



PATIENT

Bosco Banta

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16

WEIGHT

2.4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

73948

DATE

2-25-26

PRESENTING CLINICAL SIGNS

- AS: severe stenosis of the ear canal, mass inside the horizontal ear canal was not able to see the tympanic bulla, purulent discharge inside the left ear was noted.
- AD: moderate brown discharge

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution plain CT study of the skull and thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tip of the crown of triadan 204 is absent. Apical widening of the alveolar crest of triadan 204 is appreciated.

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. Along the dorsal aspect of the zygomatic process of the temporal bone bilaterally and the parietal bone bilaterally, solid, mild irregular periosteal new bone formation is seen. The calvarium presents an overall heterogeneous density of the osseous structures.

Both tympanic bullae are filled with soft tissue attenuating material and present a thickened wall with multiple moth eaten defects; L>R. The osseous segment of the left Eustachian tube is dilated. The left external ear canal is partially obliterated by irregular marginated soft tissue material and the lumen is narrowed. The wall of the left external ear canal is significantly thickened, and the left external ear canal is surrounded by a circumferential diffuse soft tissue swelling with fine granular mineralization.

The left mandibular lymph nodes are prominent.

Thorax

Along the caudal aspect of the joint capsule of the right shoulder joint, multiple well-defined mineralizations are 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 pattern is uniform.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse soft tissue swelling with dystrophic mineralization surrounding left external ear canal
- Stenosis left external ear canal
- Soft tissue material in left external ear canal
- Bilateral chronic otitis media



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- Coarse trabecular pattern calvarium with multiple rough solid periosteal new bone formation
- Complicated dental fracture 203 with evidence of periapical granuloma formation
- Synovial osteochondromatosis right shoulder joints
- No evidence of pulmonary metastatic disease

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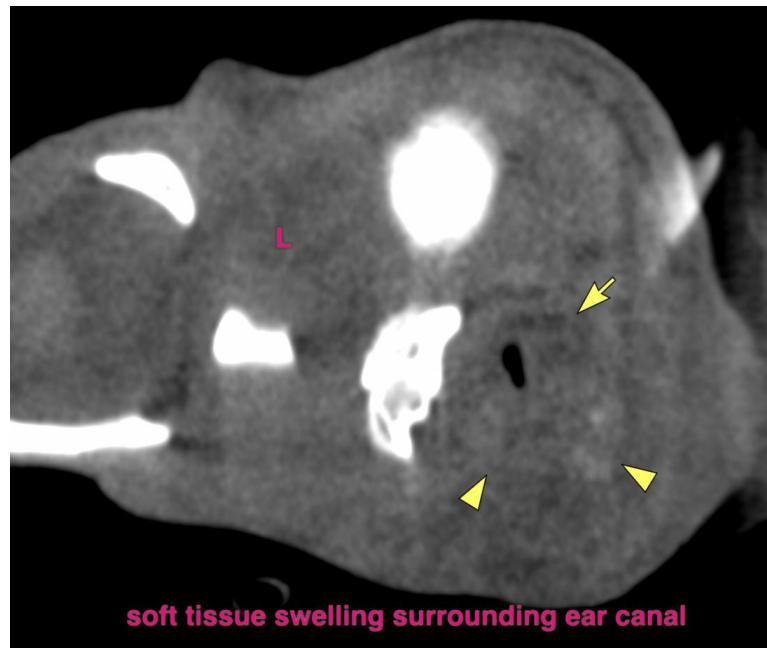
2-25-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, only a plain CT series is provided, limiting the diagnostic value. Anyway, the soft tissue swelling surrounding the left external ear canal can present severe chronic otitis externa or primary soft tissue neoplasia (prioritized) of the ear canal – such as ceruminous gland adenocarcinoma or squamous cell carcinoma. FNA sampling/biopsy is warranted for specification.

The changes along the zygomatic process of the temporal bone bilaterally and the calvarium may be a sequela to osteitis or preceding trauma. However, metastatic spread along the osseous structures may be a consideration if carcinoma can be confirmed. Intracranial lesions such as meningioma can cause osseous changes of the calvarium as well.

Recommend FNA sampling of the enlarged left mandibular lymph nodes to differentiate between reactive lymphoid hyperplasia versus metastatic disease.





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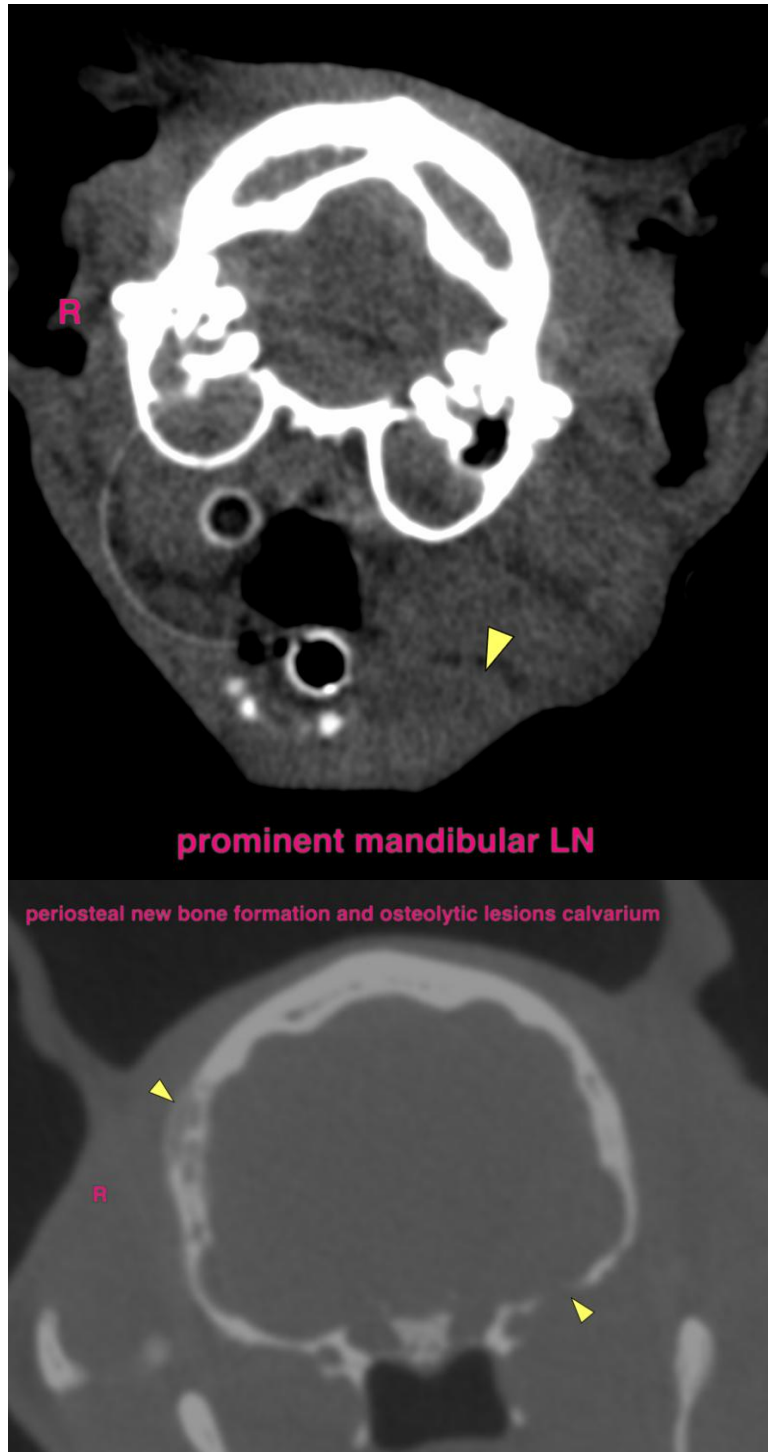
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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