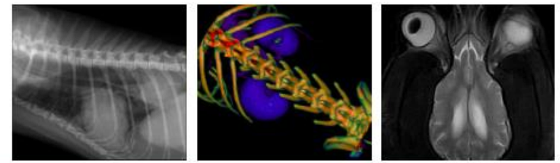


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Emma Rutten

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 Years, 1 Month

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Dylan Boyer

INVOICE

54477

DATE

10-5-22

PRESENTING CLINICAL SIGNS

CC:painful about the mouth since September 2022. At initial exam on Sept. 7, 2022 normal physical exam except stomatitis and very bad halitosis. Unremarkable chemistry & CBC at that time & negative FeLV/FIV antigen test. Was prescribed clavamox & prednisolone. O had trouble giving oral medications at home. Had lost 1.5 pounds since January 2022. Was back in clinic for a dental procedure on Sept. 27, 2022. Lost an additional 1 pound at this appointment. At this time the stomatitis in the mouth had quieted considerably with only mild gingivitis present. Resorptive lesions present on 307 & 407-these teeth were extracted. While the patient was recovering from anesthesia it was noted there was dark brown debris in the ear which was wiped out, but unable to clean the other ear as the patient was waking up. Visually the ear canal did not appear red but a full exam was not performed at this time. Yesterday (Oct. 4th) O called and reported the patient had a large amount of light colored discharge coming from the right ear. Oral exam normal at exam
Abnormal PE/Chem/CBC/UA Results: WBC elevated: 29.65 (2.87-17.02). PE on Oct. 4, 2022:marked hemopurulent liquid debris in the right external ear canal. P is not overly pruritic in the right ear. Base of the right external ear canal is swollen. Unable to visualize the tympanic bullae with out sedation, painful when visualizing the ear canal at the level of the horizontal portion. Right mandibular lymph node is enlarged, non painful. Very painful when attempting to open the mouth. Cranium radiographs- right middle ear/tympanic bullae is lacking mineralized borders. Ear mite check- negative AU Ear cytology- AD= WBC, RBC, cocci and rods

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 206, 307 and 407 are absent.

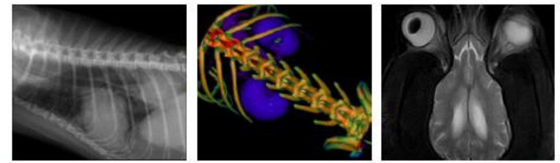
The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

Centered on the horizontal segment of the right external ear canal, a soft tissue attenuating and heterogeneous contrast enhancing ill-defined mass is appreciated. The mass of the right external ear canal is perforating the wall of the external ear canal and is extending into the retropharyngeal tissue – rostrally the mass is extending up to the medial aspect of the right temporomandibular joint and caudally the mass is extending along the occipital bone up to the level of C1. In the medial aspect of the mass is occupying the right tympanic bulla and advanced permeative osteolytic lesions of the respective aspects of the right temporal bone and the right aspect of the occipital bone with perforation of the cranial fossa is appreciated. The mass is multifocally mildly bulging into the caudal cranial fossa. The associated right masticatory musculature has a heterogeneous striated contrast enhancement pattern.

The left tympanic bulla is filled with non-contrast enhancing soft tissue material. The osseous lining of the left tympanic bulla is mildly thickened.

The right medial retropharyngeal lymph node is moderately enlarged and has a heterogeneous contrast enhancement pattern.



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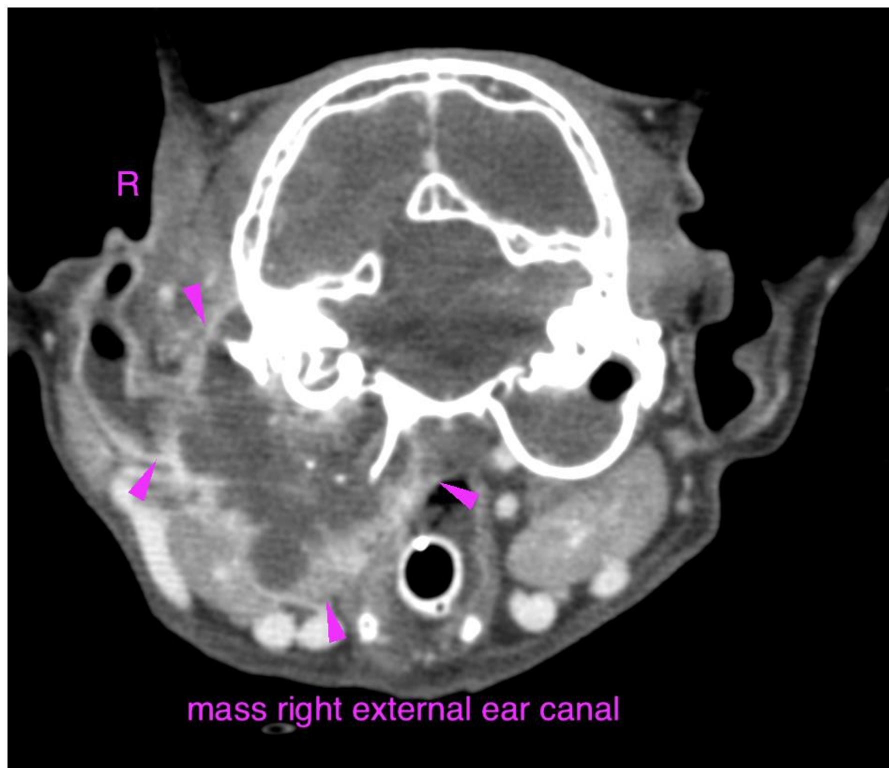
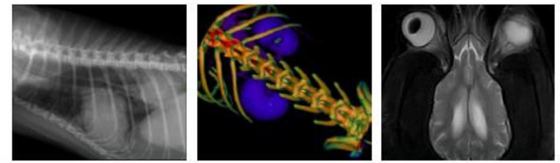
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive soft tissue mass originating from the right external ear canal with polyostotic aggressive osteolytic lesions of the calvarium and perforation of the cranial fossa
- Lymphadenopathy right medial retropharyngeal lymph node
- Left sided otitis media
- Absent triadan 206, 307 & 407

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with local invasive growing primary neoplasia originating from the right external ear canal and ceruminal gland adenocarcinoma or squamous cell carcinoma are the top differentials. FNA sampling or biopsy can be used to confirm the diagnosis. The odds for metastatic spread to the right medial retropharyngeal lymph node are high. Due to the extent of the mass with invasion of the cranial fossa and its association with delicate anatomical structures along the skull base, surgical excision of the mass is not feasible.





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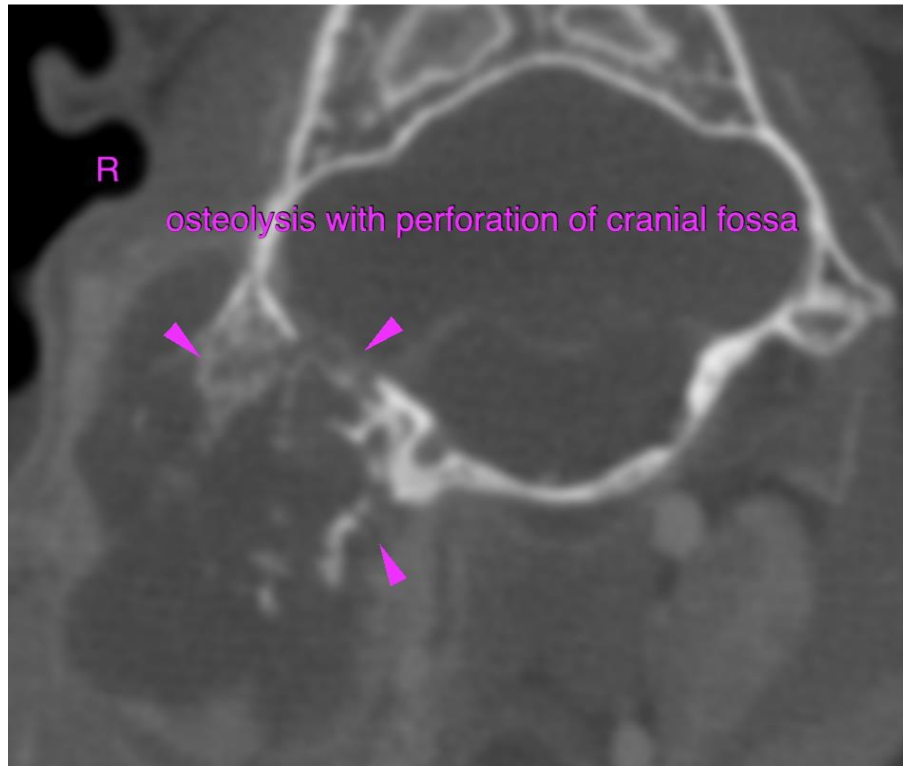

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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