



PATIENT

Gus Geiler

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

13 Years

WEIGHT

12 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

bn

HOSPITAL NAME

Bridgwater VH & WC

REFERRING VET

Dr. C. Paquin

INVOICE

36428

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Left eye enucleation Dec/23 due to a retrobulbar mass found on CT. Histopathology was inconclusive for neoplasia.
- Current ear issues began Dec/25 with a head tilt developing Jan/26.
- Feb 17/26 exam discovered severe left ear infection with a stenotic canal
- Abnormal PE/Chem/CBC/UA Results: ALT=181 U/L ALKP=301 U/L

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth.

Multiple teeth are absent. The remaining teeth present generalized moderate to advanced periodontal disease along the variable degree of dental resorptive lesions.

The left ocular bulb is absent. In the caudal aspect of the left orbital cavity, a uniform soft tissue attenuating irregular roundish swelling with strong contrast uptake is seen, measuring 1.3 cm in diameter.

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.

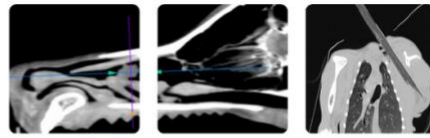
The left tympanic bulla is obliterated by non-contrast enhancing soft tissue material. In the most medial aspect of the left external ear canal – protruding into the porus acusticus externus – an expansile, uniform soft tissue attenuating and irregular contrast enhancing roundish mass is seen, measuring 15 mm in diameter. The porus acusticus externa presents evidence of secondary pressure erosion. The osseous labyrinth of the left inner ear presents advanced moth eaten osteolysis.

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 left medial retropharyngeal lymph node is mildly prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile soft tissue mass most medial aspect left external ear canal – secondary pressure erosion left porus acusticus externus
- Left sided otitis media and chronic otitis interna
- Mild lymphadenopathy left medial retropharyngeal lymph node
- History of enucleation left ocular bulb with small nodular soft tissue lesion in the caudal aspect of the left orbital cavity



PATIENT

Gus Geiler

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

13 Years

WEIGHT

12 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

bn

HOSPITAL NAME

Bridgwater VH & WC

REFERRING VET

Dr. C. Paquin

INVOICE

36428

DATE

3/27/26

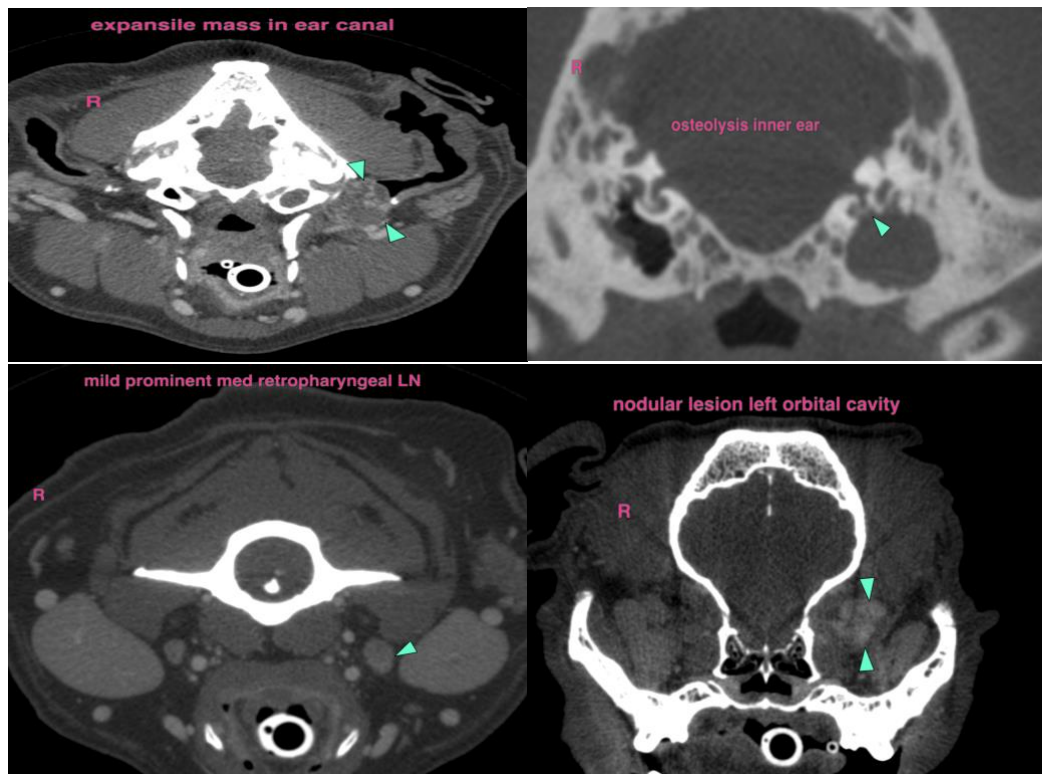
- Generalized periodontal disease along with dental resorptive lesions

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of a soft tissue mass originating from the left external ear canal – the odds for primary soft tissue neoplasia of the ear canal are high, such as squamous cell carcinoma or ceruminous gland adenocarcinoma. Complete surgical resection via total ear canal ablation along with lateral bulla osteotomy appears feasible.

Recommend complementing full tumor staging including FNA sampling of the left medial retropharyngeal lymph node.

The nodular lesion in the caudal aspect of the left orbital cavity can present the enlarged stump of the optic nerve and secondary reactive swelling – given the long period of time since enucleation I consider the odds for neoplastic origin low.



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com