



**PATIENT**

Belle Henry

**PRESENTING CLINICAL SIGNS**

P presented for a possible mass or abscess on the right side of the face. During the CT after giving the contrast the p appeared to stop breathing. After the p was stabilized the CT continued but part of the head was cut off while imaging.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**BREED**

Domestic Shorthair

**COMPUTED TOMOGRAPHIC FINDINGS**

The most caudal aspect of the skull is cropped in the post contrast CT study.

**SEX**

Female Spayed

Multiple teeth are absent and the remaining teeth present evidence of advanced periodontal disease with dental resorptive lesions. The alveolar bone level triadan 108 presents moth eaten osteolytic lesions with mild brush-border like periosteal new bone formation.

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

**AGE**

14

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

A moderate soft tissue swelling is seen centered on the right external ear canal. Post contrast administration a heterogeneous contrast enhancing mass is perforating the right external measuring approximately 2.5 x 3.5 x 3.0 cm in size. The mass is extending rostrally up to the level of the zygomatic process of the right temporal bone – presenting mild immature solid periosteal new bone formation. In the medial aspect the mass is bulging into the right tympanic bulla. The right tympanic bulla is filled with soft tissue attenuating material. The wall of the right tympanic bulla is thickened and presents interspersed moth eaten osteolysis.

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

The left external ear canal presents a moderate to marked mural thickening with undulating luminal margins and heterogeneous moderate contrast enhancement. The left external ear canal is moderately narrowed. The left tympanic bulla is moderately filled with non-contrast enhancing soft tissue material; the wall is mildly thickened with interspersed moth eaten osteolytic lesions.

**REFERRING VET**

Alyssa Carver

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.

**INVOICE**

47344

The medial retropharyngeal lymph nodes are moderately enlarged.

**DATE**

9-9-21

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass perforating the right external ear canal
- Left sided marked chronic otitis externa
- Bilateral chronic otitis media
- Lymphadenopathy medial retropharyngeal lymph nodes bilaterally
- Advanced periodontal disease, focal osteomyelitis of the alveolar bone level 108



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is consistent with primary soft tissue neoplasia originating from the right external ear canal with perforation of the right external ear canal; differentials include ceruminous gland adenocarcinoma, squamous cell carcinoma, other. Surgical excision of the mass including a right sided total ear canal ablation can be tried.

The enlarged medial retropharyngeal lymph nodes are equivocal for metastatic spread versus reactive hyperplasia – recommend FNA sampling for further definition. Recommend full tumor staging.





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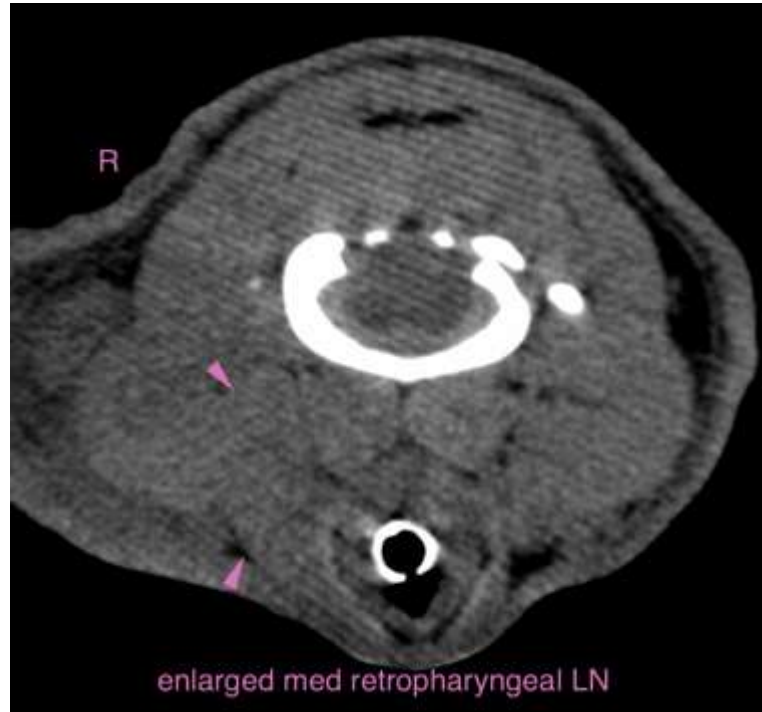
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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