



**PATIENT PRESENTING CLINICAL SIGNS**

**Kenzie Cohen** History: Kenzie presented for tumor in right ear first noted 1 month ago. Owner stated they saw spontaneous bleeding from the mouth and brought dog in for an evaluation. The rDVM saw no wounds in the mouth and was concerned the bleeding was coming from the Ear mass via the eustachian tube. Since that time owner has noted 1-2 more episodes of mouth bleeding.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX**

**BREED**

Pit Mix

A high-resolution plain CT study of the skull and a post-contrast CT study of the thorax are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

**Skull**

Spayed Female

The tooth elements 305, 405 and 408 are absent. Triadan 108 presents periapical widening of the periodontal space.

**AGE**

7 Years

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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The lateral aspect of the horizontal segment of the right external ear canal is occupied by a broad-based soft tissue attenuating mass, measuring 16 x 7 x 8 mm in size. The left external ear canal is aerated, unremarkable. In the right tympanic bulla, a small amount of soft tissue attenuating material is seen.

**HOSPITAL NAME**

Animal Surgical  
Center

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation. 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 pattern is uniform.

**REFERRING VET**

**Thorax**

North Shore

The vertebral endplates T4/T5 present mild spondylosis formation. Medial to the left latissimus dorsi muscle, a homogeneous fat attenuating mass is extending along the left dorsolateral thoracic wall, measuring 5.5 x 4.0 x 13.4 cm in size.

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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.

**DATE**

1/20/22



**PATIENT**

Kenzie Cohen

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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

**BREED**

Pit Mix

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SEX**

Spayed Female

- Intraluminal mural mass right external ear canal
- Very mild amount of fluid attenuating material in right external ear canal
- Absent triadan 305, 405 and 408
- Tooth root granuloma 108
- Lipoma left thoracic wall
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**AGE**

7 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass in the right external ear canal is fitting the history, and primary neoplasia of the right external ear canal is likely – such as ceruminous gland adenocarcinoma, squamous cell carcinoma. A benign polypoid lesion is a consideration as well. FNA sampling/biopsy can be used as advanced diagnostic tests. A total ear canal ablation is a potential treatment option. If the mass is responsible for the bleeding from the mouth is unclear, I do not see significant filling of the right tympanic bulla nor is the mass extending into the tympanic bulla. If not done so yet, rule out any oral mass not appreciated in the current CT study, dental disease or coagulopathy.

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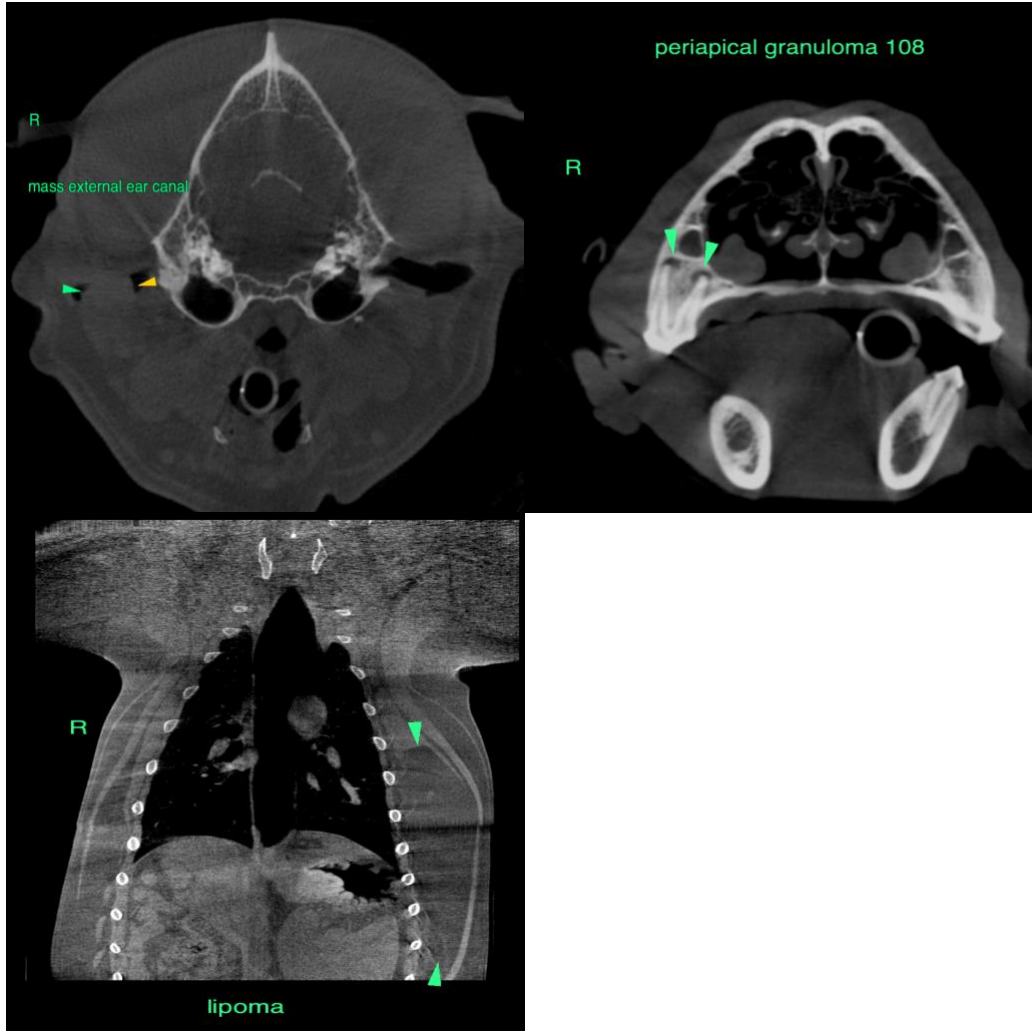
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com



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