

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AGE

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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.

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