



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Stella Hannay

SPECIES
Feline

BREED
DSH

SEX
SF

AGE
2 Years

Stella presented for evaluation of an aural mass in the right ear. Duration of the mass is unknown. It was discovered 1 month ago. She occasionally shakes her head but not excessively. Otherwise she has a history of eosinophilic granuloma complex resulting in lesions on her ventral neck and mouth. The lesions have responded to Depo-medrol injections. She is currently on cyclosporine right now. The owner has trouble giving the cyclosporine. Stella was adopted as a stray 6 months ago and began living indoors. She had a reaction to Convenia in the past (lethargic, paranoid hyperactivity). The owner reports that after otoscopy, Horner's syndrome developed and. Stella is completely deaf.

Abnormal PE/Chem/CBC/UA Results: PE: Normal Lab: Blood work is dated 2/18/22. CBC - PCV = 45%, WBC = 8300, neutrophils = 5727, lymphocytes = 1826, monocytes = 249. Platelets = 92,000. Chemistry - normal. T4 = 1.9 Urinalysis - not provided. Otoscopy: Both external ear canals are imaged using a 2.7 mm 0-degree scope. Ear canals are open and clean except for a small amount of waxy debris. The left tympanic membrane is ruptured. The malleus bone and the tympanic membrane rostral to the malleus is intact. The ventral margin of the tympanic membrane is visible. A small amount of waxy debris is suctioned away from the floor of the horizontal ear canal at the base of the ruptured tympanic membrane. A small clump of debris is also removed from the tympanic bulla. The left tympanic bulla is air filled and clean. Pink mass tissue is visualized filling the lumen of the horizontal ear canal at the level of the right tympanic bulla. A tissue sample is obtained of the mass using biopsy forceps along side the scope. The right ear canal is suctioned clean and epinephrine is instilled to reduce bleeding. Dexamethasone/enrofloxacin solution is placed in both ear canals.

INTERPRETED BY COMPUTED TOMOGRAPHY OF THE SKULL

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

COMPUTED TOMOGRAPHIC FINDINGS

HOSPITAL NAME
VetMed Consultants

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.

REFERRING VET
Paul Mardis

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

The right tympanic bulla is filled with soft tissue attenuating and peripheral contrast enhancing material. The osseous lining of the right tympanic bulla is significantly thickened, and a defect is seen in the ventromedial aspect of the right tympanic bulla. The soft tissue material is protruding ventrally through the defect in the right tympanic bulla into the retropharyngeal space, mildly distorting the pharynx. The soft tissue material in the right tympanic bulla is mildly bulging into the right external ear canal.

INVOICE
50803

DATE
3-8-22

The left tympanic bulla is aerated, unremarkable.

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.



PATIENT

The right medial retropharyngeal lymph node is prominent, uniform soft tissue attenuating and mild heterogeneous contrast enhancing.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Right sided chronic otitis media with chronic remodeling of the osseous lining and perforation of the wall of the tympanic bulla
- Contrast enhancing soft tissue mass in right tympanic bulla

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DSH

The findings are compatible with right sided chronic otitis media and inflammatory polyp formation – protruding both into the right external ear canal and the soft tissues ventrally. Theoretically neoplastic disease originating from the mucosal lining to the right tympanic bulla (e.g. lymphosarcoma, squamous cell carcinoma) is a consideration but these are very rare entities and the odds are low. Biopsy has already performed for further definition. A ventral bulla osteotomy is considered as the therapy option of choice.

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Secondary reactive hyperplasia of the right medial retropharyngeal lymph node. Consider FNA sampling to confirm the diagnosis and ruling out malignant invasion.

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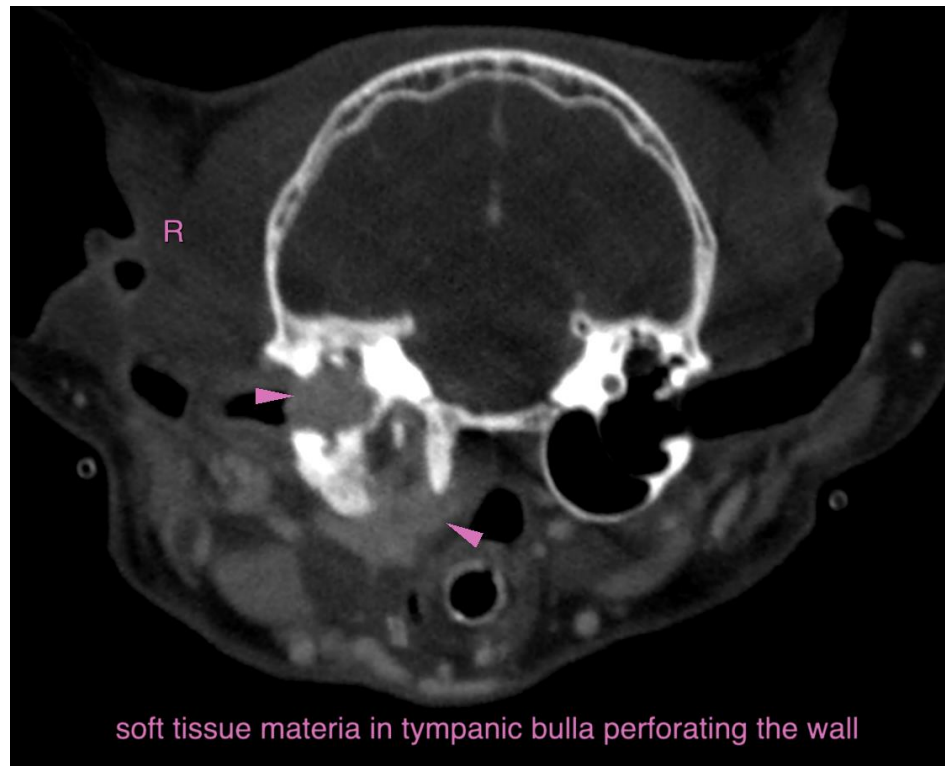
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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