



## PATIENT

Lola Wallace

## SPECIES

Feline

## BREED

Russian Blue

## SEX

S

## AGE

12Y

## WEIGHT

4.6

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Victoria Bradshaw

## HOSPITAL NAME

Gulf Shore Veterinary  
Specialty Surgery

## REFERRING VET

Dr. Byron Young DVM,  
MS, DACVS

## INVOICE

73624

## DATE

2-4-26

## PRESENTING CLINICAL SIGNS

Lola presents for evaluation after a mass was noted in her right ear on exam. After CT imaging Lola was moved to the endoscopy suite for video otoscopy of right ear. The soft tissue mass was seen in the ear canal and tissue samples collected for histopathology. The ear canal mass was noted to be continuous with the subcutaneous mass ventral and caudal to the ear canal. A draining tract was noted over the mass and more distally over the jugular furrow.

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The tooth elements 106, 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.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The right external ear canal is obliterated by an expansile, soft tissue attenuating and mild irregular contrast enhancing mass. The mass of the right external ear canal is perforating the ventral wall of the horizontal segment of the right external ear canal, protruding into the soft tissues lateral to the right tympanic bulla. In the medial aspect of the left external ear canal, a very small amount of soft tissue material is seen. In the subcutaneous tissue multifocal along the right periauricular area, multiple gas inclusion are present.

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 mandibular and medial retropharyngeal lymph node bilaterally and the right lateral retropharyngeal lymph node are significantly enlarged, rounded, uniform soft tissue attenuating and present a heterogeneous contrast enhancement pattern.

### Thorax

The deep cervical lymph nodes are significantly enlarged and rounded.

Cranial to the heart in the ventral aspect of the mediastinum, a multilobulated, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 1.8 x 2.1 x 3.4 cm.

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.



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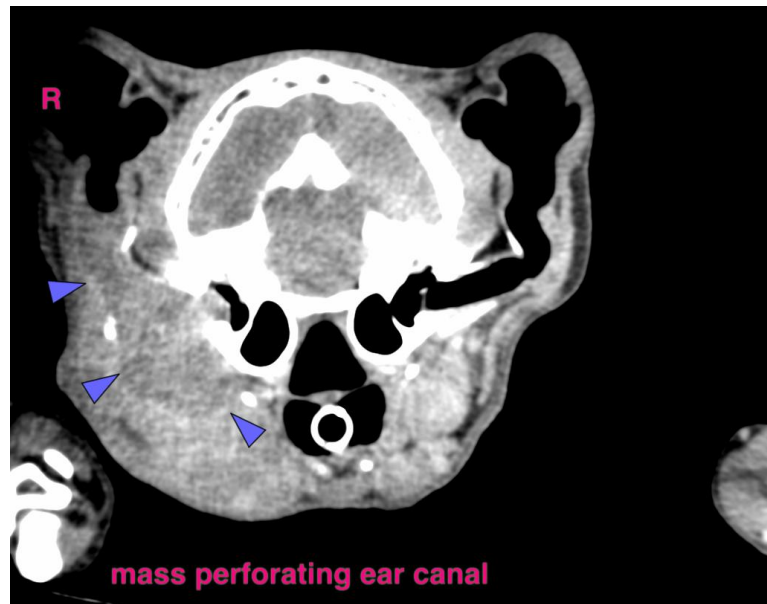
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass right external ear canal, perforating the wall of the ear canal
- History of subcutaneous draining tract – secondary to perforation of the ear canal
- Lymphadenopathy of the mandibular & medial retropharyngeal lymph nodes bilaterally, deep cervical lymph nodes bilaterally and the right lateral retropharyngeal lymph node
- Cranioventral mediastinal multilobulated soft tissue mass
- Absent triadan106, 206, 307 and 407
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass of the right external ear canal is consistent with primary soft tissue neoplasia – such as squamous cell carcinoma, ceruminous gland adenocarcinoma, melanoma, other. The mass is perforating the wall of the right ear canal, explaining the fistula formation. Surgical management

The enlarged regional lymph nodes of the skull and the cranioventral mediastinal soft tissue mass – possible enlarged thymus or cranial mediastinal lymph nodes – are indicative for metastatic spread.





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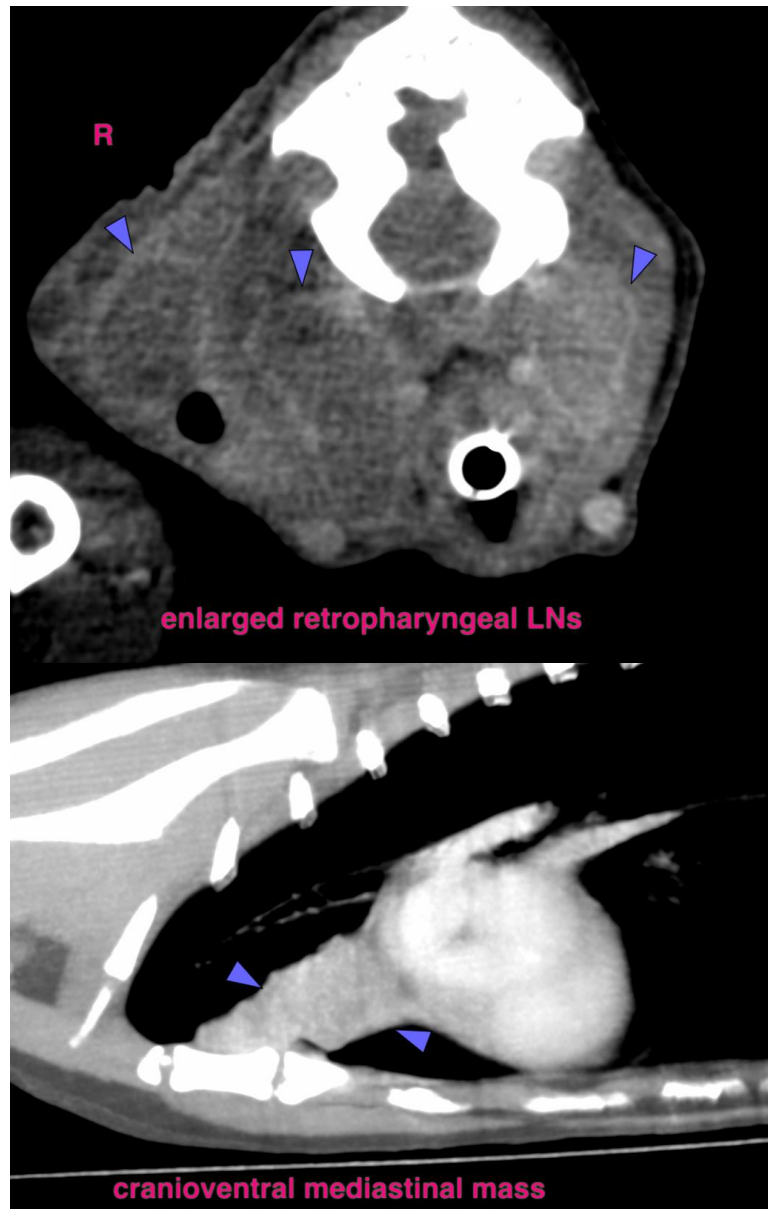
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)