



IT'S YOUR CASE

Species: Rabbit

Breed: Mini Lop

Sex: Male Neutered Age: 6 years, 1 month

Clinical History:

Left-sided facial swelling. Bilaterally stenosis of the external ear canals, which are difficult to examine due to the presence of ceruminous material.

Details of study and technical comments: pre- and post-contrast CT series of the head, processed in bone and soft tissue algorithms, with mm slice thickness, are available for interpretation.

Diagnostic interpretation:

Lingual hooks are seen at the level of the mandibular cheek teeth, and buccal hooks at the level of the maxillary cheek teeth (worse right maxillary and left mandibular cheek teeth), indicating elongation (fig. 1, left).

There is permeative osteolysis involving the left tympanic bone, associated with mild osteoproliferation. A slight widening of the left internal acoustic meatus is observed (fig. 1, centre and right). The tympanic bulla is filled with hypoattenuating, heterogeneous material (fig. 2, left). The tympanic bulla's cavity communicates with a well-delineated lesion (1.7x1.2x1.8) showing relatively hypoattenuating centre and peripheral rim enhancement (fig. 2, centre). The structure caudally communicates with the caudal, lateral aspect of the external ear canal; the rostral, medial part of the canal cannot be appreciated (fig. 2, right).

There is bilateral enlargement of the mandibular and medial retropharyngeal lymph nodes, more pronounced on the left side.

The right external ear canal contains hypoattenuating, non-enhancing material.

The rest of the head is normal; there is moderate multifocal spondylosis of the cervical spine included in the exam, and a vacuum phenomenon at C3/4.

Conclusions:

- Mild to moderate elongation of the maxillary and mandibular cheek teeth (worse right maxillary and left mandibular)
- Monostotic aggressive bone lesion involving the left tympanic bone, associated with ring-enhancing lesion in the left external ear canal: consider chronic otitis media with osteitis and external ear canal abscess, most likely; as possible differential, consider tympanic bulla neoplasia



Reported by VetCT

t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com

Co Number 6955449 Registered Office Broers Building 21 JJ Thomson Avenue Cambridge CB3 0FA UK

ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.

(such as carcinoma) with external ear canal involvement, or primary external canal neoplasia with secondary tympanic bulla involvement

- Mild widening of the left internal acoustic meatus (suspected early /mild internal otitis)
- Marked bilateral (left worse) mandibular and medial retropharyngeal lymphadenomegaly
- Right external otitis with stenosis of the external ear canal
- Multifocal chronic degenerative intervertebral disc disease involving the visible part of the cervical spine

Additional comments:

To reach a definitive diagnosis, cytologic or histologic exam of the material contained in the left ring-enhancing lesion is recommended. Fine-needle aspirates of the mandibular and medial retropharyngeal lymph nodes are also indicated.



Figure 1

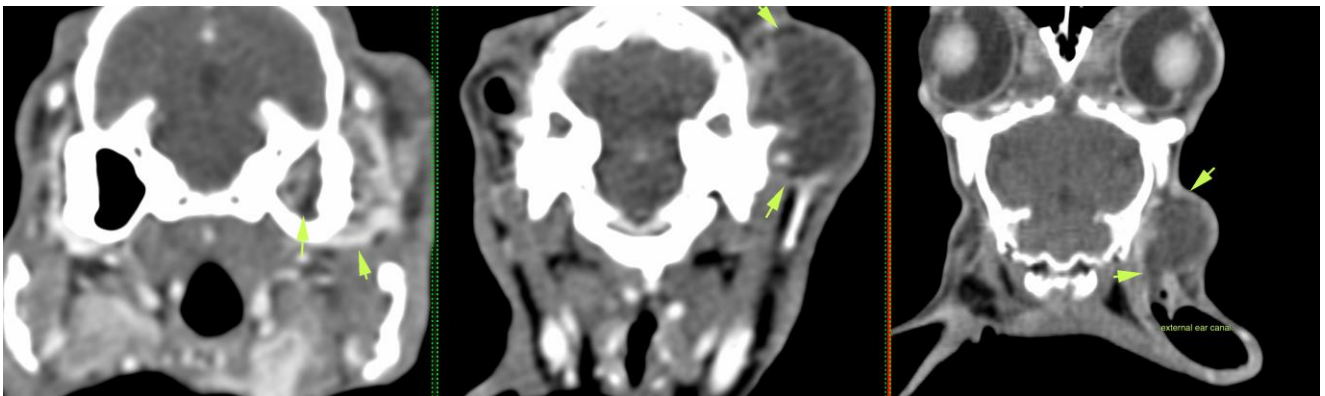


Figure 2



Reported by VetCT

t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com

Co Number 6955449 Registered Office Office Broers Building 21 JJ Thomson Avenue Cambridge CB3 0FA UK

ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.