



PATIENT

Mac Oneille

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

12

WEIGHT

45

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

35448

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Mass right pinna base duration 3month
Abnormal PE/Chem/CBC/UA Results: cbc/chem w/

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

A pre- and post-contrast CT study of the neurocranium and thorax in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 110 presents a moderate widened periodontal space.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits. At the caudal aspect of the base of the right pinna, a roundish heterogeneous soft tissue attenuating and contrast enhancing mass is seen, presenting a multicameral fluid attenuating center and multifocal interspersed granular mineralization along the capsule. The mass at the caudal aspect of the base of the right pinna is blending with the right parotid salivary gland rostromedially. The mass at the right pinna is measuring approximately 7.9 x 6.9 x 6.4 cm.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The right medial retropharyngeal lymph node is prominent.

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

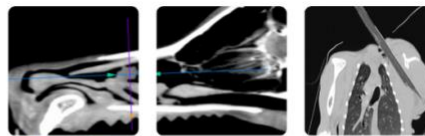
In the subcutaneous tissue caudal to the right axillary region, a well-defined, soft tissue attenuating nodule is seen, measuring 17 mm in diameter.

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 is 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.

In the left cranial lung lobe – caudal and cranial part – two well-defined, soft tissue attenuating nodules are seen, measuring up to 2.1 cm in diameter. The remainder of 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.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Cavitated soft tissue mass base of right pinna with dystrophic mineralization – merging with right parotid salivary gland
- Mild lymphadenopathy right medial retropharyngeal lymph node
- Structured nodular interstitial lung pattern
- Non-specific subcutaneous nodule caudal to right axillary region
- Periodontal disease triadan 110
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The cavitated soft tissue mass at the base of the right pinna is compatible with primary soft tissue neoplasia – such as cystic carcinoma (possibly originating from the right parotid salivary gland), fibrosarcoma, other. Secondary metastatic spread to the lung. The prominent right medial retropharyngeal lymph node is equivocal for reactive lymphoid hyperplasia versus metastatic spread.

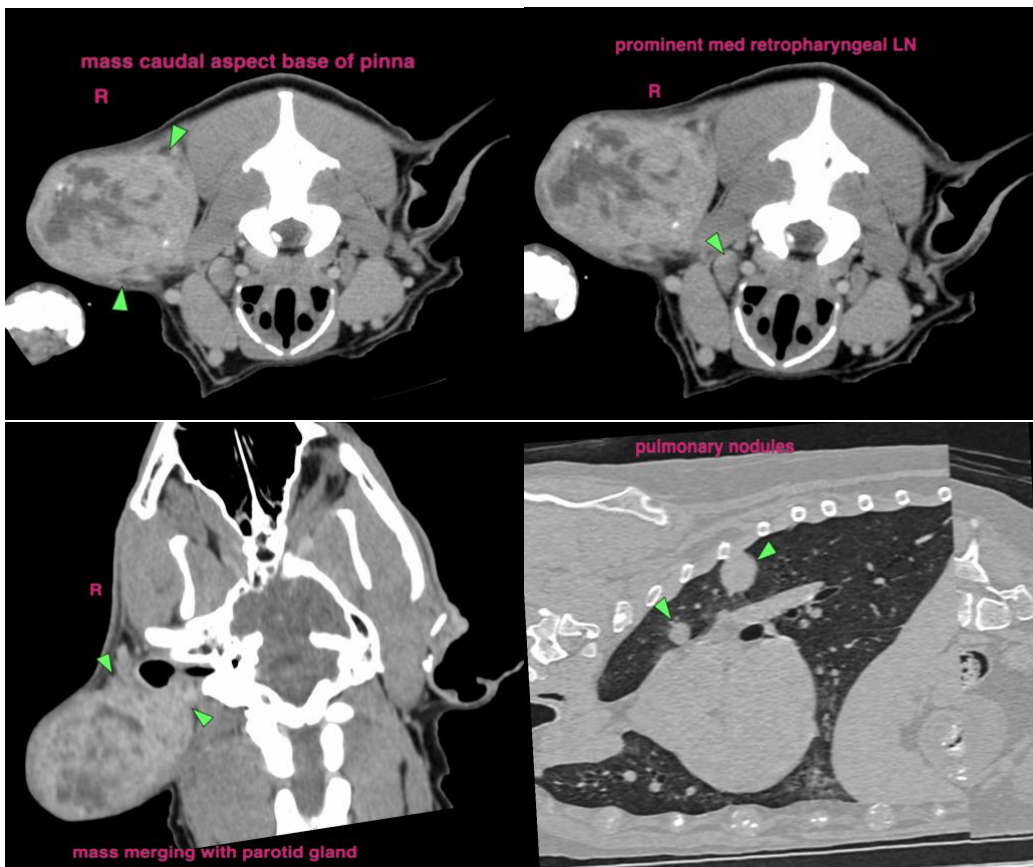
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI

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