



PATIENT

Midnight Osadchy

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5

WEIGHT

7.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74603

DATE

4-15-26

PRESENTING CLINICAL SIGNS

presented further evaluation of an abnormal left pinna that has been present for several weeks. He potentially traumatized the pinna on a couch spring a few weeks ago. He has been pawing at the area since the incident. He is currently on two topical ear medications for treatment of an infection.

Abnormal PE/Chem/CBC/UA Results: TP 10.1, glob 7.5

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies of the head and post contrast study of the thorax are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

Severe irregular thickening and distortion of the left auricular pinna is seen with marked contrast enhancement, multifocal mineralization centered at the cartilaginous base of the pinna, and significant architectural disruption of the auricular cartilage. Associated local mass effect involving adjacent soft tissues and stenosis of the orifice of the left external auditory meatus is seen. The left external ear canal shows changes consistent with concurrent otitis externa. No discrete obstructive intraluminal mass is identified within the canal. The findings of the left pinna are not compatible with otic hematoma. No evidence of otitis media is seen. The tympanic bullae are unremarkable.

The left parotid lymph node is severely enlarged. The left retropharyngeal lymph node is moderately enlarged.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

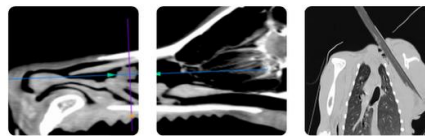
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior. There is no evidence of pulmonary masses or nodules. Focal plate like atelectasis is present in the left caudal lung lobe dorsally.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive lesion of the left pinna with presumed cartilage distortion/destruction and marked enhancement.
- Marked regional lymphadenopathy of the left parotid and retropharyngeal lymph nodes.
- Concurrent left sided otitis externa.
- No evidence of thoracic metastatic disease.



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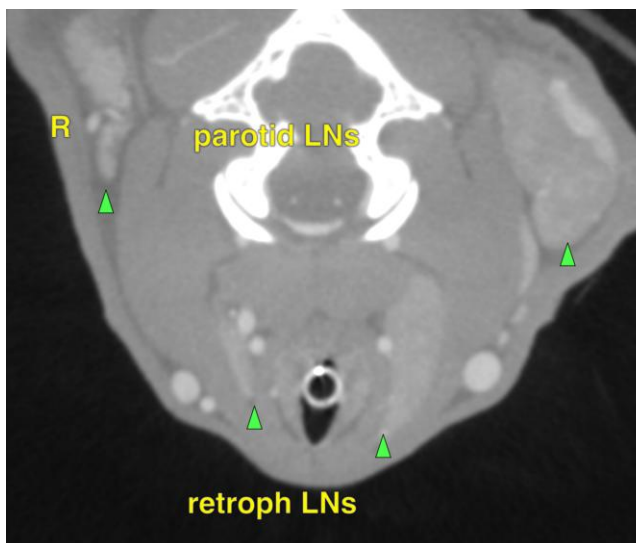
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a chronic aggressive lesion of the left pinna. The findings are concerning for neoplasia such as squamous cell carcinoma or other soft tissue malignancy. Differential diagnosis includes severe chronic inflammatory disease with secondary cartilage destruction and atypical presentation of recurring traumatic hematoma.

The marked regional lymphadenopathy is suspicious for metastatic spread vs reactive / inflammatory response.

Urgent tissue sampling is recommended. Preferably biopsy of the pinna lesion since histopathology may be essential to differentiate neoplasia vs severe chronic inflammatory disease. FNA of the parotid and retropharyngeal lymph nodes is strongly recommended as well.

Continued management of otitis externa is clinically indicated but recognized likely secondary in nature.





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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.

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

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