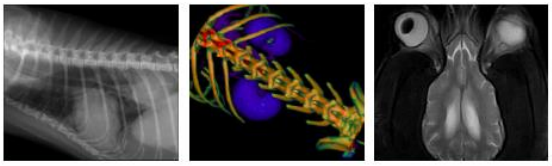


PATIENT

Pumpkin Vin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

53093

DATE

7-26-22

PRESENTING CLINICAL SIGNS

Presented to surgeon. Fibrosarcoma removed from left pinna base twice in the past.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 307&407 are absent.

At the caudal aspect of the base of the left pinna, a roundish, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is visible, measuring 3.6 x 3.3 x 2.5 cm in size. The wall of the left external ear canal is moderately thickened and contrast enhancing – a moderate amount of fluid attenuating material is attached to the epithelial lining of the left external ear canal.

A mild amount of non-contrast enhancing material is attached to the nasal mucosal lining. Moderate atrophy of the conchal & turbinate structures is noted.

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

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 & lateral retropharyngeal lymph nodes are moderately enlarged.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal lymph nodes are prominent.

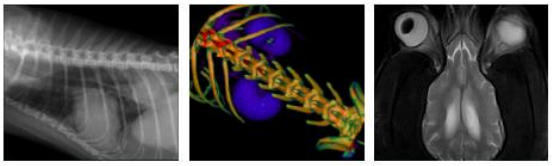
The cardiovascular structures including the pulmonary vasculature are within normal limits.

In the cranial part of the left cranial lung lobe, level with the 2nd & 3rd intercostal space, an irregular marginated, heterogeneous contrast enhancing pulmonary mass is seen, measuring 1.2 x 1.1 x 1.2 cm in size. The respective segment of the first-degree bronchus level with the mass is compressed. A tree-in-bud pattern of multiple bronchioles is noted throughout all lung lobes.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass base of left pinna
- Left sided otitis externa
- Lymphadenopathy left medial & lateral retropharyngeal lymph node
- Roundish consolidated lesion left cranial lung lobe
- Tree-in-bud pattern of multiple bronchioles of the lung



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- Destructive rhinitis
- Lymphadenopathy sternal lymph nodes
- Absent triadan 307&407

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass at the base of the left pinna is consistent with reoccurrence of fibrosarcoma and secondary left sided otitis externa. The enlarged retropharyngeal lymph nodes are concerning for metastatic spread versus reactive hyperplasia – recommend FNA sampling for further differentiation. Surgical resection of the mass will warrant amputation of the left pinna ± left sided total or partial ear canal ablation, the horizontal part of the left external ear canal might be preserved as the mass appears to be limited to the outer surface of the vertical segment of the external ear canal. The chances of adjuvant radiation therapy might be discussed with oncologist as well.

The soft tissue lesion of the left cranial lung lobe can be inflammatory in origin with focal pneumonia or present primary pulmonary neoplasia (e.g. carcinoma) with possible pulmonary metastatic spread. I would consider the odds for inflammatory origin slightly higher, however ultrasound guided FNA sampling by the 2nd or 3rd left intercostal space is warranted for further definition.

The most likely underlying cause for the destructive rhinitis is primary viral ± bacterial superinfection and might be a trigger for inflammatory lower airway disease.

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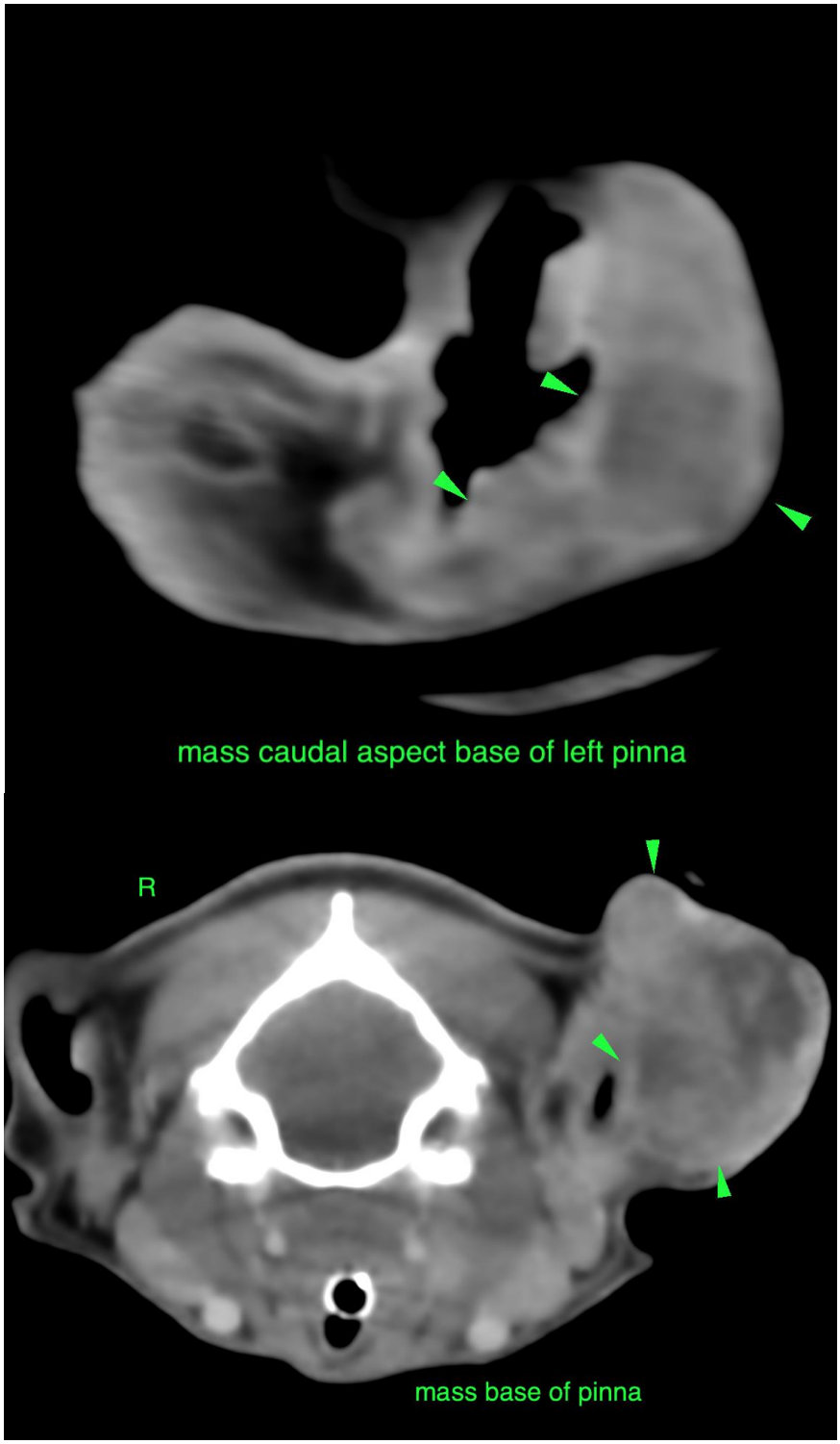

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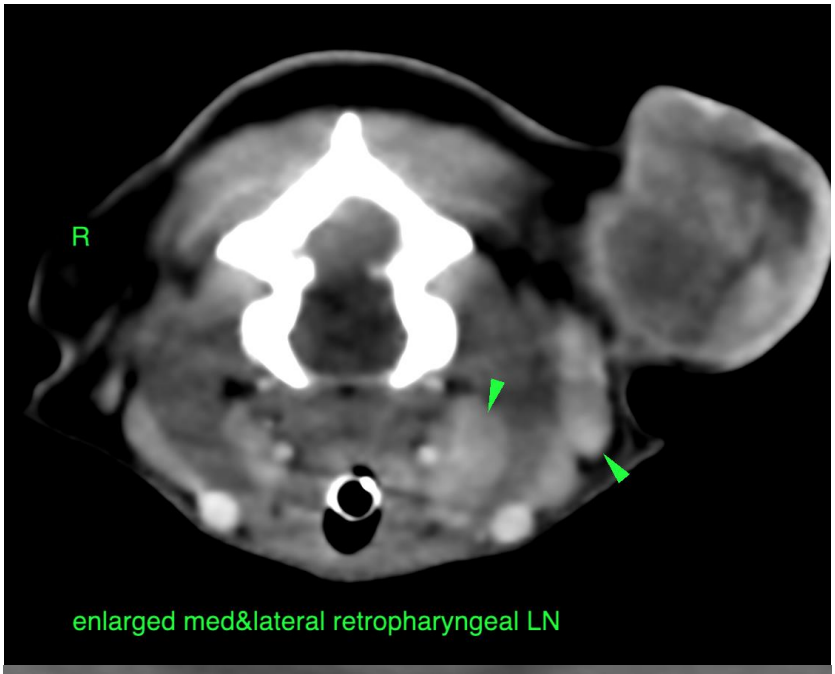

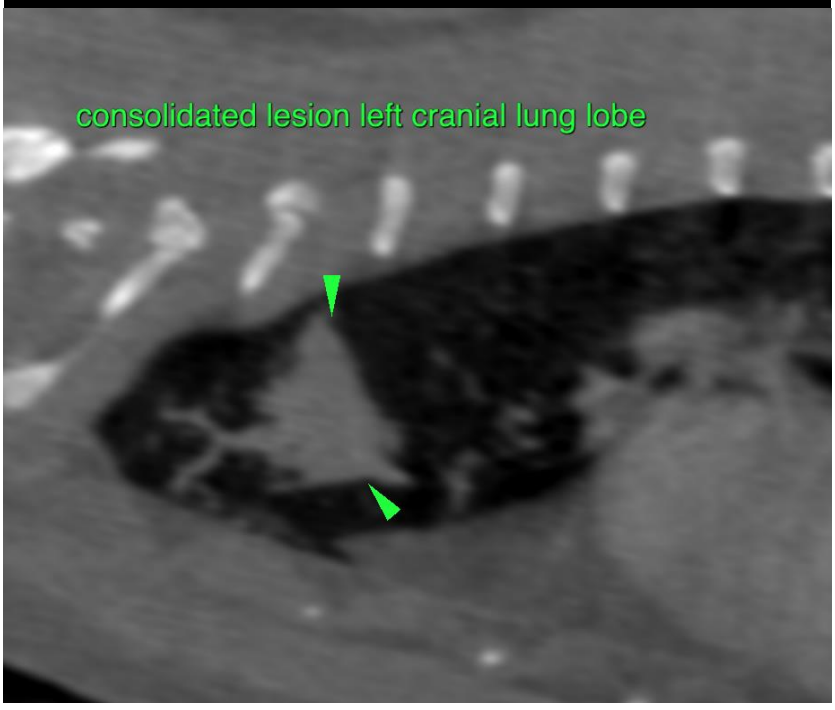

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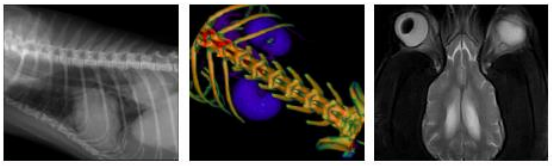

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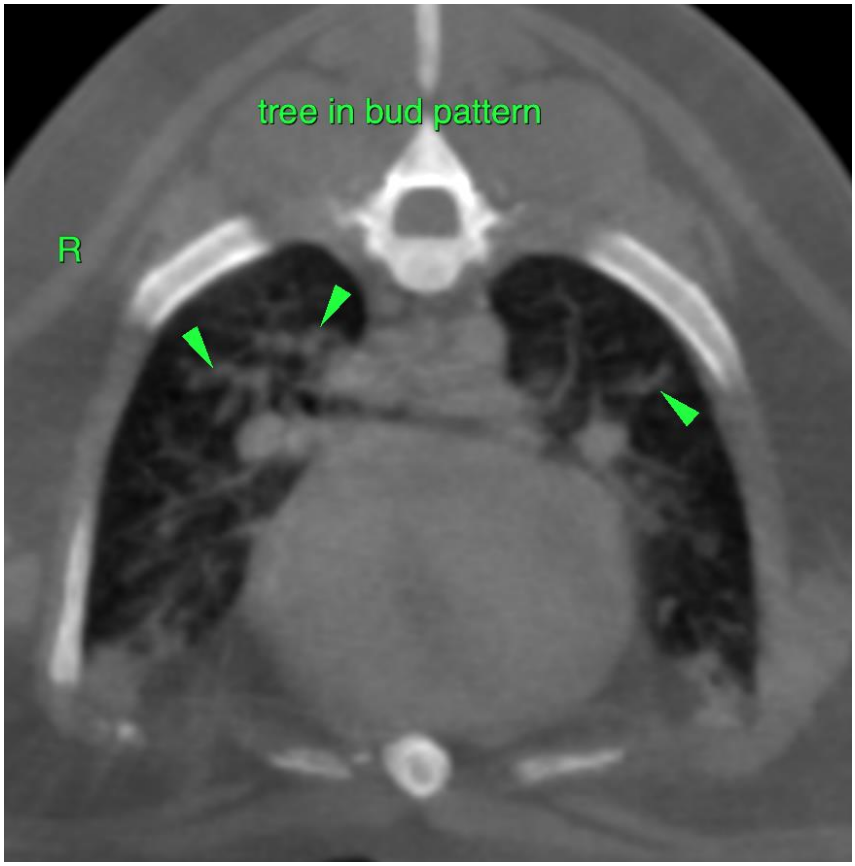

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com