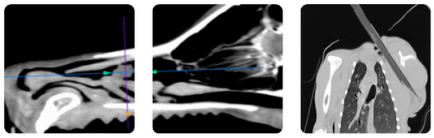

PATIENT

Callie Kleinfeldt

SPECIES

Canine

BREED

Akita-Chow Mix

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

21.4 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown VS & Associates

REFERRING VET

Dr. Ariel Schlag

INVOICE

35601

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: AD ear base mass on concave surface near opening to vertical external ear canal. Mass noted 1-2 mo ago and enlarging quickly and producing discharge. 2.5-cm diameter. Ulcerated appearance. Concern for possible infection. AD mass ventral to vertical external ear canal on concave surface - Alopecic, cutaneous, erythematous, ulcerated with scab, 2.6 cm DV x 2.1 cm ML x 2.1 cm (H) firm, non-movable, and palpates as attached to auricular cartilages between tragus and crus of helix. Cytology of mass caudal to left adrenal: Cellularity is high on one smear consisting of clusters of epithelial cells admixed with lysed cells and blood. The cells have a small amount of basophilic cytoplasm. The nuclei are round with stippled chromatin. The degree of anisocytosis and anisokaryosis is moderate. The cells are often supported by a fibrovascular stroma. Microscopic Findings: Epithelial neoplasia/carcinoma (see comment) Comments: The cytologic features of the cells are most supportive neuroendocrine/carcinoid origin. May represent a primary neoplastic process or metastatic lesion. No lymphoid tissue present to support nodal origin. The smears were reviewed by an additional clinical pathologist who concurs. Cytology of AD ear base mass: The exact type of carcinoma cannot be cytologically determined. Likely adnexal or glandular origin. Possible mets to right mandibular LN. Contrast was injected peritumorally (iohexol 1 mL each quadrant x4 quadrants) for SLN mapping.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 308 and 406 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.

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. Rostral to the external opening of the right external ear canal, a subcutaneous, ovoid shaped, well-defined mass is seen, measuring 2.6 xc 2.6 x 2.4 cm and merging with the external opening of the right external ear canal caudally. After peritumoral contrast administration, multiple thin contrast-stained lymphatic vessels are appreciated, coursing caudally region of the venous angle at the caudal aspect of the neck – no drainage to a specific lymph node is present. A bunch of small lymphatic vessels is coursing to a mild prominent (≤5 mm) right parotid lymph node.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

PATIENT

Callie Kleinfeldt

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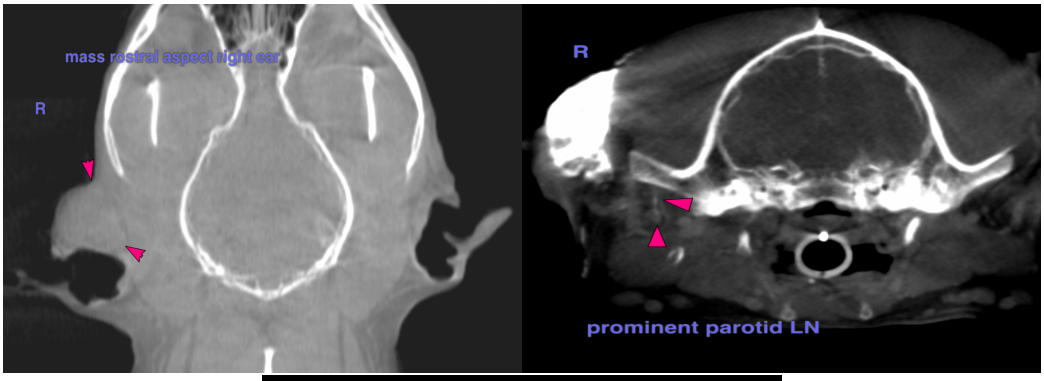
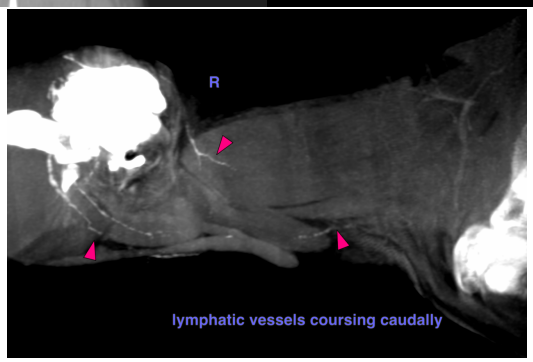
- Subcutaneous soft tissue mass rostral to external opening of the right ear canal with lymphatic drainage to the right parotid lymph node and either venous angle or mediastinal lymph nodes
- Absent triadan 308 and 406

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass at the rostral aspect of the right ear is fitting the presumptive diagnosis of carcinoma. The prominent right parotid lymph node can present reactive lymphoid hyperplasia versus metastatic spread.





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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com