



PATIENT

Tiger Lim Anthea
Chen

SPECIES

Canine

BREED

Poodle x Maltese

SEX

Male

AGE

15 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Medical
Centre Sdn Bhd

REFERRING VET

Dr. Sivan

INVOICE

52156

DATE

5-28-22

PRESENTING CLINICAL SIGNS

Swollen of left eye. Have history of removal of perianal lump of unknown nature (biopsy not done). Examination: The periorbital area is getting more swollen since the problem started in February 2022. Left eye - large proud pink growth in the orbit, causes displacement of the eye and third eyelid, exophthalmos, discharge noted. Base of the growth appears firmly attached to the periorbital rim. Right base of ear has a large growth, 4cm by 6 cm in dimension in close proximity of the parotid and mandibular lymph node.

COMPUTED TOMOGRAPHY OF THE SKULL

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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.

In the ventral aspect of the left orbit, a large, uniform soft tissue attenuating and post contrast administration mild hypoattenuating mass is seen, protruding rostrally beyond the osseous margins of the orbit and caudally into the left temporal muscle. The left orbital mass is measuring approximately 3.8 x 2.5 x 5.5 cm in size. The left ocular bulb is displaced dorsally and rostrally by the mass effect. The rostral segment of the left zygomatic arch presents evidence of pressure erosion.

At the lateral and caudal aspect of the right external ear canal, a uniform soft tissue attenuating and heterogeneous contrast enhancing amorphous mass is noted, measuring 3.7 x 3.2 x 6.0 cm in size. The right parotid gland merges with the mass. In the ventral aspect the soft tissue mass is in contact with the right mandibular salivary gland.

Multiple cutaneous wart-like lesions are seen at the dorsal aspect of the skull.

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. In the lumen of both external ear canals, a small amount of soft tissue attenuating material is attached to the epithelial lining.

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, parotid 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass left orbit and secondary left sided exophthalmos and pressure erosion of the left zygomatic arch
- Soft tissue mass lateral aspect right external ear canal/retropharyngeal region



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- Bilateral mild otitis externa
- Multiple cutaneous wart like lesions dorsal aspect of the skull

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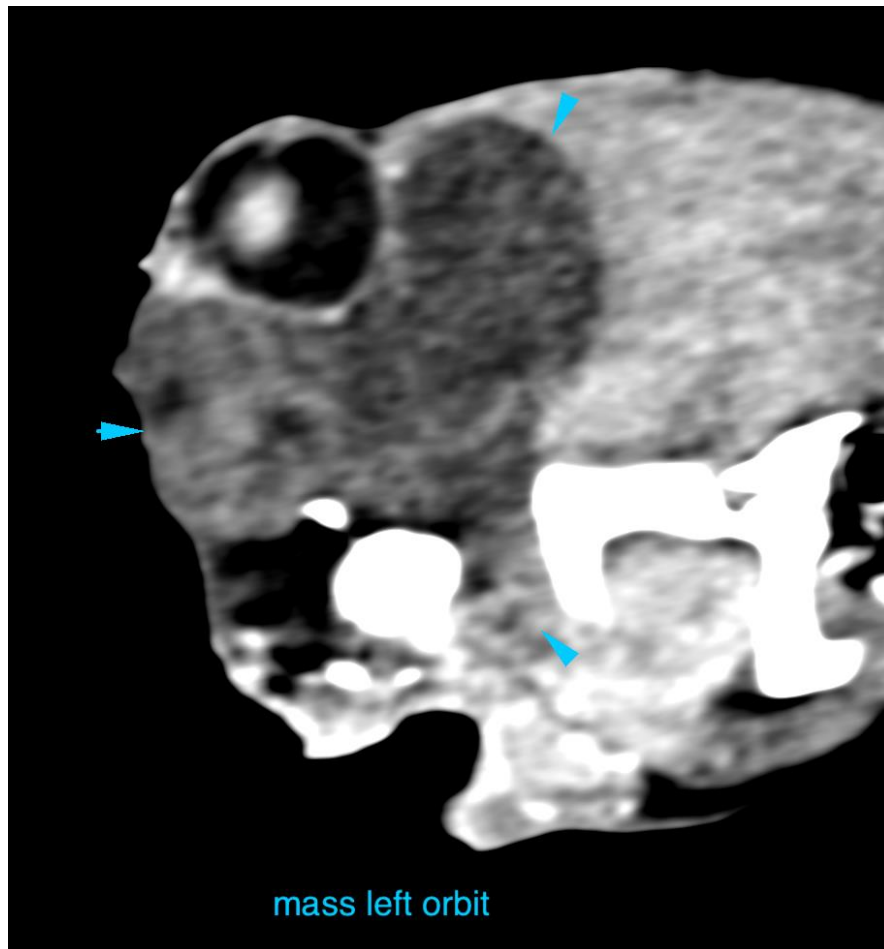
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with two large soft tissue masses, with one being located in the ventral aspect of the left orbit protruding beyond the rostroventral osseous rim of the left orbit and one being located at the lateral aspect of the right ear. Potentials include melanoma, carcinoma, round cell tumor, sarcoma. Further definition warrants FNA sampling ± biopsy. Due to the extent of the masses, complete surgical excision appears not feasible and conservative measurements should be discussed with oncologist based on the results of the advanced diagnostic tests.





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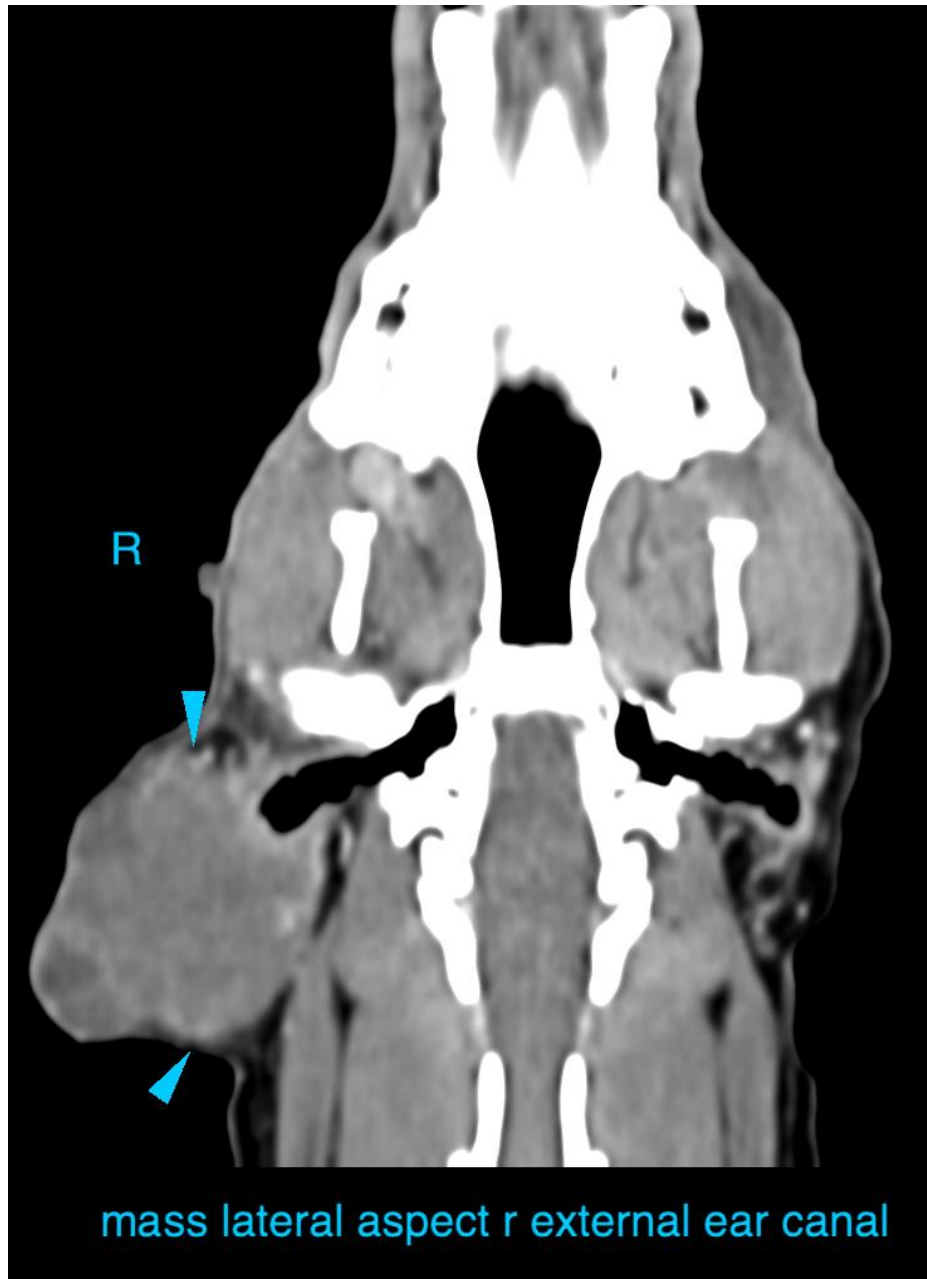
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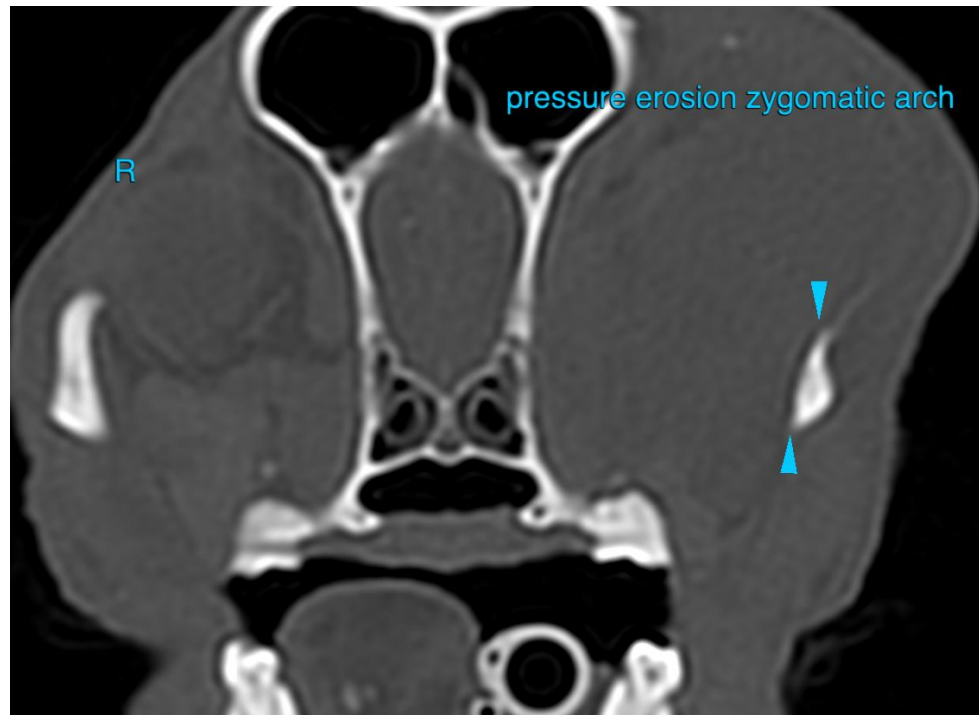
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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