



PATIENT

Mia Reyes

SPECIES

Canine

BREED

German Shepherd

SEX

FI

AGE

8Y

WEIGHT

63lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Vet View Mobile
Imaging

REFERRING VET

Dr. Beg

INVOICE

72765

DATE

11-25-25

PRESENTING CLINICAL SIGNS

Patient History: Chronic ear infections 11/5: Presented for ear infection with lesion 11/6: Biopsy performed of lesion on right ear Prescribed medications: prednisone 10mg PO BID x 7 days tapered, enrofloxacin 136mg PO SID x 10 days, amoxicillin-clavulanate 375mg PO BID x 10 days, CT for surgical planning. HW positive

Abnormal PE/Chem/CBC/UA Results: 1) Ear mass biopsy: apocrine ceruminous adenocarcinoma with possible lymphovascular invasion, extends to lateral margins 2) Culture and sensitivity of ear: Enterococcus (sensitive to most antibiotics) and Citrobacter species (resistant to Convenia and cephalexin, sensitive to other antibiotics) 3) Heartworm antigen test: positive, confirmed

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The caudal aspect of 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. In the medial aspect of the external ear canals, a small amount of soft tissue material is visible. The wall of the external ear canals presents mild shell-like mineralization. In the distal aspect of the vertical segment of the right external ear canal, a sessile convex shaped mass is protruding from the caudal wall into the lumen of the ear canal

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.

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

The periarticular bones of the right elbow joint present moderate osteophyte new bone formation.

The left accessory axillary lymph node is prominent. At the left caudoventral thoracic wall, a broad based, irregular contrast enhancing subcutaneous mammary mass is seen.

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.



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The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

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

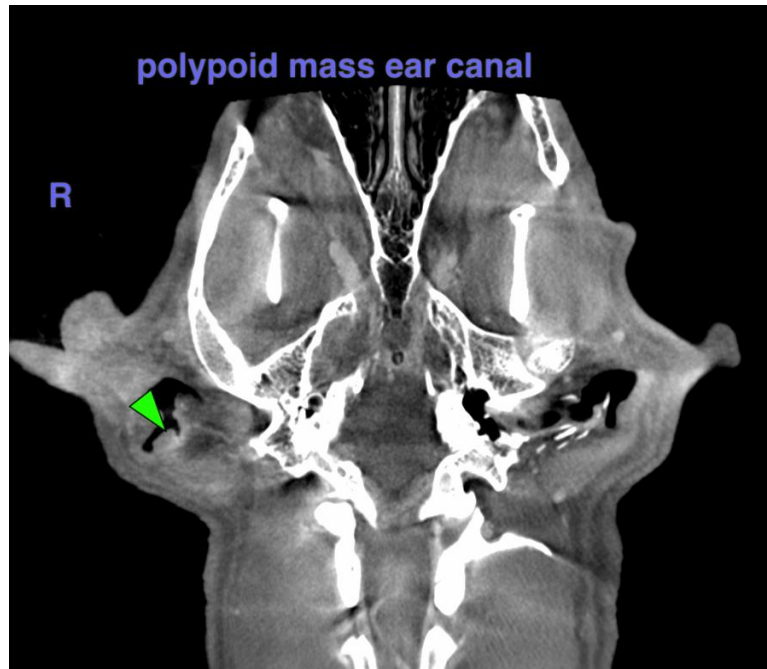
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polypoid sessile mass right external ear canal - history of ceruminous gland adenocarcinoma
- Bilateral signs of mild otitis externa
- Mammary mass/swelling left caudoventral aspect of thoracic wall - suspect left mammary complex #2
- Lymphadenopathy left accessory axillary lymph node
- Osteoarthritis right elbow joint
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complete surgical excision of the small polypoid mass of the right external ear canal via total ear canal ablation is considered feasible. The CT study reveals no signs of metastatic disease.

The subcutaneous diffuse swelling along the left caudoventral thoracic wall is suggestive for mammary neoplasia or mastitis with secondary lymphadenopathy of the accessory left axillary lymph node - reactive lymphoid hyperplasia versus metastatic disease.





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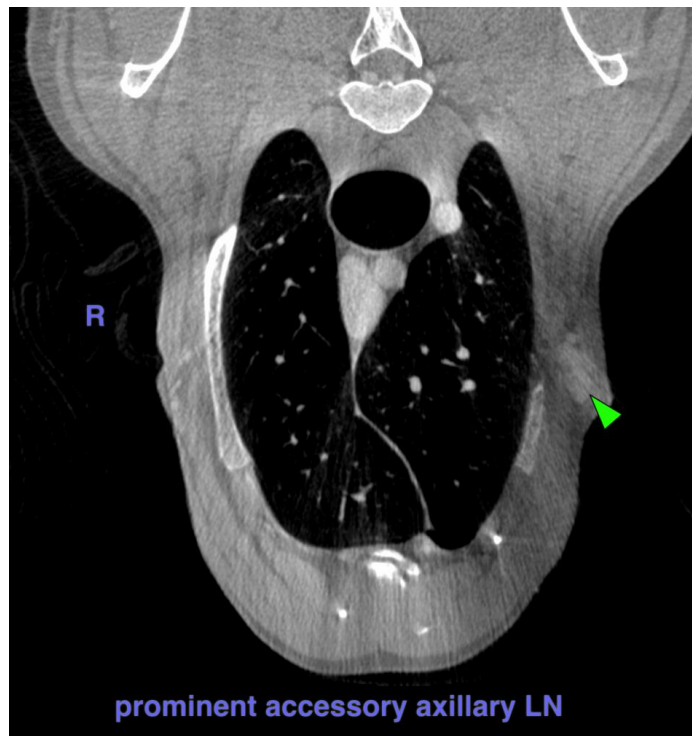
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com