



PATIENT PRESENTING CLINICAL SIGNS

Moochie Marek
SPECIES P was referred for CT and TECA by primary veterinarian. P presented at primary veterinarian in January for Otitis externa in the right ear which appeared to be related to a mass in the canal. Biopsy of the mass was performed 6/16/22 and came back as Ceruminous gland adenocarcinoma. Abnormal PE/Chem/CBC/UA Results: Chem 10/CBC/ Coags all essentially within normal limits.

Feline

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Skull

SEX Multiple teeth are absent.

MN

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.

9 Years, 3 Months

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The volume of the right tympanic bulla is mildly thickened and irregular. Multiple roundish, well-defined mineralized bodies are seen in the lumen of the right tympanic bulla as well as a small amount of soft tissue material. In the left tympanic bulla, a small amount of soft tissue attenuating material is attached to the mucosal lining; the wall of the left tympanic bulla is smooth. The external ear canals present a mild irregular epithelial lining, in the medial aspect of the left external ear canal, a small soft tissue mass causes segmental obliteration of the lumen of the left external ear canal. Multiple polypoid soft tissue lesions are protruding from the surface of the external opening of both external ear canals. Level with the external opening of the right external ear canal, a moderate contrast enhancing soft tissue mass is seen, measuring 8 x 6 x 6 mm in size.

HOSPITAL NAME

Casselton Vet Service

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

Brad Bartholomay

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.

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The pictured parts of the thyroid glands are prominent.

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Thorax

The vertebral endplates T11/T12 and T12/T13 present mild spondylosis formation.

DATE

8-30-22

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.

A thymic remnant is seen in the cranial mediastinum.

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



PATIENT

Moochie Marek

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The parenchyma of the caudal part of the left cranial lung lobe presents mild dystelectasis.

SPECIES

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

Abdomen

BREED

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. At the cranioventral aspect of the urinary bladder in the ventral abdomen, a well-defined ovoid shaped, peripheral egg-shell like mineralizing body is visible, measuring 1.8 x 1.5 x 1.6 cm in size.

SEX

MN

The cranial pole of the left kidney presents concave depression of the renal surface and mild mineralization of the renal parenchyma of the cranial pole of the left kidney is noted. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. The left ureter is crossing dorsally over the caudal vena cava to the right side, level with L4/L5.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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Post contrast administration, the outer layer of the small intestinal tract is mild to moderately thickened.

The bony and surrounding soft tissue structures reveal no abnormalities.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Brad Bartholomay

- Bilateral otitis externa with polypoid lesions in the region of the external orifice of the external ear canals
- Right sided chronic otitis media with otolith formation
- Left sided mild otitis media
- Mural thickening outer layer small intestinal trac – suspect muscular layer
- Prominent thyroid glands – check T4 levels
- Nodular fat-necrosis caudal abdomen ('Bates body')
- Left sided chronic renal infarct with mild nephrocalcinosis
- Left sided retrocaval ureter without signs of obstruction
- Multiple absent teeth
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass level with the external opening of the right external ear canal is likely fitting the history of ceruminous gland adenocarcinoma – a right sided total ear canal ablation has already



PATIENT

been scheduled.

Moochie Marek

The small polypoid lesions in the region of the opening of the left external ear canal are equivocal for benign lesions such as feline ceruminous cystomatosis or present early stage of neoplastic transformation; biopsy can be considered as advanced diagnostic test.

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The mural thickening of the small intestinal loops can be a sequela to chronic inflammatory bowel disease (e.g. lymphocytic plasmocytic, eosinophilic), hyperthyroidism or neoplastic transformation (e.g. round cell tumor) – the clinical relevance is unclear, due to the lack of clinical signs.

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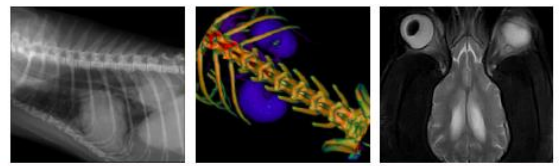
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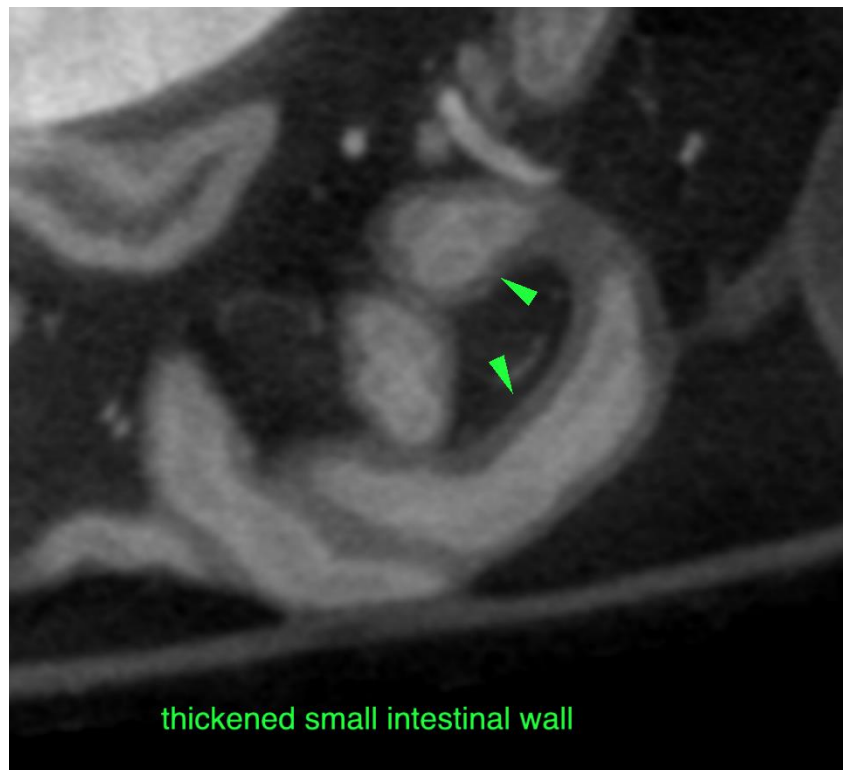
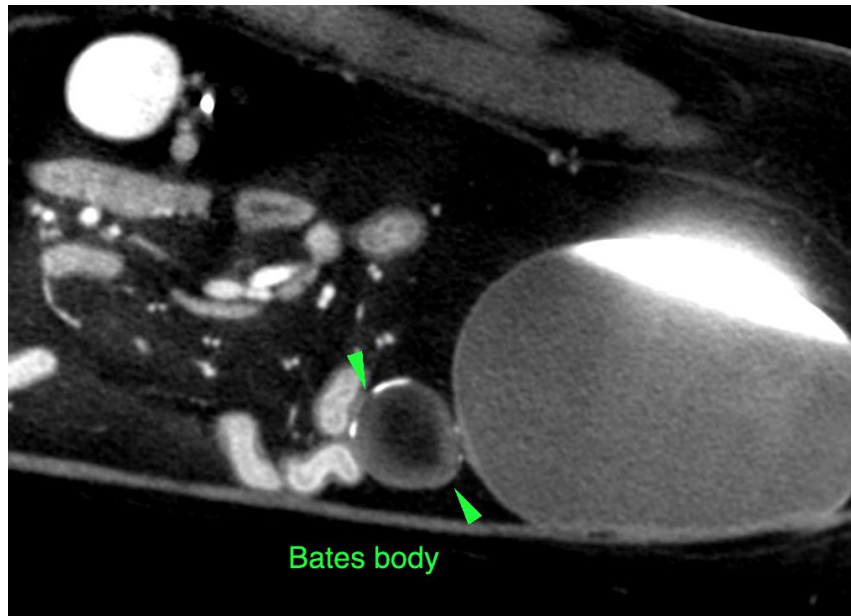
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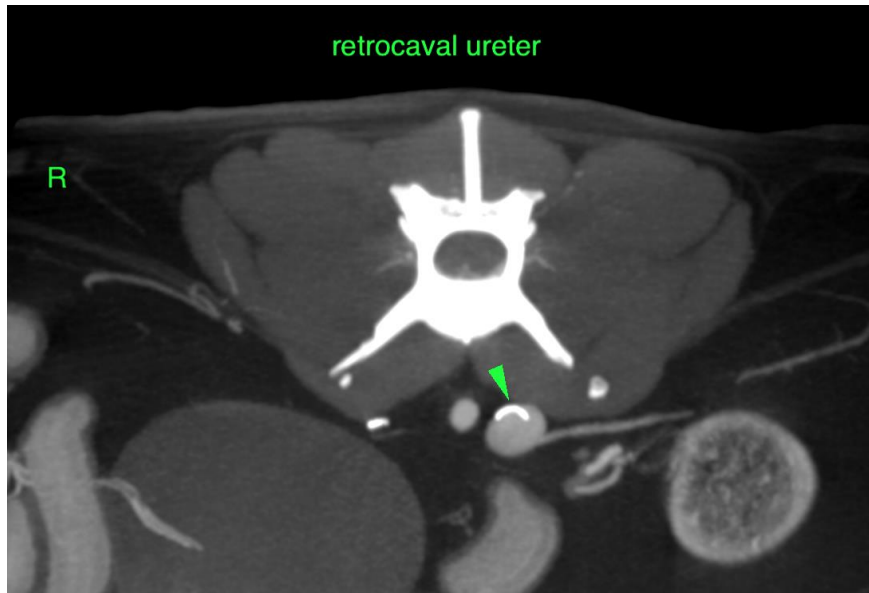
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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