



PATIENT PRESENTING CLINICAL SIGNS

Omar Isaacs Patient is presenting for a possible ear tumor. Per owner, patient has a history of chronic ear infection and had been seen at rDVM for the past few weeks to treat. Per owner, rDVM noticed a "tumor in ear" and said they did not have the equipment to treat it. Patient is otherwise okay, Eating, drinking, urinating, and defecating all wnl, no vomiting, no diarrhea. UTD On vaccines per owner, on Bravecto. Has a history of life long ear infections but never to this severity. Would normally respond to simple treatments. September 12th, started to develop liquid blood tinge build up and had a strong odor- was seen by primary and started on oral pred / oral cipro and topical baytril. O has not seen any improvement. Referral vet is concerned about possible tumor in the right ear.

SPECIES

Canine

BREED

Pug

Abnormal PE/Chem/CBC/UA Results: High Cholesterol (365 mg/dL), High ALP (386 U/L), High MPV (13.6 fL), High Plateletcrit 0.59%

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

SEX

Neutered Male

Plain and post contrast studies available for review.

AGE

9 Years, 9 Months

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

HOSPITAL NAME

Neel Veterinary
Hospital

The left external auditory meatus is patent, yet it is narrow in general and mild osseous wall metaplasia is seen. The left tympanic bulla is aerated. The osseous lining is thick and smooth. The right tympanic bulla and right external auditory meatus are filled with hypoattenuating material. Moderate mucosal swelling is noted within the right tympanic bulla. Mild generalized thickening of the osseous lining appears to be present. The hypoattenuating material within the right external auditory meatus is contrast negative. A 7mm x 5mm sized cauliflower shaped contrast enhancing soft tissue structure is seen within the horizontal part of the right external auditory meatus. This structure does not appear to be connected with the middle ear. Mild osseous wall metaplasia of the right external auditory meatus is seen.

REFERRING VET

Dr. Deepan Kishore

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

INVOICE

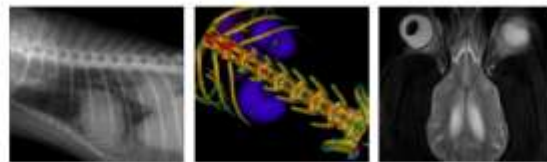
47800

The salivary glands present within normal limits.

The dentition is incomplete. The remaining teeth present periodontal changes.

DATE

10-7-21



PATIENT

Omar Isaacs

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small soft tissue mass within the horizontal part of the right external auditory meatus - obliteration of the external auditory meatus with hypoattenuating material.
- Right sided otitis media.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms presence of a small soft tissue mass within the right external auditory meatus. The mass does not appear to connect with the middle ear. Neoplasia such as adenoma, adenocarcinoma of the ceruminous glands, or squamous epithelium is considered likely. The findings are not typical for a polyp. Final diagnosis, however, will require sampling for histology. Consider excisional biopsy. The presence of fluid within the right external auditory meatus and right tympanic bulla may be due to obstruction of the ear canal and primary secretory or due to infectious otitis.

BREED

Pug

SEX

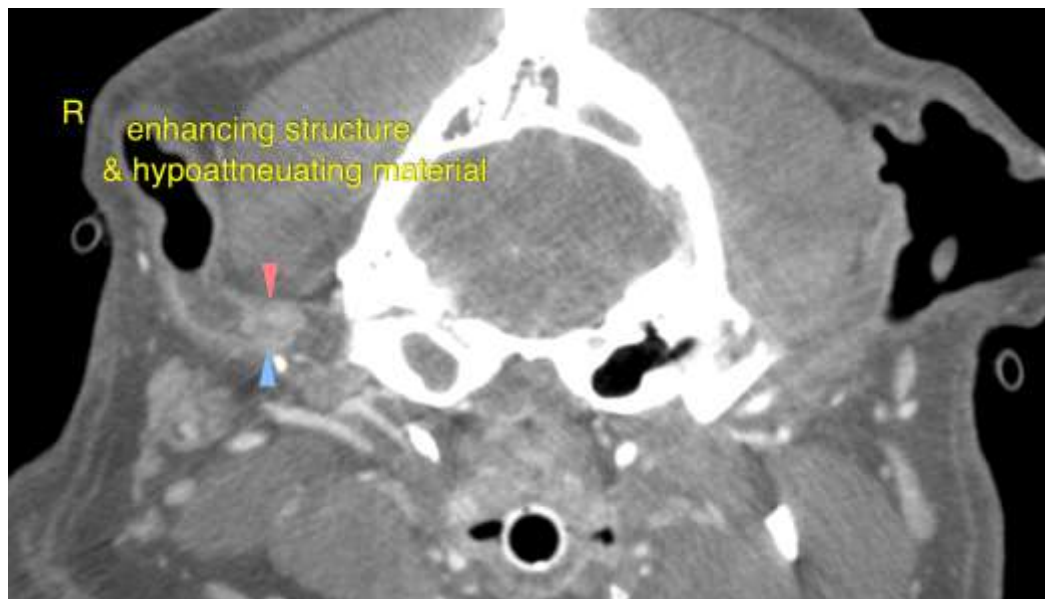
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HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

Dr. Deepan Kishore

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.

INVOICE

47800

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.

DATE

10-7-21

Nele Eley, DVM, Dr. med. vet., DipECVDI
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