



Cervical Mass Causing Dyspnea

Case Summary: A 6yr MN Rottweiler was presented for CT evaluation of a cervical mass discovered during a direct laryngeal exam. The patient had a 4 month history of progressive stridorous breathing that was severe at the time of evaluation. The patient had no other ongoing health problems. Physical exam revealed no other abnormalities except the difficulty breathing. The patient was also fractious and had acepromazine administered before heading to the imaging facility.

CT is very useful for presurgical evaluation of cervical masses allowing the surgeon or radiologist to evaluate whether the mass is invading bone, vasculature, or other vital structures.

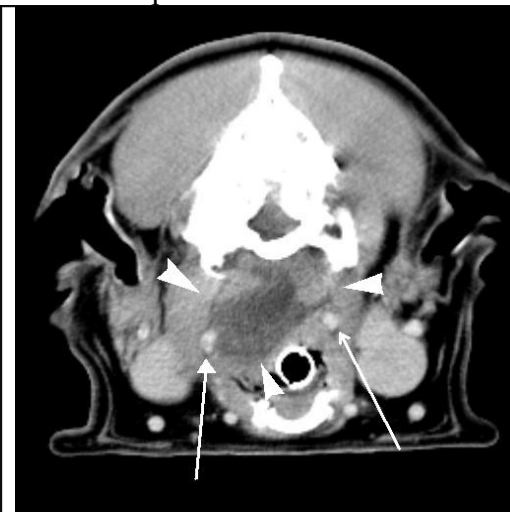


Figure 1: axial CT image through the head just caudal to the tympanic bullae. Mass is marked with arrowheads with the internal carotid arteries marked with the long arrows

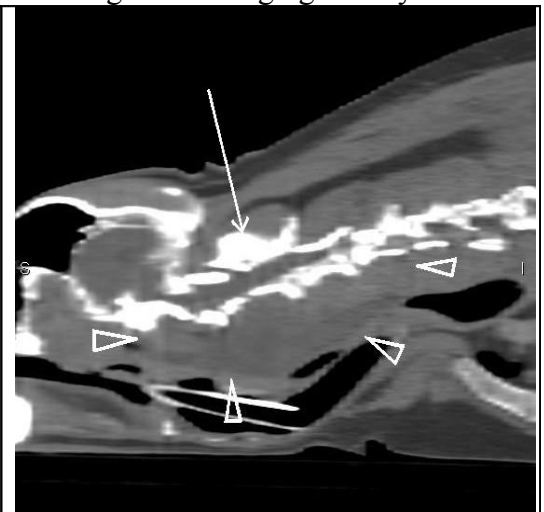


Figure 2: reconstructed sagittal image showing extent of mass from the pharynx to C4. Mass marked with open arrowheads and dorsal process of C2 is marked with an arrow

Findings: A minimally contrast enhancing soft tissue density mass lesion was identified extending from the caudal aspect of the nasopharynx between the tympanic bullae and dorsal to the soft palate, through the ventral caudal portion of the skull, and ventral to the first four cervical vertebral bodies. The mass appeared to be composed of a low density noncontrast enhancing matrix material. The mass extended into the oropharyngeal region (obstructing a large portion of the oropharyngeal airway) and completely obstructs the nasopharyngeal airway. A small portion of the mass in the caudal aspect of the nasopharynx enhanced with contrast.

Imaging Diagnosis: Findings were consistent with a tumor producing an avascular matrix extending from the caudal nasopharynx caudal to the level of C4. The CT pattern was most consistent with a myxosarcoma or less likely a tumor with a secondary necrosis or hemorrhage and a regional seroma formation.

Outcome: Euthanasia was recommended on this patient because the tumor was

nonresectable and the patient was having ongoing respiratory distress.

*Please do not hesitate to contact our facility to discuss the value of a CT or MRI study for a particular patient prior to requesting an imaging study.
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