



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Macie Tewalt

SPECIES Canine

BREED Yorkie

SEX SF

AGE 3 Years

INTERPRETED BY Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME VetMed Consultants

REFERRING VET Susie Mackin

Macie presented with a 4 month history of ear infections. She initially presented because she was sick, needed lab work, and had a dental cleaning with multiple extractions. The ear infection was incidentally found. A growth in the right ear canal was found when rechecking the ear infection on 4/22/22. Macie has not been eating well recently. She is also vomiting and has diarrhea. Macie has a symphysis fracture in the jaw. She is smaller than her littermates (runt of the litter). Bile acids are normal. Current medication: Synotic/Baytril ear drops, Cerenia yesterday morning Current signs: no signs in regard to ear mass, otherwise decreased appetite, vomiting, and diarrhea.

Abnormal PE/Chem/CBC/UA Results: PE: **General Appearance:** Quiet, alert and responsive; small body size; thin **Oral Cavity:** All teeth have been removed; no gingivitis present; mucous membranes pink; mandible is atrophied; non union at mandibular symphysis; malocclusion with jaw to the right of midline; TM joints palpate normally except slight click in the right side Lab: Blood work is dated 4/21/22. CBC - PCV = 53.1%, WBC = 9400, neutrophils = 7247, lymphocytes = 1476, monocytes = 489. Platelets = 378,000. Chemistry - BUN = 65, Creat = 0.8, all else normal. Urinalysis - not provided. T4 = 3.2. Bile acids (4/21/22) - resting = 9.2 (0-14.9). Bile Acids (12/21/21) - Pre = 4.38, Post = 17.75. Otoscopy: Both ear canals are imaged using a 2.7 and 1.9 mm 0-degree scope. The left ear canal is patent and lined with normal appearing epithelium. A small remnant of the tympanic membrane is recognizable craniodorsally. The malleus is identified. The left tympanic bulla is lined with smooth pink epithelium. The right ear canal contains serous discharge. A pale soft tissue mass fills the lumen of the right ear canal beginning in the mid vertical canal. The mass does not appear to be attached to the walls of the vertical ear canal. It is grasped using biopsy forceps are removed with traction. The mass is removed whole. The point of attachment of the mass is the craniodorsal tympanic membrane. A portion of the dorsal tympanic membrane is removed with the mass. The ventrocaudal portion of the tympanic membrane remains intact. Fluid within the right middle ear is drained and is lined with thickened pink mucosa. The bleeding point of attachment of the mass is cauterized with diode laser. Upper GI Endoscopy Findings: The upper gastrointestinal tract is imaged. The esophagus appears normal. There is no evidence of esophagitis, foreign bodies, strictures, masses or dilation. The lower esophageal sphincter is closed. Gastric mucosa is smooth and pink. Rugal folds are not thickened. There is a pool of bile stained fluid within the gastric lumen. Gastric mucus is mildly increased. There are multiple patchy focal areas of erythema throughout the gastric body. There is no evidence of gastric erosions, ulcers, foreign bodies or masses. The pyloric antrum and pyloric sphincter appear normal. Duodenal mucosa is light pink and has a normal appearing luminal surface. Villi appear normal. Peyer's patches are mildly prominent. Multiple biopsies are obtained from the duodenum and stomach.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Plain and post contrast studies available for review.

INVOICE COMPUTED TOMOGRAPHIC FINDINGS

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Head

DATE The dentition is incomplete. All dental elements have been removed.

5-9-22 Moderate horizontal atrophy of the alveolar crest is noted in all quadrants. There is rightward shift of both mandibles with ventral deviation of the right mandible and rostral mandibular symphysiolysis.



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Lateral ventriculomegaly of the brain is noted.

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A 9 x 5 mm sized enhancing and soft tissue attenuating mass is seen within and expanding the medial aspect of the right external auditory meatus. The mass is in contact with the bony tragus of the tympanic bulla. No evidence of aggressive osteolytic changes is seen. The horizontal part of the external auditory meatus and right tympanic bulla are filled with fluid attenuating material. Mild mucosal swelling of the left tympanic bulla is seen. The left auditory meatus is patent.

Thorax

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Yorkie

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.

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

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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.

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

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

REFERRING VET

Susie Mackin

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. The extra- and intra-hepatic portal anatomy presents within normal limits.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.



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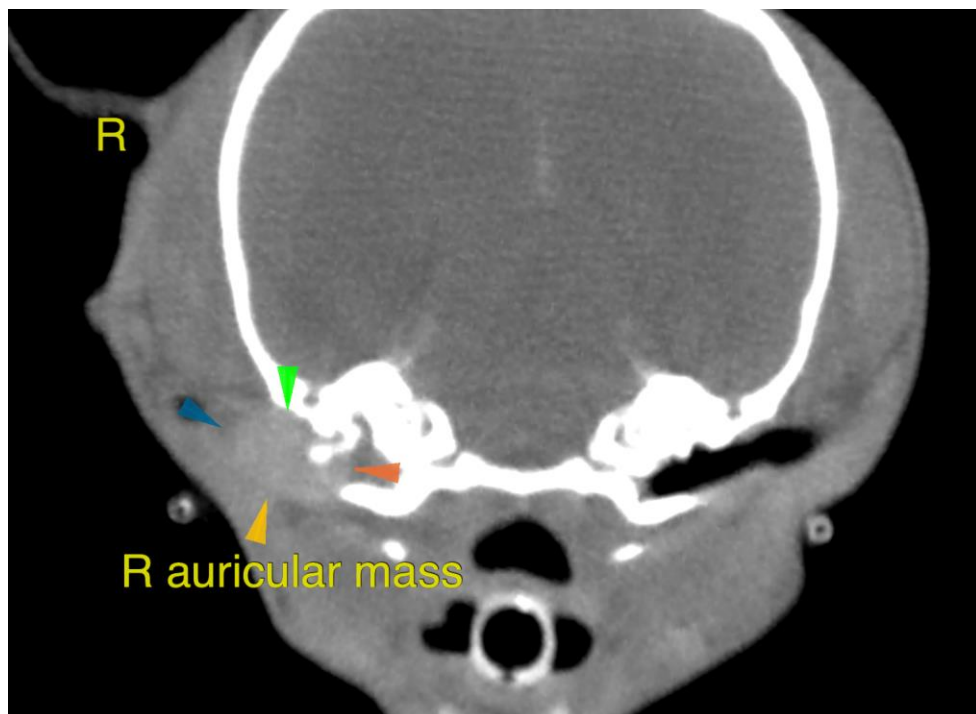
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small soft tissue mass within the medial aspect of the right external auditory meatus.
- Right sided otitis media- infectious versus occlusive.
- Malocclusion with rostral mandibular symphysiolysis.
- History of complete dental extraction.
- No evidence of portal systemic vascular anomaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms presence of a small soft tissue mass within the right external auditory meatus which expands the medial aspect of the ear canal. Differential diagnosis includes polyp versus neoplasia such as ceruminous gland adenoma or carcinoma as well as other adenoma, adenocarcinoma, round cell neoplasia, and other. Correlate with the otoscopic workup and consider excisional biopsy.

The right sided otitis media may well be secondary to the mass effect within the ear canal; however, infectious otitis cannot be ruled out.





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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.

SPECIES

Canine

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