



PATIENT

Lambchop Tabron

SPECIES

Canine

BREED

Pekingese Mix

SEX

FS

AGE

13 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical
Center

REFERRING VET

All Creatures Vet
Hospital of Brooklyn

INVOICE

55927

DATE

1-2-23

PRESENTING CLINICAL SIGNS

Chief Complaint: patient presented for evaluation of mass in the right ear. patient had history of vestibular disease on August 2022, patient had history of dysphagia, and increased upper respiratory sound, PATIENT HAS A LARGE MASS IN THE THROAT FIRST NOTICED UPON INTUBATION !!!! patient had history of insulinoma and malignant pancreatic cancer, she is currently on Dioxide 0.5 ml bid and prednisone 0.2 ml BID

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull, thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 306-309, 311, 406-408 and 411 are absent. The maxillary premolar teeth are rotated and present a moderate widening of the periodontal space.

Both ocular bulbs present mild mineralization of the sclera and the lens.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

The left tympanic bulla is markedly widened and presents a significantly irregular thickened wall – the tympanic bulla is bulging deep into the retropharyngeal region and is measuring approximately 4.1 x 2.9 x 3.7 cm in size. The left tympanic bulla is expanded by fluid attenuating material. The expanded left tympanic bulla is extending rostrally up to the left hamulus of the pterygoid bone and caudally up to the level of the larynx. Advanced destruction of the petrosal part of the left temporal bone is seen – affecting the entire osseous labyrinth of the inner ear. The nasopharynx is distorted and partially obliterated by the mass effect of the left tympanic bulla. In the lateral aspect the bulla is continuous with the horizontal segment of the left external ear canal, presenting advanced mineralization – the lumen is obliterated. The vertical segment of the left external ear canal is unremarkable.

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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Multifocal spondylosis formation is seen along the cervical spine. The intervertebral discs C5/C6 and C6/C7 are moderately bulging into the vertebral canal.

Multifocal mild mineralization of the fascia of the epaxial musculature along the entire spine is appreciated.

Thorax



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Multifocal mineralization of the intervertebral discs along the thoracic spine is appreciated. Level with the intervertebral disc space T13/L1, mild heterogeneous mineralized disc material is bulging into the vertebral canal, occupying approximately up to 50% of the cross-sectional area of the vertebral canal at the same level.

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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.

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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.

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The volume of the lung parenchyma is generalized mildly decreased presents the expected architecture and zones with dystelectasis of the ventral dependents aspects of the lung parenchyma.

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

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Abdomen

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

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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.

The left adrenal gland is enlarged, measuring 10 mm in diameter. The left phrenicoabdominal vein crossing the left adrenal gland is dilated, measuring 5 mm in width, a filling defect is seen in the pre-hepatic segment of the caudal vena cava and the respective segment is dilated.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Mild mineralization of multiple mesenteric lymph node is seen.

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The pancreas cannot be clearly defined.

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

All intervertebral discs of the lumbar spine are mildly bulging into the vertebral canal.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked enlargement left tympanic bulla with chronic osseous remodeling of the wall and otitis interna
- Nodular enlargement left adrenal gland with vascular invasion
- Mild calcinosis cutis
- Intervertebral disc protrusion C5/C6, C6/C7, T13/L1 with compressive myelopathy
- Multifocal intervertebral disc protrusion along the cervical and lumbar spine with possible dynamic myelocompression



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- History of pancreatic neoplasia
- Advanced periodontal disease maxillary premolar teeth
- Multiple absent teeth, see above
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

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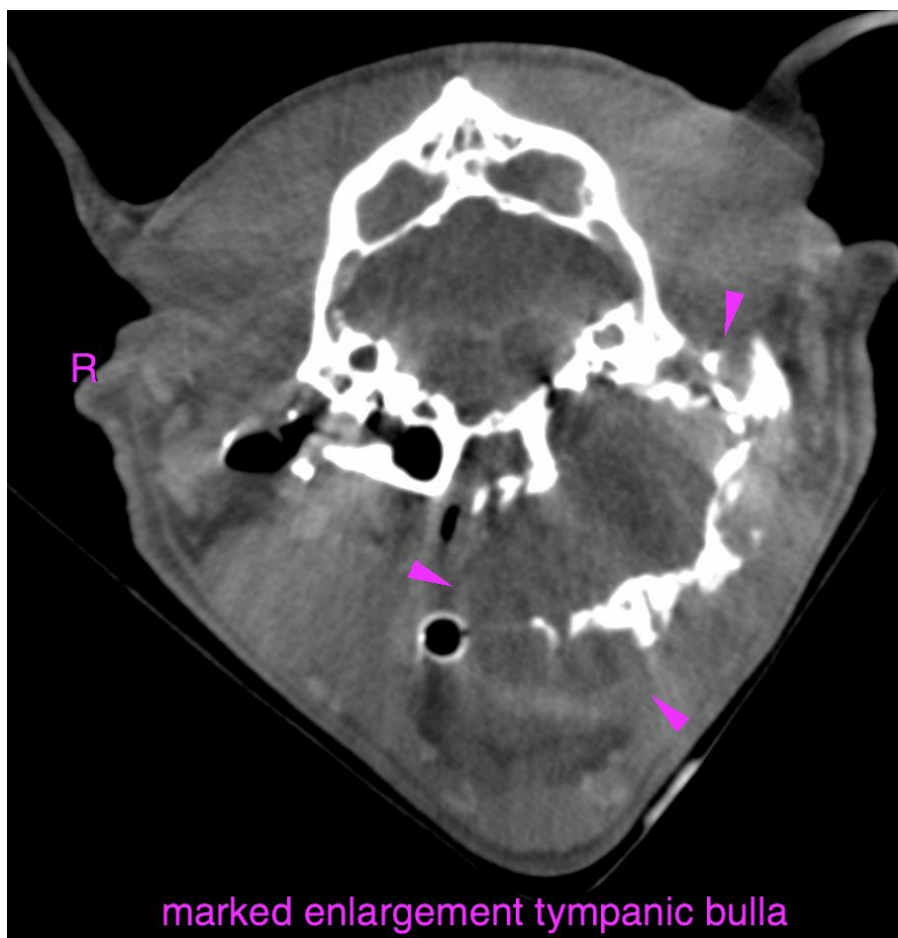
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated mass in the pharynx is caused by the expansion of the left tympanic bulla – the findings are consistent with cholesteatoma, likely due to preceding chronic otitis media. Secondary left sided otitis interna/pressure erosion of the left inner ear - explaining the vestibular clinical signs.

The enlargement of the left adrenal gland is consistent with neoplastic transformation, such as (non)functional adenocarcinoma or pheochromocytoma with evidence of vascular invasion.



marked enlargement tympanic bulla



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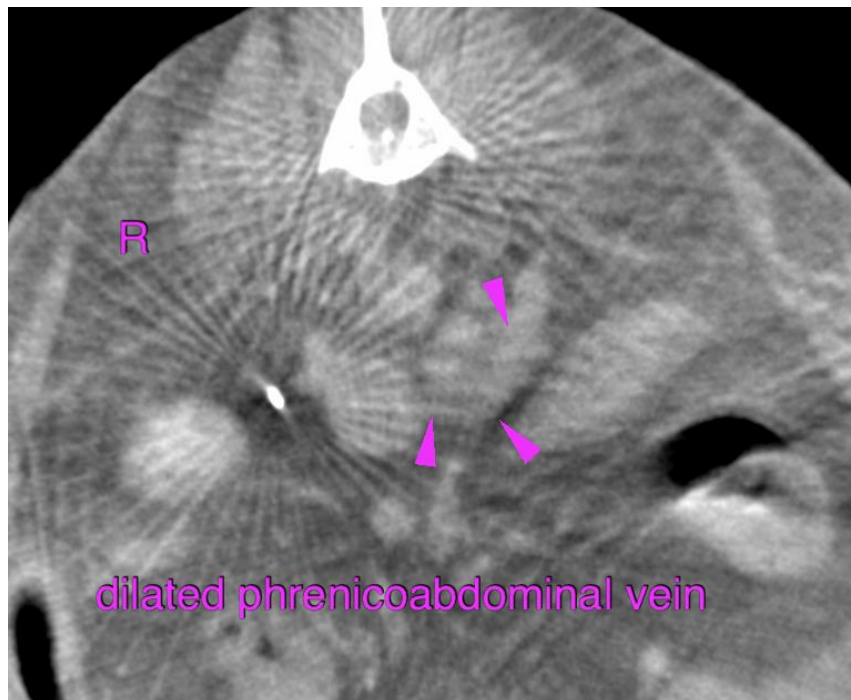
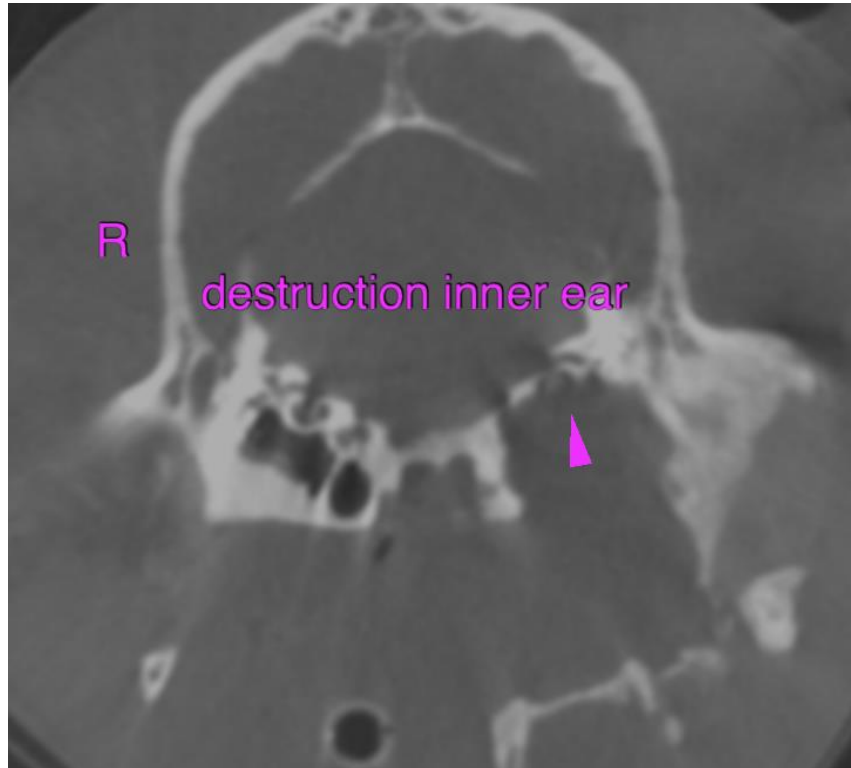
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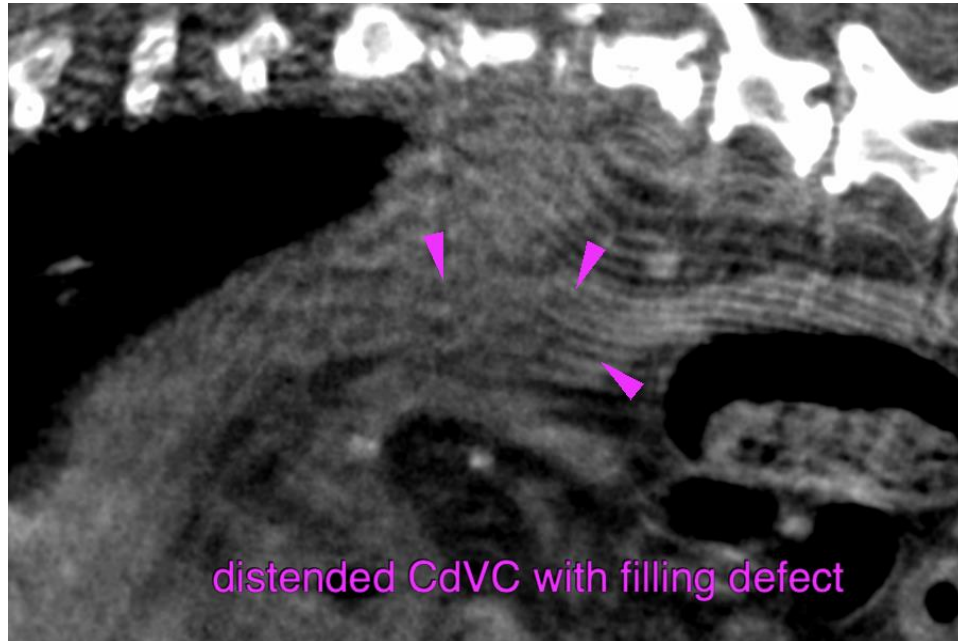
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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