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Case Study: Cervical Abscess in an 8-Year-Old German Shepherd

Presenting Complaint

Cato was presented on August 13, 2024, to the Emergency Service at our hospital with acute onset of trouble breathing, lethargy, anorexia, and noticeable swelling under his neck. He had been lethargic for several days, and on the day of presentation, his owner observed that he had stopped eating entirely and was having difficulty breathing. **Imaging:** [Dr. Mason Holland VMD, DACVR](#), **Surgery:** [Dr. Catherine Stecyk](#). **Emergency DVM:** [Dr. Courtney James, DVM](#)

Patient Overview

Animal Name: Cato

Species: Canine

Sex: Male

Age: 8-Years-Old

Breed: German Shepherd

Clinical History

Cato has a history of episodes of hard swallowing, regurgitation, and gastroesophageal reflux disease (GERD) over the past few years. He also exhibited signs of nausea and would often eat grass during these episodes, followed by vomiting. He was maintained on a raw diet and was not receiving any medications at the time of presentation.

Physical Examination

On initial examination by Dr. Courtney James, Cato was friendly and rambunctious despite his condition. The significant findings included:

- **Oral Cavity:** Severe pharyngeal swelling, with Cato experiencing pain upon opening his mouth.
- **Neck and Thyroid:** A large, hard cervical swelling slightly off midline on the right side.
- **Respiratory:** Significant stridor with upper airway noise and expiratory effort.
- **Musculoskeletal:** Ambulatory x 4 with no apparent pain, lameness, or joint effusion.
- **Cardiovascular:** Normal heart rate, sinus rhythm, no murmurs. Strong and synchronous pulses bilaterally.

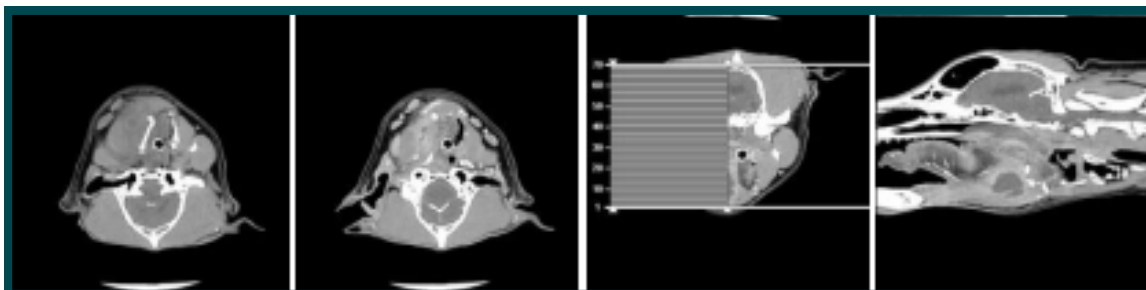
Initial Assessments

Dr. Courtney James assessed the swelling and suspected a cervical abscess. Due to the severity of Cato's condition, he was immediately given IV sedation and flow-by oxygen to stabilize his breathing.

Diagnostic Imaging

Dr. Mason Holland VMD, DACVR

A CT scan was performed emergently, revealing a large left peripharyngeal abscess, which was causing significant compression of the oropharynx and nasopharynx, leading to Cato's breathing difficulties. The scan showed no foreign material, osseous involvement, or soft tissue gas, and it was concluded that the findings were most consistent with an abscess rather than neoplastic tissue.



Treatment Plan

Given the critical nature of the abscess, surgery was immediately recommended. Cato was intubated with difficulty due to the severe pharyngeal swelling and was placed under anesthesia. The surgery, performed by **Dr. Catherine Stecyk**, involved a deep cervical abscess exploration and drainage, with a Jackson-Pratt (JP) drain placed to manage postoperative fluid accumulation.

The surgery revealed a large pocket of viscous yellow/green fluid, which was suctioned out. The periabscess tissue was thickened and firm, indicating a chronic process. The site was thoroughly lavaged, and the JP drain was secured and connected to a canister to confirm its function.

Postoperative Care

Following surgery, Cato was transferred to the ICU for recovery. The ICU nursing team provided close monitoring and continued care, including:

- **IV Fluid Therapy (IVF)**
- **Pain Management:** Methadone, with escalation to Fentanyl CRI if needed.
- **Antibiotics:** Unasyn and Baytril administered IV.
- **Anti-inflammatory:** Carprofen was given subcutaneously.
- **Oral Medication:** Gabapentin and Trazodone were started as soon as Cato was able to swallow comfortably.



Outcome

Cato recovered remarkably well postoperatively, thanks to the coordinated efforts of the Emergency, Radiology, Surgery, and ICU teams. Within 3-4 hours, he was stable, breathing normally, and extubated. He was discharged the following day, much to the relief and gratitude of his family.

Acknowledgements

This case exemplifies the power of interdepartmental collaboration in veterinary care. Special thanks are extended to Ella, who played a critical role in coordinating and monitoring Cato's anesthesia during his transition between departments. Additionally, the entire ER, Radiology, Surgery, and ICU teams deserve recognition for their dedication and swift action that led to Cato's successful recovery.

Cato's case is a testament to the high level of care provided by our hospital, ensuring that even the most critical patients receive the best possible outcomes.

