



**PATIENT**

Chutney Boyce

**PRESENTING CLINICAL SIGNS**

\*DVM pet. Evaluated by dermatologist due to persistent left ear infection. Diagnosis: Otitis externa +/- media AS, Mass in canal AS, potential underlying allergies.  
 Abnormal PE/Chem/CBC/UA Results: \*DVM pet. Biopsy of mass: undifferentiated carcinoma with components of middle ear and external ear canal

**SPECIES**

Canine

**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.

**BREED**

Corgi

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

**SEX**

Male Neutered

The distal root of triadan 108 and the buccal mesial root of triadan 109 present a moderate to marked periapical widening of the periodontal space. A lamella of the distal tuberculum cuspidis of triadan 108 is absent.

**AGE**

11 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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

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The left tympanic bulla is filled with soft tissue attenuating material. Post contrast administration the soft tissue material is mildly contrast enhancing level with the external porus acusticus. The osseous lining of the left tympanic bulla is moderately thickened and smooth. The medial segment of the horizontal part of the left external ear canal is moderately to markedly narrowed and the wall of the respective segment is moderately thickened.

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**

Meaux

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

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Multifocal mild spondylosis formation is seen along the thoracic spine.

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.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery

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as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

Chutney Boyce

The caudodorsal dependent aspect of the left caudal lung lobe presents a region with dystelectasis. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with mild interspersed pinpoint mineralization.

**SPECIES**

Canine

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

**BREED**

Corgi

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of carcinoma left external ear canal
- Left sided otitis media
- Complicated dental fracture 108
- Tooth root abscess 108&109
- Mild spondylosis formation thoracic spine
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

**SEX**

Male Neutered

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The focal narrowing of the most medial aspect of the left external ear canal is fitting the history of a mural mass and carcinoma has already been diagnosed. The mass appears to be confined to the left external ear canal/osseous segment of the external acoustic meatus mildly extending into the left tympanic bulla. A left sided total ear canal ablation and in combination with a lateral bulla osteotomy is the therapy of choice. There is no evidence of metastatic spread.

**INTERPRETED BY**

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Consider a complete dental workup with extraction of triadan 108&109.

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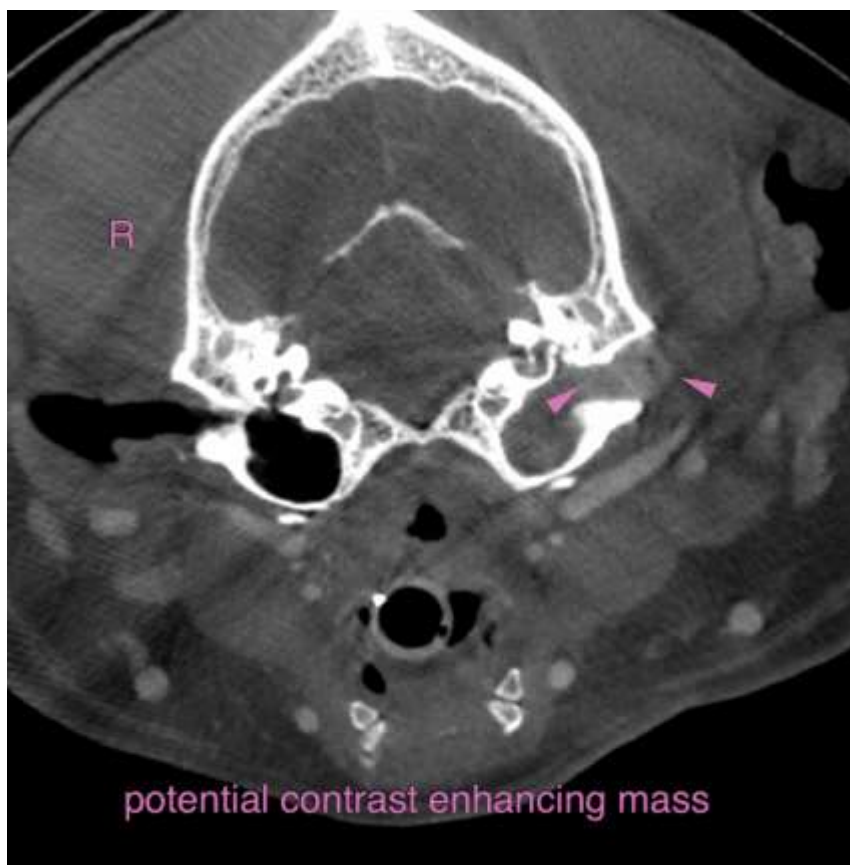
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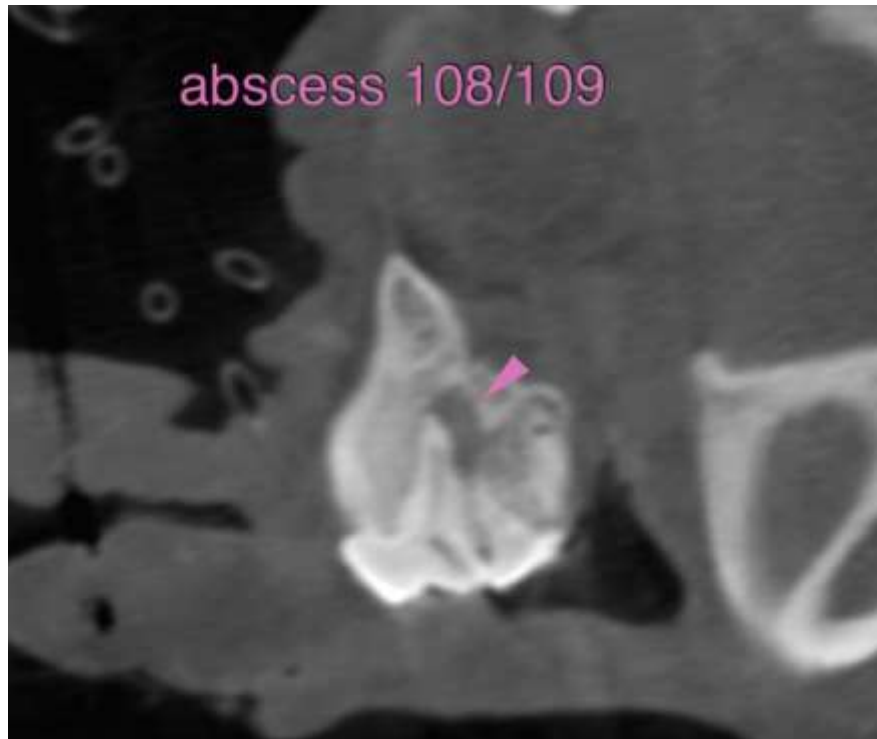
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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