



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Tina Deshazo
SPECIES Feline
 Tina presented for further evaluation of a R ear pathologic process as a pre- surgical assessment. CT to rule out neoplasia +/- surgical options. The primary rule out at this time is an invasive neoplastic process. Tina is being discharged for hospice care pending radiologist report. We will call and update the Owners and RDVM as soon as possible when the radiologist report is available. If non neoplastic surgery can be considered but will likely need extensive reconstruction etc. after the procedure

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX FS
 The tooth elements 106&206 are absent. The crown of triadan 402 is absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE 12 Years
 Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Centered on the region of the right external ear canal, an ill-defined, large, uniform soft tissue attenuating and heterogeneous mild contrast enhancing mass is visible. The mass is extending caudally up to the level of C1 and rostrally up to the level of the ramus of the right mandible. Medially, the mass is on contact with the calvarium – the occipital bone, right temporal bone and right parietal bone present advanced permeative osteolytic lesions with perforation of the cranial fossa and amorphous periosteal new bone formation. The mass is distorting the nasopharynx, medial to the right tympanic bulla. The right external ear canal is obliterated by the mass. The right tympanic bulla is filled with soft tissue attenuating material and multifocal lysis of the wall is seen. The right ocular bulb is displaced rostrally by the mass effect.

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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.

REFERRING VET

Ravi Sheshadri

The right medial retropharyngeal lymph node is moderately enlarged and post contrast mild heterogeneous contrast enhancing.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- INVOICE** 51176
DATE 3-26-22
- Biologically aggressive soft tissue mass region of the right external ear canal, extending rostrally up into the retrobulbar region
 - Secondary polyostotic aggressive mixed osteolytic and osteoproliferative lesions of the calvarium and right mandible with perforation of the cranial fossa
 - Secondary right sided exophthalmos
 - Lymphadenopathy right medial retropharyngeal lymph node
 - Complicated dental fracture 402
 - Absent triadan 106&206



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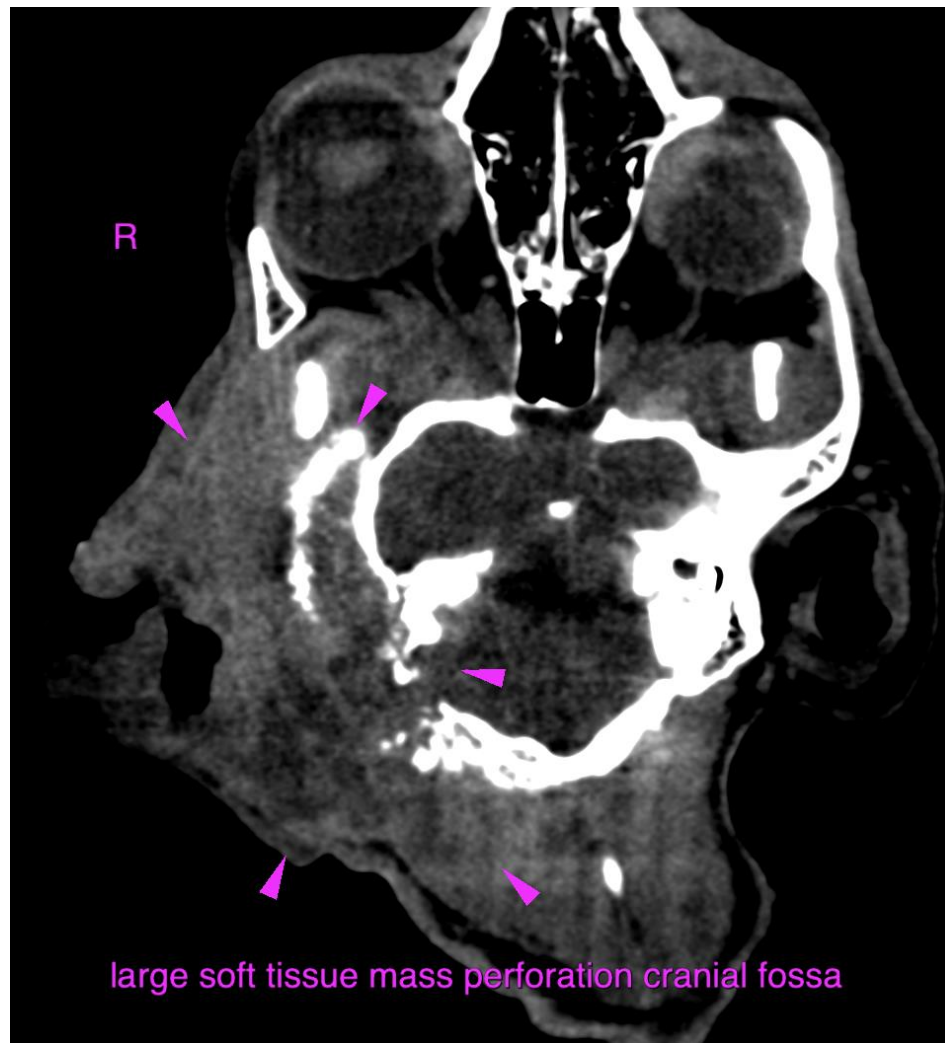
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with biologically aggressive soft tissue neoplasia, possibly originating from the right external ear canal with secondary local invasive growth. The top differentials are ceruminous gland adenocarcinoma or squamous cell carcinoma. FNA sampling/biopsy can be considered as advanced diagnostic test. Unfortunately, there are no curative surgical treatment options.

The enlarged ipsilateral medial retropharyngeal lymph node indicates metastatic spread.





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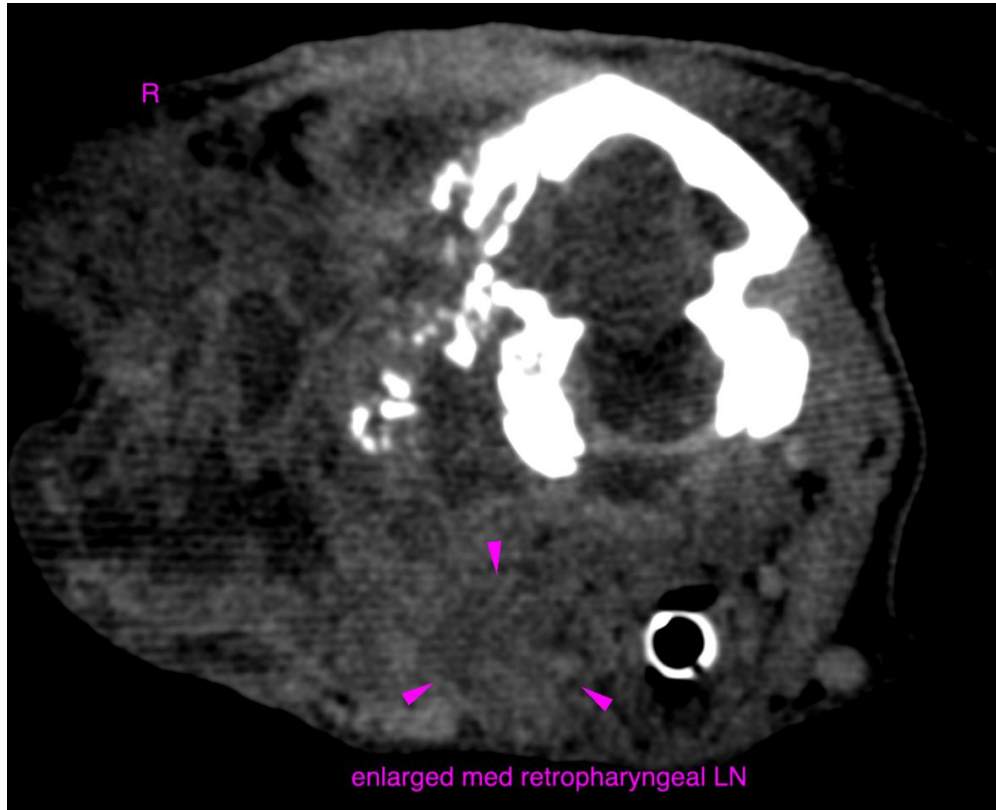
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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