



PATIENT

Boris Greenow

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

11Y

WEIGHT

4.3

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Dimitris Papadopoulos

INVOICE

72980

DATE

12-15-25

PRESENTING CLINICAL SIGNS

TECALBO histo May revealed SCC, invasive Now swollen on site, fluid filler, serosanguinous DUDE ok and BAR Metacam did not help advised our imaging is unlikely to be helpful, would recommend CT.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The patient has a history of TECALBO on the left side.

A well defined cavitory soft tissue mass measuring approximately 4 x 2.5 cm is present lateral to the left temporal bone and tympanic bulla and ventral to the base of the left pinna corresponding to the prior TECALBO surgical site. The lesion contains predominantly hypoattenuating contrast negative internal matrix with focal mineralization with a thickened contrast enhancing peripheral rim. The adjacent left temporal bone demonstrates mild smooth thinning without evidence of aggressive osteolysis or cortical breach. The tympanic bullae are symmetrically aerated with normal wall thickness. No extension into the cranial vault is identified. No extension into the left tympanic bulla is identified.

The submandibular and retropharyngeal lymph nodes are within normal size and attenuation.

The right external auditory meatus contains hypoattenuating contrast negative material and presents thickening of its epithelial lining.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitory soft tissue mass lateral to the left tympanic bulla with peripheral contrast enhancement at the site of the prior TECALBO.
- Mild smooth thinning of the adjacent temporal bone consistent with pressure related bone atrophy.
- No evidence of intracranial invasion.
- Right sided otitis externa.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The cavitory mass at the prior surgical site supports the suspicion of local ear recurrent squamous cell carcinoma particularly given the history of invasive squamous cell carcinoma and peripheral contrast enhancement. However, parotis lymph node metastasis is a possible differential diagnosis and given the internal content and lack of aggressive bone lysis, post-surgical cerumen, chronic organizing hematoma, abscessation, or inflammatory fluid collection cannot also not be ruled out entirely despite being considered by far less likely.

The smooth thinning of the adjacent temporal bone favors chronic pressure related remodeling rather than aggressive neoplastic bone invasion.

Consider FNA or biopsy of the mass to differentiate between recurrent neoplasia, metastasis, and other post-surgical processes.



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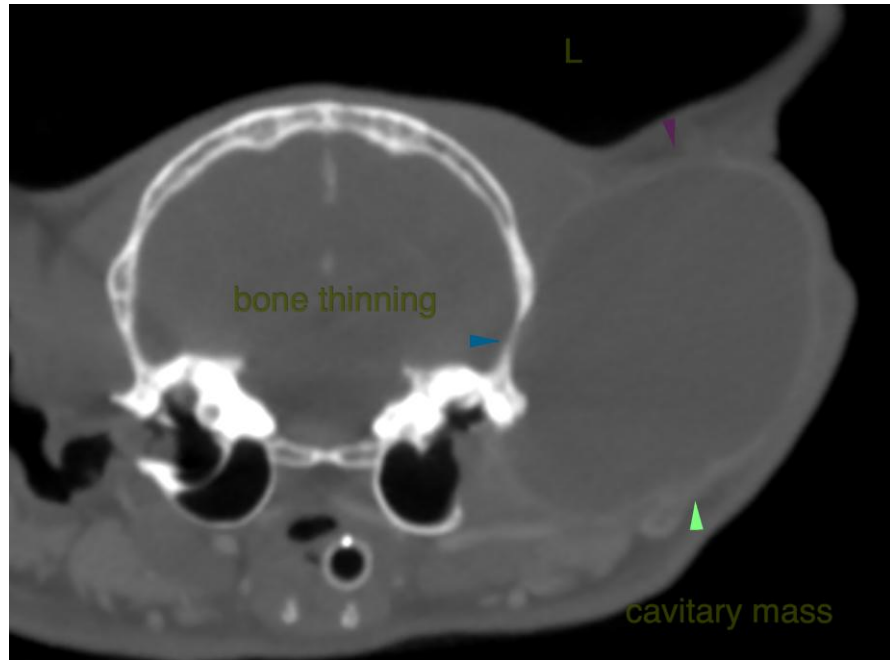
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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