



PATIENT

Lacey Tepperman

PRESENTING CLINICAL SIGNS

The growth was initially noticed 3 months ago. Has had long ongoing infection according to the referring veterinarian. Hematoma was drained, 10 days of Ab, once infection cleared the mass was spotted inside the ear canal. Previous hx: possible jaw injury and chronic eye irritation. Occasionally vomits, was rescued at 7 years old

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

BREED

COMPUTED TOMOGRAPHIC FINDINGS

Domestic Short Hair

Skull

SEX

Multiple teeth are absent. A moderate amount of mineral attenuating material is attached to the crowns of multiple buccal teeth and triadan 204 presents with a resorptive lesion level with the neck.

FS

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

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

13 Years

INTERPRETED BY

Both tympanic bullae contain a moderate amount of fluid attenuating material, and the osseous lining is mild to moderately thickened and mildly irregular, R>L. The left external ear canal – predominantly the horizontal segment – presents a significant thickening of the wall, completely obliterating the lumen of the left external ear canal. The horizontal segment of the left external ear canal is mild to moderately widened. The right external ear canal presents a mild to moderate thickening of the wall and contains a small amount of fluid attenuating material. The left pinna is moderately irregularly thickened.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

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.

REFERRING VET

Dr. Lea Mehrkens

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

INVOICE

Mild spondylosis formation is seen along the caudal thoracic spine.

53110

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.

DATE

7-27-22

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

The bronchial walls are mildly prominent in the hilar regions of the caudal lung lobes.

The lung parenchyma is hypoinflated and the ventral dependent aspects of the lung show regions



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with atelectasis.

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

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The gallbladder contains at least two mineral attenuating, well-defined, calculi measuring up to 5 mm in size.

Feline

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

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- Significant mural thickening horizontal segment left external ear canal
- History of left sided othematoma
- Right sided otitis externa
- Bilateral chronic otitis media, R>L
- Cholecystolithiasis without evidence of obstruction
- Dental tartar
- Dental resorptive lesions
- Multiple absent teeth
- Dystelectasis of the lung parenchyma
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

SEX

FS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of an intraluminal mass of the left external ear canal – potentially triggering otitis externa with subsequent othematoma formation. Differentials include ceruminous gland adenocarcinoma, squamous cell carcinoma, melanoma, other. FNA sampling/biopsy can be used as advanced diagnostic tool. Based on biopsy results, left sided total ear canal ablation is considered as the therapy of choice.

If not done so yet, recommend otoscopic evaluation of the right external ear canal as well.

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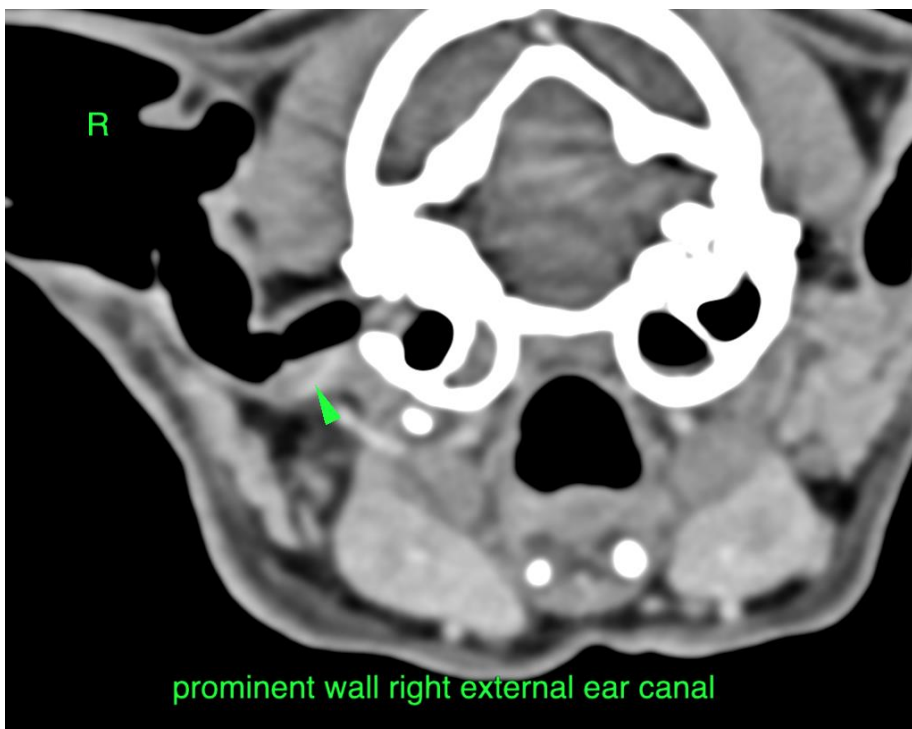
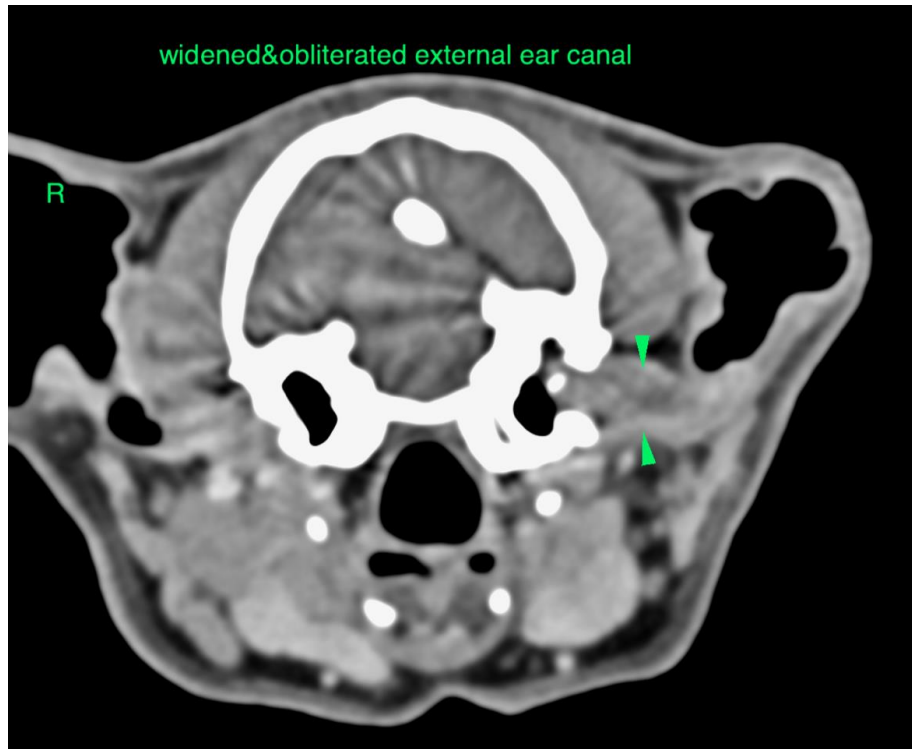
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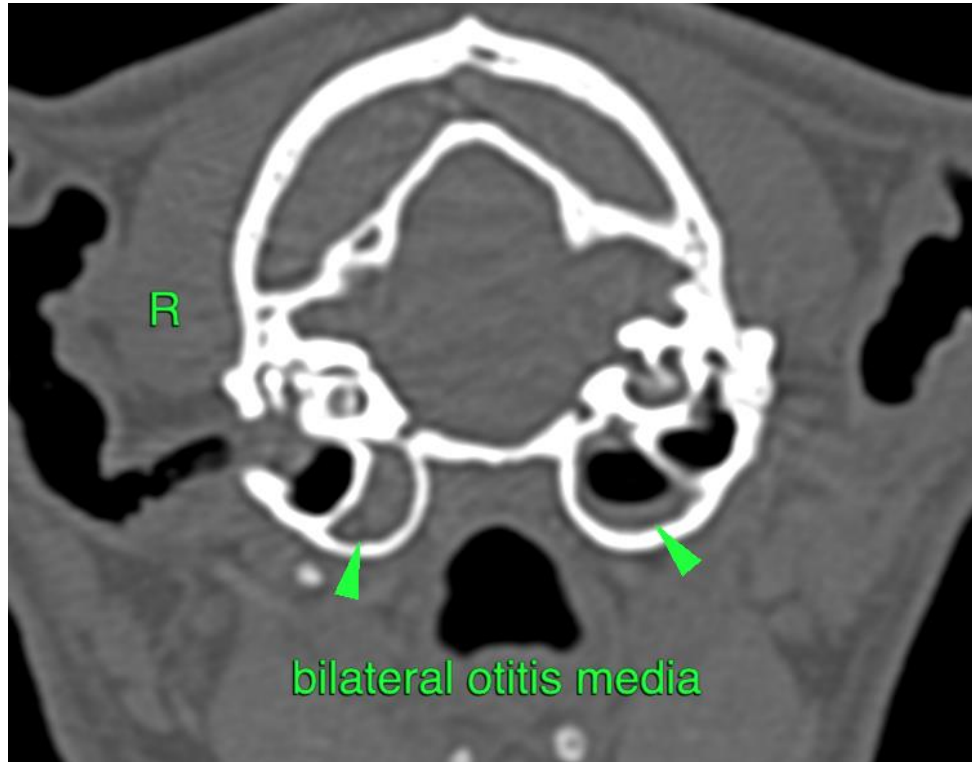
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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