



## PATIENT

Buddy Scheller

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

MN

## AGE

16

## WEIGHT

18

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Giuliana Garcia

## HOSPITAL NAME

Scottsdale Veterinary  
Clinic

## REFERRING VET

Dr. Fleming

## INVOICE

75306

## DATE

6-3-26

## PRESENTING CLINICAL SIGNS

Buddy has a history of SQ carcinoma in the ventral aspect of his neck (biopsy results pending). Chest CT performed to rule out metastasis. Patient also had a history of congestion for 1 week. Dental was performed and CT was done to assess to rule out dental mass vs rinitis vs dental disease vs other.

## COMPUTED TOMOGRAPHIC STUDY OF THE NECK AND THORAX

A pre- and post-contrast CT study of the neck and thorax is provided for review totaling 4 series. One pre-contrast series of the neck (soft tissue algorithm). One pre-contrast series of the thorax (bone algorithm). One post-contrast series of the neck (soft tissue algorithm). One post-contrast series of the thorax (soft tissue algorithm).

## COMPUTED TOMOGRAPHIC FINDINGS

### NECK (HEAD)

An ill-defined, infiltrative, elongated, heterogeneously attenuating soft tissue mass is present within the ventral cervical subcutaneous tissues. The lesion is centered along the buccopharyngeal fascia and extends caudally, predominantly right sided, reaching the cervical cutaneous and muscular fascial planes. Margins are poorly defined with infiltrative characteristics. The lesion measures approximately 4.3 cm in length and up to 1.4 cm in thickness.

Marked enlargement of the mandibular and medial retropharyngeal lymph nodes is present. These lymph nodes are rounded, mildly heterogeneous, hypoattenuating centrally, and demonstrate peripheral/rim contrast enhancement.

The mandibular and parotid salivary glands are unremarkable.

Multiple Triadan are absent (101, 102, 105, 106, 201, 301, 302, 305, 306, 310, 311, 401, 402, 403, 405, 406, 407, 410, and 411).

There is diffuse decreased osseous attenuation affecting the maxilla and mandible, consistent with generalized alveolar bone loss. Multifocal areas of advanced periodontal and endodontic disease are present, including:

Marked alveolar bone lysis adjacent to Triadan 108 with suspected associated oronasal fistulation. Additional suspected oronasal fistula associated with Triadan 107. Additional areas of alveolar bone loss adjacent to Triadan 208, 209, and 210. Multifocal discrete enamel osteolysis associated with Triadan roots 104 and 204. Marked periodontal bone loss adjacent to tooth 408. Suspected crown fracture and/or severe crown resorption of Triadan 309.

The nasal cavities contain a moderate amount of hypoattenuating material, more pronounced on the right side and adjacent to the suspected oronasal fistulas. Mild diffuse mucosal thickening and slight loss of turbinate definition are present. The nasal septum and cribriform plate remain intact. Small volume fluid/soft tissue material is present within the left frontal sinus.

Mild accumulation of foamy/fluid material is present within the caudal nasopharynx.

No intracranial mass lesion or intracranial extension is identified within the imaged field.

The thyroid glands are partially included and appear within normal limits.



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The epithelial lining of the right external ear canal is mildly to moderately thickened. The tympanic cavities are unremarkable.

Several small subcutaneous soft tissue nodules/micronodules are present within the dorsal cervical subcutaneous tissues at approximately the C3 level.

## THORAX

The trachea and main bronchi are within normal limits.

A small triangular hypoattenuating structure within the cranial mediastinum is compatible with residual thymic tissue.

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 unremarkable.

## *Included Cranial Abdomen and musculoskeletal structures*

Multiple small, well-defined hypoattenuating nodules are scattered throughout the hepatic parenchyma.

Multiple small fat-attenuating splenic nodules are present, most consistent with myelolipomas.

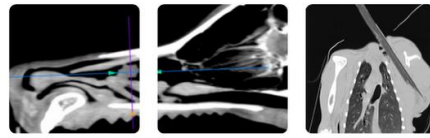
The hepatic and gastric lymph nodes are mildly enlarged.

The right kidney is markedly smaller than the left kidney. Both kidneys contain multiple cortical microcysts. The right kidney demonstrates multifocal cortical scarring/retraction, consistent with chronic degenerative renal disease.

Marked spondylosis deformans is present throughout the vertebral column. Severe degenerative change and malalignment are present at T12-T13. Focal endplate lysis/remodeling centered on the T12-T13 intervertebral disc space is present. Narrowing of the C5-C6 disc space is also noted.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Infiltrative ventral cervical soft tissue mass (approximately 4.3 × 1.4 cm) centered within the buccopharyngeal and ventral cervical fascial planes. Differential diagnoses include soft tissue neoplasia, for example, the reported squamous cell carcinoma.
- Marked mandibular and medial retropharyngeal lymphadenopathy with heterogeneous attenuation and peripheral enhancement, highly concerning for metastatic nodal involvement.



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- Severe generalized periodontal disease with multifocal alveolar bone loss, multiple missing Triadan, and suspected bilateral oronasal fistulas associated with Triadan 107 and 108.
- Mild-to-moderate rhinitis, more at the right nasal cavity, likely secondary to chronic dental disease and oronasal fistulation; mild left frontal sinusitis.
- Normal intrathoracic structures, no CT evidence of pulmonary metastatic disease or thoracic lymph node metastasis.
- Multiple small hepatic hypoattenuating nodules. Differential diagnosis includes benign nodular hyperplasia, regenerative nodules, vacuolar change, or less likely metastatic disease.
- Incidental splenic myelolipomas.
- Chronic bilateral renal degenerative changes, more severe in the right kidney.
- Severe chronic vertebral degenerative disease with focal T12-T13 endplate lysis/remodeling suspicious for discospondylitis.
- Mild chronic right otitis externa characterized by epithelial thickening of the right external ear canal.
- Mild dorsal cervical subcutaneous nodules/micronodules of uncertain significance.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a ventral cervical mass is locally invasive in appearance and, together with the marked mandibular and retropharyngeal lymphadenopathy, is highly suspicious for soft tissue neoplasia with regional nodal metastatic spread. No evidence of pulmonary or thoracic nodal metastasis is identified.

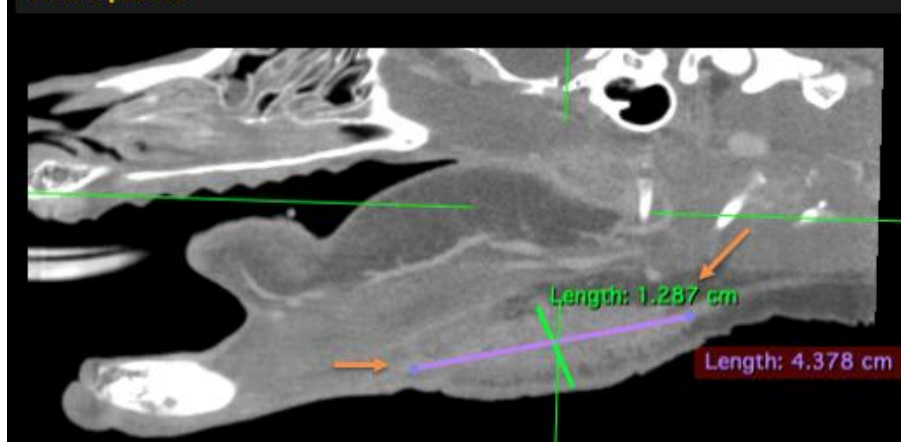
The nasal cavity abnormalities, inflammatory/infectious rhinitis are moderate and are most likely secondary to advanced dental disease and suspected oronasal fistulation.

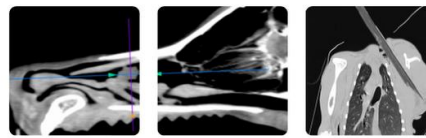
Histopathologic evaluation of the cervical mass and cytologic or histopathologic assessment of the enlarged regional lymph nodes is recommended for definitive staging.

Correlation with dental examination findings is recommended.

If clinically indicated, FNA sampling of the hepatic nodules and further evaluation of the suspected T12-T13 vertebral changes and incipient discospondylitis may be considered.

**Fig. 1. Ill-defined infiltrative soft tissue mass within the ventral cervical fascial planes**





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Fig. 2. Regional metastatic lymphadenopathy and ventral ill defined mass effect.

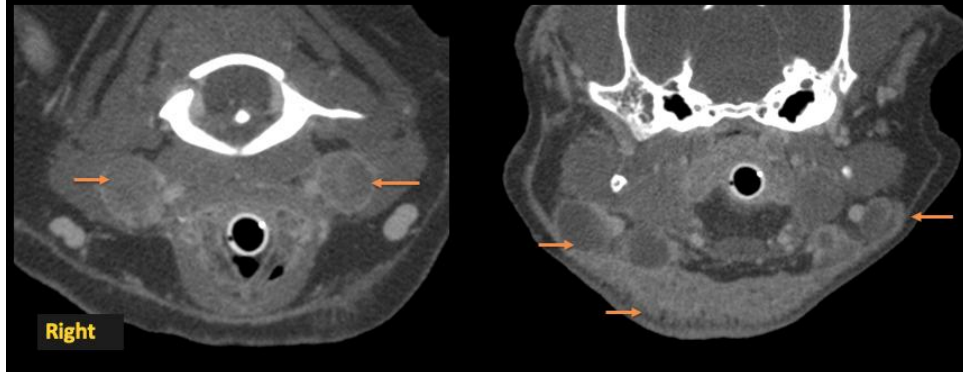


Fig. 3. Moderate right-sided nasal cavity soft tissue/fluid accumulation with mucosal thickening and dental disease.

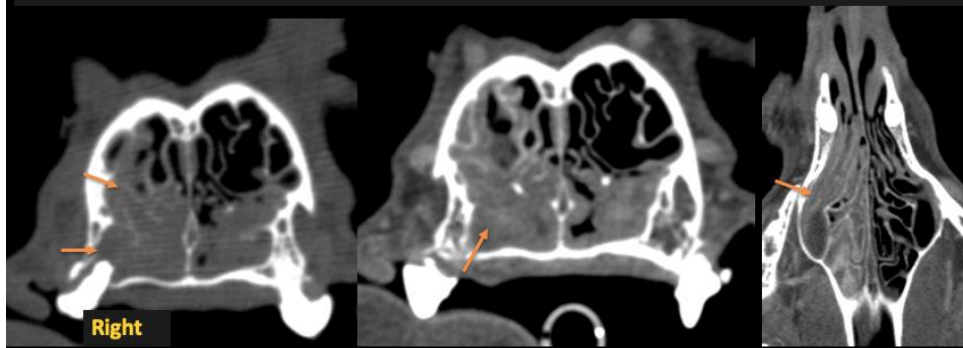
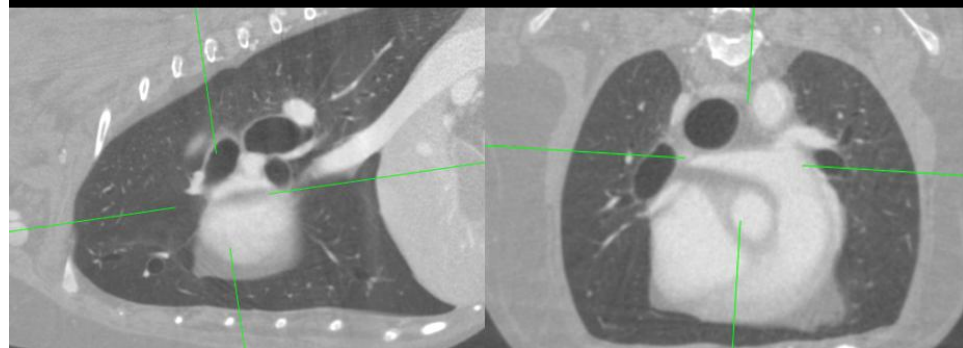


Fig. 3. Normal thorax





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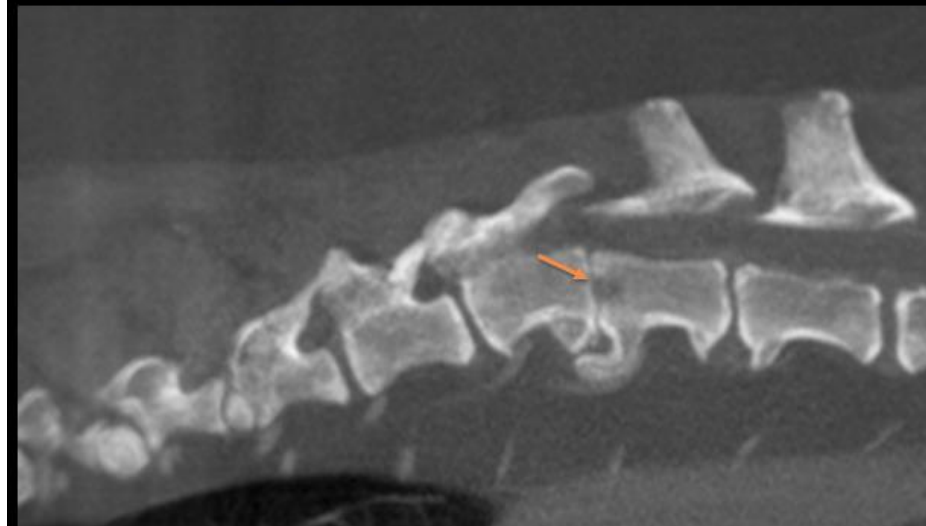
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**Fig. 5. T12–T13 vertebral endplate remodeling  
Severe degenerative change and malalignment at T12–T13 with focal vertebral  
endplate lysis/remodeling**



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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