

PATIENT

Maggie Herzog

SPECIES

Canine

BREED

Cavalier King Charles

SEX

FS

AGE

5Y, 6M

WEIGHT

14.5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74402

DATE

3-30-26

PRESENTING CLINICAL SIGNS

- Patient arrived to the hospital on 3/28/26 for a routine exam. In the physical exam was detected blood in the right ear and a possible mass inside. Bloodwork and Urinalysis were unremarkable. SDMA, proBNP and Total T4 were WNL. The Radiology report show an unremarkable thorax and abdomen aside from presumed postprandial stomach. Mild right coxofemoral osteoarthritis was detected. CT was requested to rule out a mass on the ear and metastasis in lungs.

Abnormal PE/Chem/CBC/UA Results: PE: T 101.2 F, HR 88, RR 32, MM Pink, CRT <2 seg. H/L: WNL. Dental Calculus (4/4). Blood in the right ear.

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

The maxillary P1 to P3 and triadan 411 present a significant widened periodontal space.

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 right tympanic bulla is obliterated by non-contrast enhancing soft tissue material. The most medial segment of the right external ear canal is partially obliterated by a mild nodular, soft tissue attenuating and peripherally accentuated contrast enhancing lesion.

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

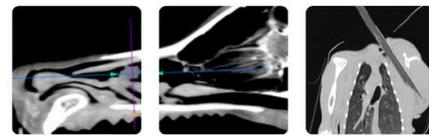
In the subcutaneous tissue at the lateral aspect of the costal cartilage of the 7th right rib, a well-defined, uniform soft tissue attenuating nodule is seen; measuring 8 mm in diameter.

In the cranioventral aspect of the mediastinum, a thymic remnant is appreciated.

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.



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The lung parenchyma presents the expected architecture and attenuation behavior.

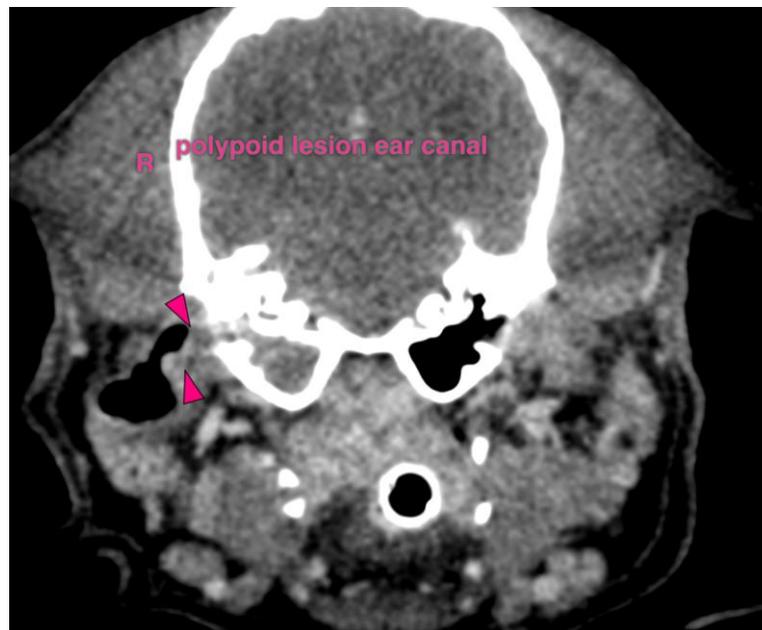
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small soft tissue mass medial aspect right external ear canal
- Right sided otitis media
- Periodontal disease multiple maxillary premolar teeth and triadan 411
- Non-specific subcutaneous nodule right ventrolateral thoracic wall
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small soft tissue mass in the medial aspect of the right external ear canal can present benign polyp formation or early stage of neoplastic disease – such as squamous cell carcinoma, ceruminous gland adenocarcinoma, other. Biopsy of the small mass in the right external ear canal can be performed for specification and possible planning of more advanced surgical treatment 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

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