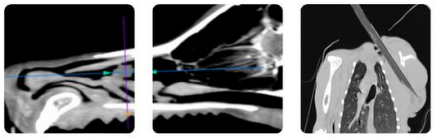

PATIENT

Moe Pangretic

SPECIES

Canine

BREED

Shnoodle

SEX

Male Neutered

AGE

11Y, 3M

WEIGHT

12.0kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Dr. Kamran Babamohammadi

INVOICE

73671

DATE

2-9-26

PRESENTING CLINICAL SIGNS

- AS: mass affecting the entire part of the ear canal, purulent discharge and malodorous
- AD: wnl
- Grade III/VI systolic murmur on the left side
- 4x3 cm mass on right cranial stifle were noted.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution post-contrast CT study of the skull 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 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 horizontal segment of the left external ear canal is obliterated by soft tissue attenuating material. The external opening of the left external ear canal is obliterated by a uniform contrast enhancing, to the wall of the ear canal broad based mass, measuring 8 x 15 x 18 mm.

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

Dorsal to T7, a cutaneous wart-like lesion is appreciated.

The vertebral endplates T10/T11 present moderate spondylosis formation.

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.

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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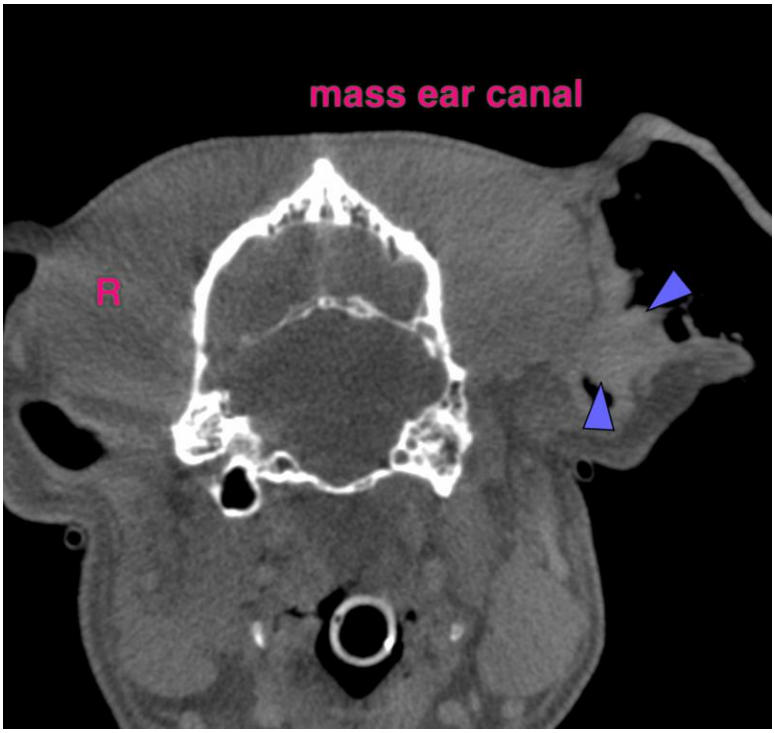
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass external opening left external ear canal
- Secondary left sided otitis externa
- Spondylosis deformans T10/T11
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of a mass obliterating the external opening of the left external ear canal, the odds for primary soft tissue neoplasm are high – such as squamous cell carcinoma, ceruminous gland adenocarcinoma – a differential is inflammatory polyp formation. Either excisional biopsy (if applicable) of the mass or total ear canal ablation are feasible surgical options



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