



PATIENT PRESENTING CLINICAL SIGNS

Missy Parcels Missy had a bilateral TECA right side Sep 2021, left side Oct 2021. Starting in Nov 2021 mild pain developed when opening her jaw on right side. Progressed to severe pain Feb 2022. Feb 2023 abscess developed along the right side of the face near the TMJ area. The abscess ruptures, then develops again and ruptures. This is a recurring event. Upon presentation for CT, patient is unable to open her mouth, even while fully anesthetized.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Increased platelets 611 K/uL, neutrophils 12.8 x 10⁹/L, decreased amyl 404 U/L

BREED

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Shih Tzu X Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

The patient has a history of bilateral total ear canal ablation and ventral bulla osteotomy.

FS

The findings of the left surgical sites at the tympanic bulla and ablated ear canal present within expected limits. Mild regional thickening of the petrous temporal bone and soft tissue attenuating content of the remainders of the left tympanic bulla are seen. The remainders of the right tympanic bulla are not recognizable anymore.

AGE

13 Years, 9 months

A hypoattenuating multilobulated mass of approximately 4.5 cm length and 1.0 cm diameter is seen in the position of the prior right external auditory meatus and right tympanic bulla. Severe expansion and thinning of the remainder of the right tympanic bulla and petrous temporal bone as well as the skull base and right temporomandibular joint are seen. The expansile osteolysis blends into the caudal aspect of the right zygomatic arch. Amorphous periosteal new bone formation is seen at the right zygomatic arch and coronoid process of the right mandible. Thin peripheral rim enhancement is noted. A tubular finger like extension of the hypoattenuating expansile mass extends into the right basioccipital bone and cranial vault caudal to the position of the right middle ear.

INTERPRETED BY

Nele Eley, DVM
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HOSPITAL NAME

Bridgwater
Veterinary Hospital
and Wellness Centre

The right submandibular and medial retropharyngeal lymph nodes present moderate symmetric enlargement.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Teerhuis

- History of bilateral total ear canal ablation and bulla osteotomy with normal expected conditions of the left middle ear.
- Expansile osteolytic mass in the position of the right middle ear, right temporomandibular joint, and right zygomatic arch with lysis of the skull base and intracranial invasion.
- Right submandibular and medial retropharyngeal lymphadenomegaly.

INVOICE

57532

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

3-29-23

The CT findings support the presence of soft tissue neoplasia with secondary polyostotic aggressive bone lysis in the position of the right middle ear, right temporomandibular joint, right zygomatic arch, and skull base. Differential diagnosis includes myxosarcoma, other soft tissue sarcoma, and less likely tympanokeratoma. Abscess with osteitis/osteomyelitis cannot be ruled out entirely but is thought by far less likely.



PATIENT

Missy Parcels

The lymph node changes are equivocal for reactive hyperplasia versus metastatic disease.

Sampling of the soft tissue mass for cytology and/or histology and fine needle aspiration of the lymph nodes is recommended for further definition.

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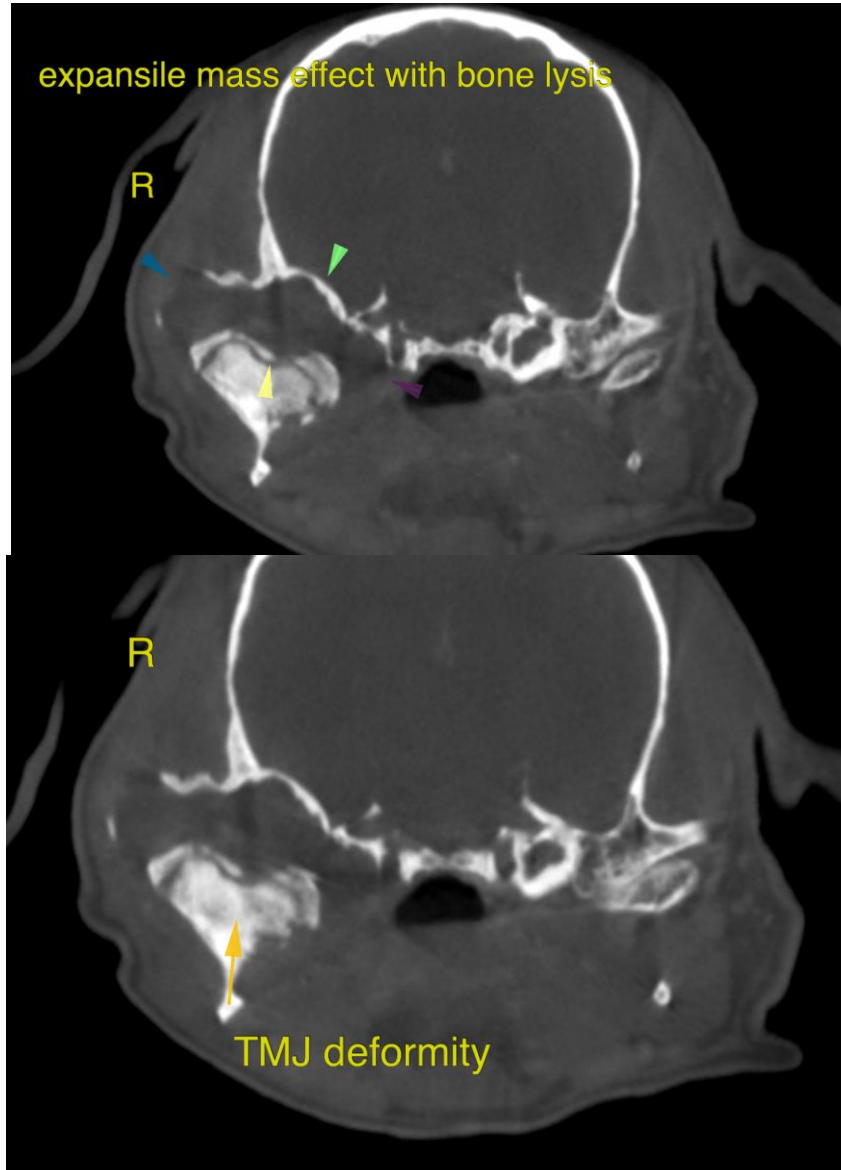
Dr. Teerhuis

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PATIENT

Missy Parcels

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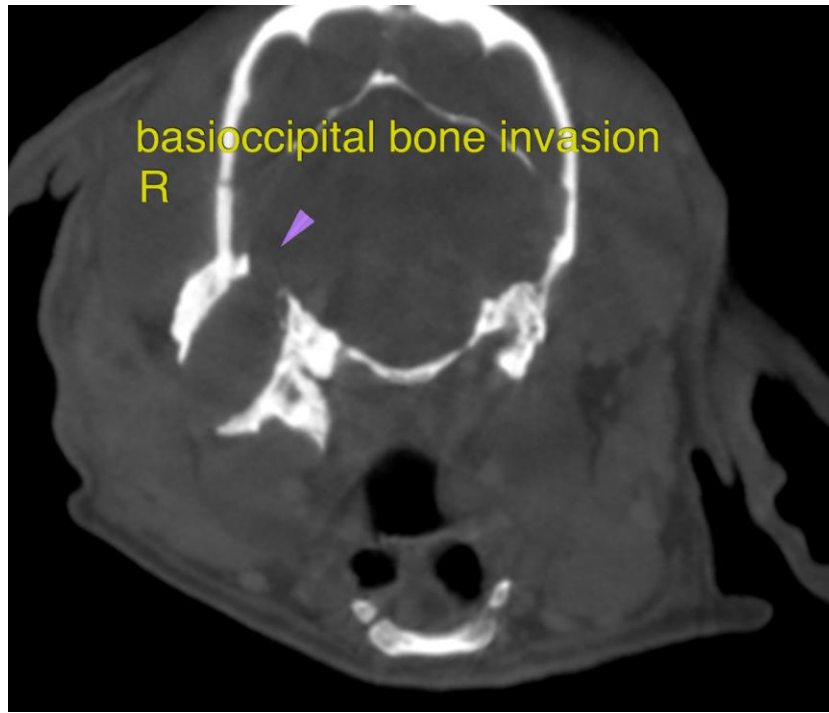
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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