



PATIENT PRESENTING CLINICAL SIGNS

LV Barr Very Large 10-12 cm Fluctuant open draining swelling Right Ventral Neck with necrotic area of skin. Copious amount of Sanguinopurulent discharge. R/O Ruptured Abscess secondary to Salivary Mucocele vs Neoplasia(MCT) Started as a small 1/2CM DERMAL MASS RIGHT LATERAL NECK in March(4 mos ago) which has recently rapidly increased in sized and became abscessed. No response to Prednisone and Diphenhydramine. C & S Pending. Started on Enrofloxacin. Pet has a history of MCT excised from the Neck in 2020. Histopath Results attached.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL SOFT TISSUE AND THORAX

BREED

Staffordshire Terrier

A pre and pos-contrast study of the cervical soft tissue and thorax are provided for review, totaling 5 series. Two pre-contrast series of cervical region, soft tissue algorithm. Three post-contrast series cervical and thorax, soft tissue, and bone algorithm.

SEX

Female Spayed

COMPUTED TOMOGRAPHIC FINDINGS

NECK, CERVICAL SOFT TISSUE

An extensive, ill-defined, amorphous, and mildly contrast enhancing mass effect is seen extending from the right mandibular ramus to the caudal cervical region, at the level of C4. The mass spreads ventrally and laterally and is seen at the right cervical region. The mass appears to originate from the cervical musculature/soft tissues and involves at least the sternocephalic and cleidocephalic muscles and due to the size, displaces the contiguous structures, and changes the pathway of the ipsilateral external jugular veins, reducing its diameter. In the periphery of the mass, gas bubbles are seen within, and contiguous subcutaneous soft tissue swelling. The mass measures at least 14.8cm by 6.7cm in length. No evidence of radiopaque foreign material.

INTERPRETED BY

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

The right and left mandibular lymph nodes are enrolled in the mass, and the borders of the lymph nodes are not defined.

The right retropharyngeal lymph node is enlarged, with rounded shape, and heterogeneously enhancing. The left retropharyngeal lymph node is unremarkable.

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The right salivary gland is unremarkable; however, the mass is contiguous and displacing the gland. The left salivary gland is unremarkable.

The right and left parotid glands are unremarkable.

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The thyroid glands are unremarkable.

The palatine tonsils are partially defined, appears unremarkable.

The hyoid apparatus is unremarkable, no osteolytic changes are seen.

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The temporomandibular joints are bilaterally congruent.

The tympanic cavities are unremarkable. Mild thickening with pinpoint mineral foci are seen within the external auditory canals.

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No other abnormalities are identified.

THORAX

**PATIENT**

LV Barr The trachea and bronchi are normal.

Multifocal subpleural hyperattenuating foci within the pulmonary parenchyma are noted. No other changes in the pulmonary parenchyma.

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Canine An enlarged cranial mediastinal lymph node is noted, and measures approximately 3.4cm by 2.6cm by 1.9cm.

The cardiac silhouette and pulmonary vasculature are normal.

BREED

Staffordshire Terrier The sternal mediastinal and tracheobronchial lymph nodes are unremarkable.

The pleural space and diaphragm are normal.

The thoracic musculoskeletal structures are unremarkable.

SEX**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Female Spayed

- Extensive predominantly right sided (and ventral) heterogeneous soft tissue mass infiltrating the musculature and soft tissues of the cervical region. The differential diagnosis for origin is likely muscle mass or soft tissue that could be a severe inflammatory lesion or correlate to a neoplasm process, and less likely ectopic thyroid carcinoma.
- Peripheral emphysema is seen that corresponds to concurrent abscess and/or open drain, skin perforation. Concurrent swelling and inflammation.
- Mandibular lymphadenitis, surrounded by the mass, metastatic or reactive.
- Enlarged right retropharyngeal lymph node, metastatic or reactive.
- Enlarged cranial mediastinal lymph node, metastatic or reactive.
- Multifocal hyperattenuating subpleural pulmonary foci, osteomas, incidental.
- No evidence of pulmonary metastatic disease.
- Dystrophic mineralization of the external auditory ear canal walls. Differential diagnosis chronic otitis externa.

AGE

10 Years, 9 Months

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continuing the initiated treatment for the abscess and inflammation is suggested until the elucidated diagnosis. A biopsy is suggested for diagnosis. The differential diagnosis includes recurrence of Mast cell tumor, with involvement of the mandibular lymph nodes, and possible cranial mediastinal metastasis. Some adherence within the right external jugular vein is possible.

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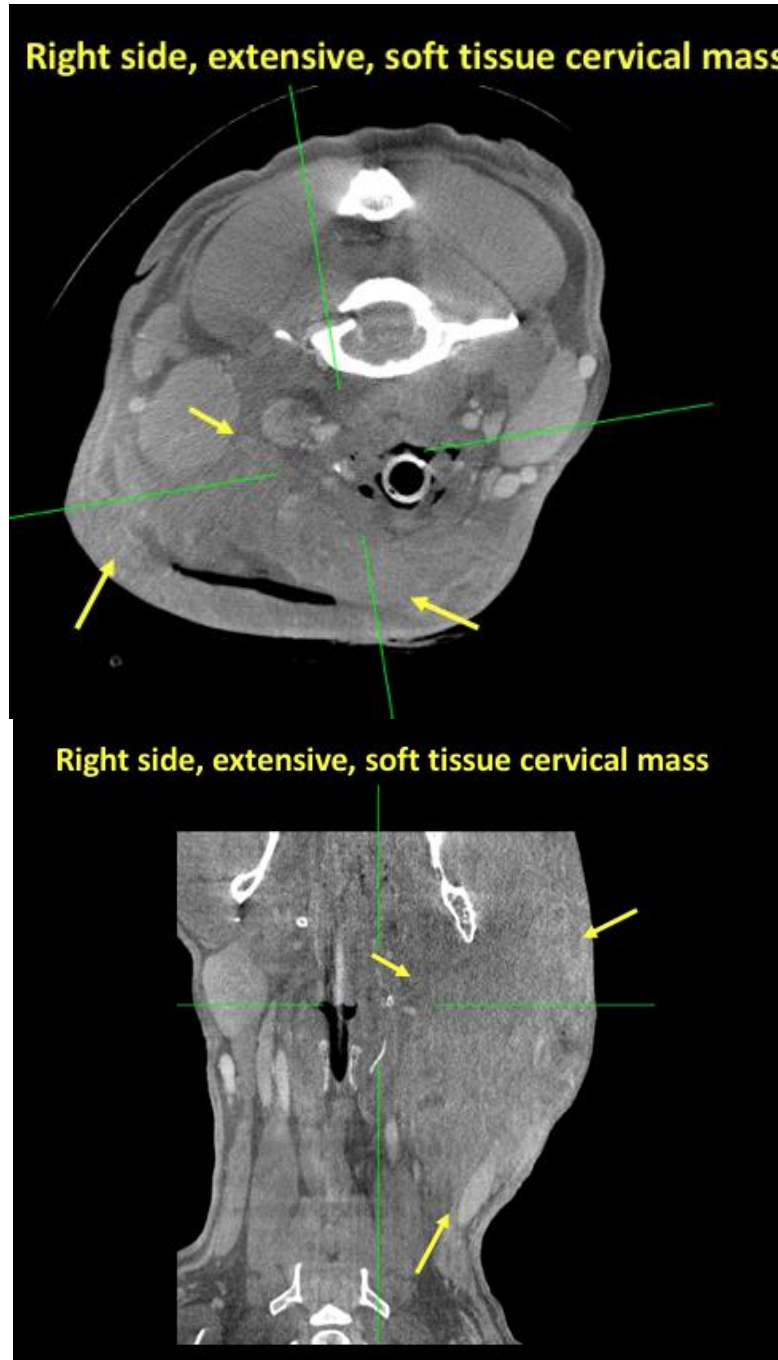
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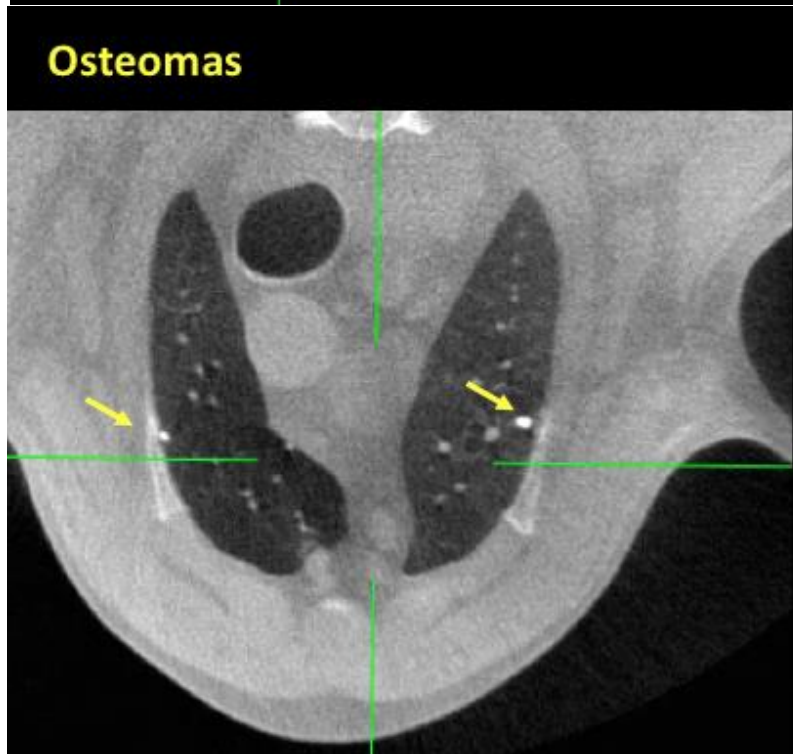
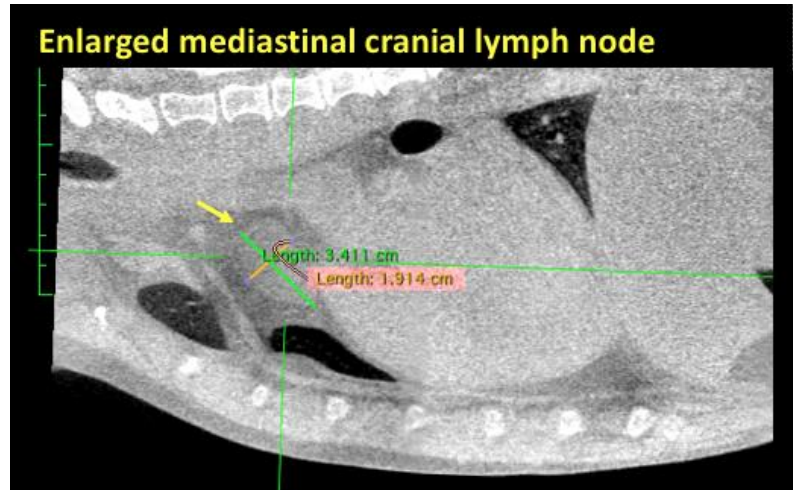
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PATIENT The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

LV Barr

SPECIES

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.

Canine

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