



PATIENT PRESENTING CLINICAL SIGNS

Number 2 Fagan Mass right submandibular region noticed about 5 weeks ago. Pet has right-sided facial nerve paralysis found on exam today. Cytology of mass consistent with pyogranulomatous inflammation.

SPECIES COMPUTED TOMOGRAPHY OF THE HEAD & THORAX

Feline Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED Head/neck:

DSH The right bulla is completely filled with fluid-attenuating (HU 78-98) material expanding through the dilated external acoustic meatus into the periphery of the external ear canal with diameters of 2.0 x 1.7 cm. The lesion appears encapsulated with a diffuse enhancement at the level of the inner tympanic bulla wall. The latter is inconspicuous as well as the adjacent petrosal and mandibular bone. The horizontal part of the external ear canal cannot be traced. The vertical part is aerated. Changes circle the caudal and ventral aspect of the mandible expanding into the subcutaneous region. The lateral part of the lesion shows a mineral-dense, linear structure of approximately 7 mm ending with its distal tip in the mandibular salivary gland which is not clearly separated and inhomogeneous.

SEX Spayed Female

AGE 10 Years The left bulla and external ear canal are normal.

The neurocranium shows normal findings.

INTERPRETED BY

Sebastian Jawinski,
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Certified Vet Specialist
in Diagnostic Imaging

Bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly with even thickening of the mucous membranes.

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202, 203 and 204 are missing. 207 shows residual roots. 208 presents marked periapical lysis of the maxillary bone with formation of an oro-orbital and -subcutaneous fistula.

The right medial retropharyngeal lymph node is mildly enlarged.

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Chest:

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

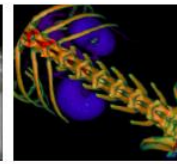
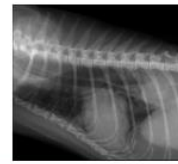
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The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal.

DATE

5-2-23



PATIENT The thoracic trachea and esophagus present as expected.

Number 2 Fagan

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

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- Cystic lesion/mass of the right tympanic bulla and external ear canal
- Suspected linear foreign body in the lateral aspect of the lesion and the right mandibular salivary gland
- Degenerative findings left maxillary teeth (s. above), suspected root abscess 208
- Mild, reactive retropharyngeal lymphadenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings show an inflammatory process at the level of the horizontal part of the external ear canal and the right bulla. The diffuse enhancement of the tympanic lining may represent reactive and productive tissue due to an inflammation. An inflammatory polyp is a potential differential diagnosis. Bony reactions are not recognized. At least signs of an aggressive/invasive neoplasia are missing. The dilation of external acoustic meatus probably is a matter of pressure atrophy of the bone. Typical lysis is not identified. Affection of the peripheral facial nerve is likely. I assume an involvement of the right mandibular salivary gland. The suspected foreign body is another potential cause for the cystic lesion and the reactive periphery. Sonographic localization of the linear structure and ultrasound-guided drainage could be the next diagnostic steps. If not successful or inconclusive ablation of the external ear canal and ventral bulla osteotomy could be performed next.

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Extraction of 206, 207 and 208 are recommended from a CT perspective. CT findings must be correlated with the clinical presentation.

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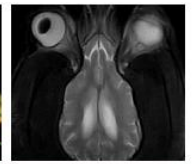
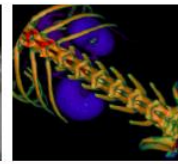
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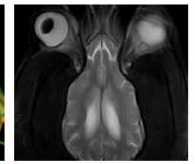
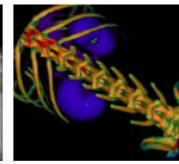
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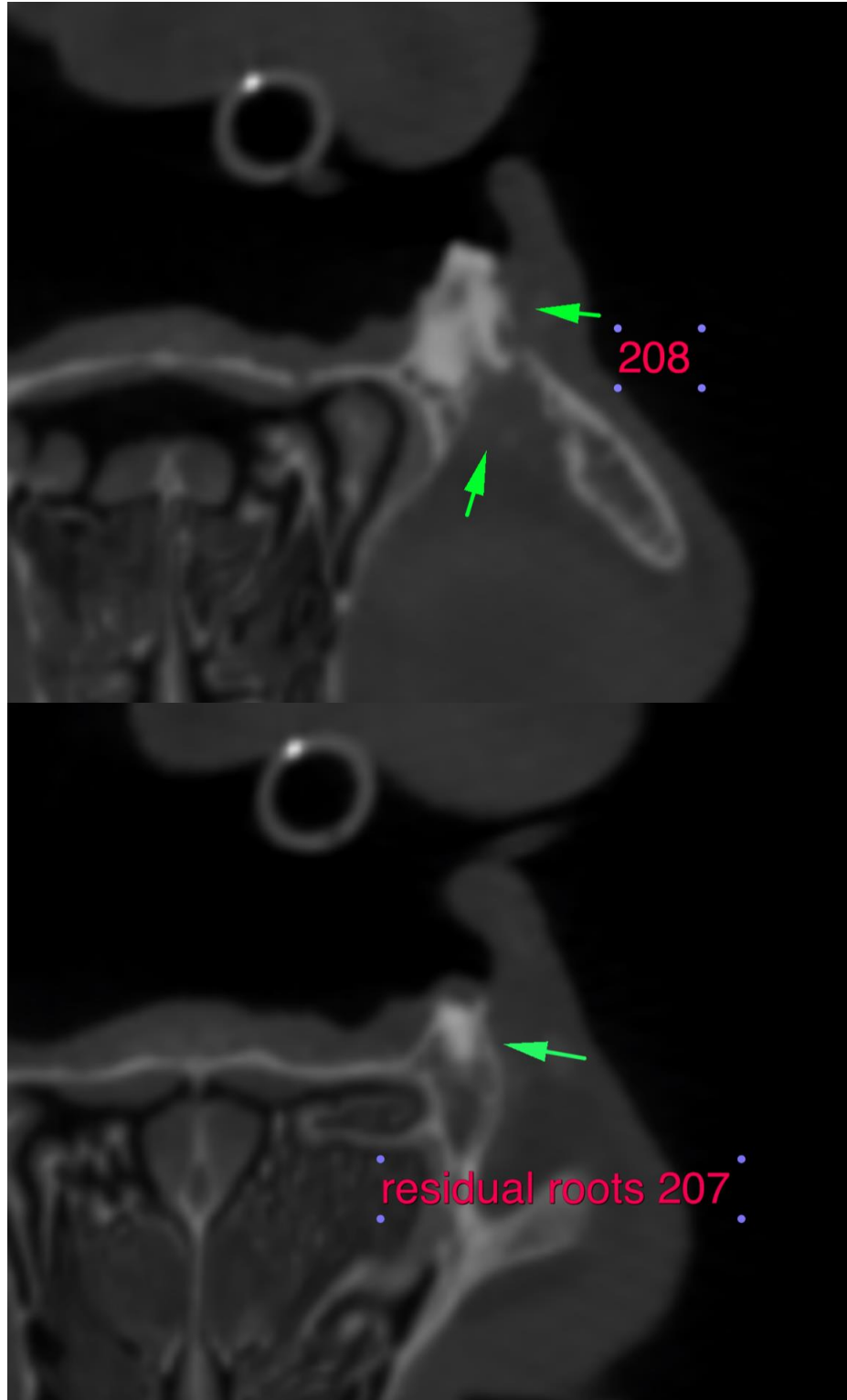
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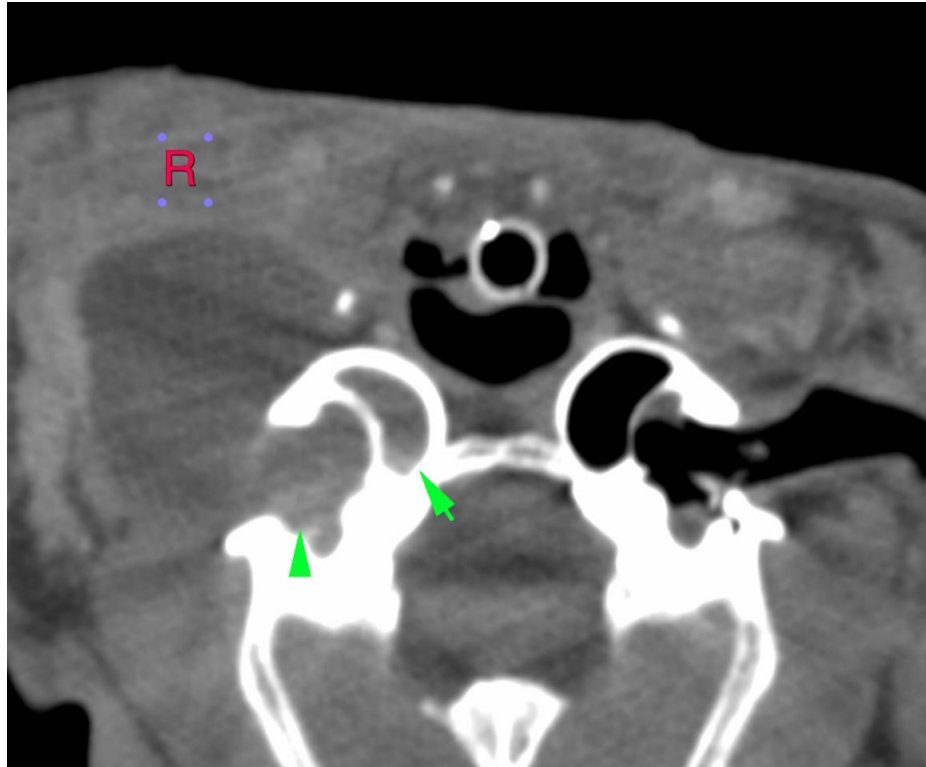
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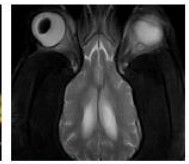
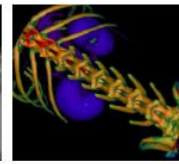
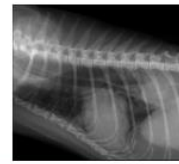
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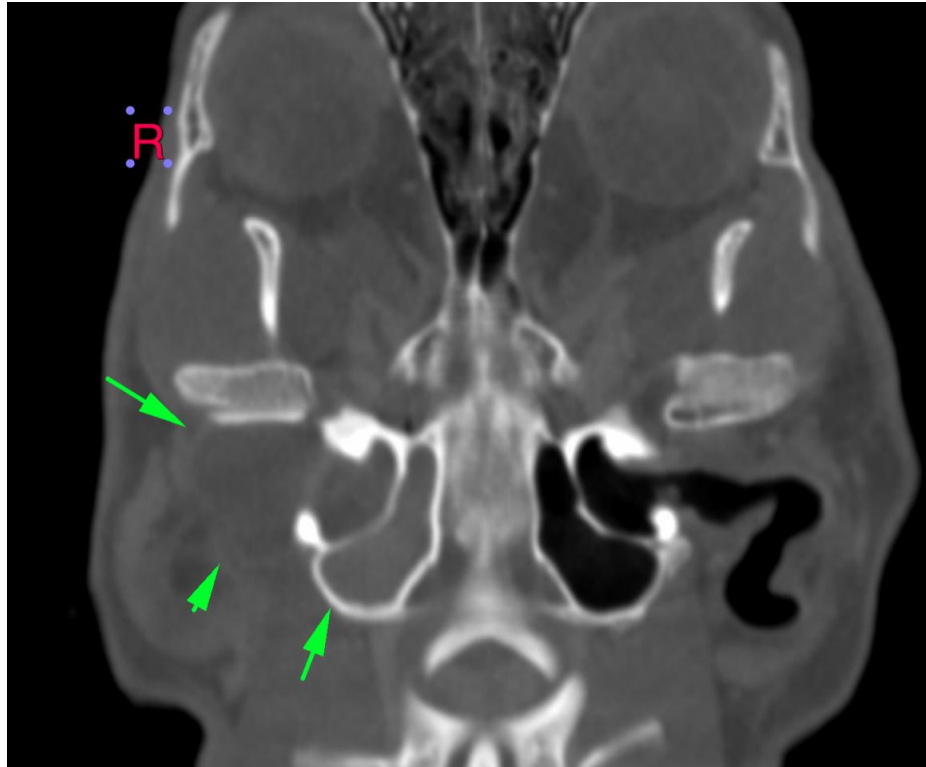
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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