



## PATIENT

Tucker Johnson

## SPECIES

Canine

## BREED

American Staffordshire  
Terrier

## SEX

Male

## AGE

5Y

## WEIGHT

17.6kg

## INTERPRETED BY

Dr. Mauro Caldas MV,  
CBRV

## IMAGING PERFORMED BY

Dr. Amanda Causey,  
DVM

## HOSPITAL NAME

Vet View Mobile  
Imaging

## REFERRING VET

Dr. Julia Drube

## INVOICE

74991

## DATE

5-13-26

## PRESENTING CLINICAL SIGNS

Treating for bilateral otitis externa/media. Patient developed a left-sided head tilt with vestibular signs. Physical examination revealed purulent, hemorrhagic discharge from the left ear canal (AS). Concerns for a possible left-sided aural mass.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post-contrast images provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Fluid content is present within the left tympanic cavity. The right tympanic cavity is air filled. No bullae bone lysis is seen on the left or right side.

Occlusion with diffuse wall thickening within the horizontal portion of the bilateral external ear canals is seen. Mineralization is seen on both sides as well.

The brain is unremarkable with no evidence of a mass effect, hemorrhage, or abnormal contrast enhancement. Pituitary gland is 3,1 mm tall.

No fluid or mass is present in the nasal cavities. No turbinate lysis seen. Mild nasal septum deviation to the left side is noted. The frontal sinuses present with air content on both sides.

The dentition appears normal. No periodontal lysis seen.

The mandibular lymph nodes are symmetric and with normal size and shape. The left retropharyngeal lymph node is mildly enlarged measuring, 10,8 mm wide (right 6,2 mm).

The salivary glands appear normal.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided otitis media.
- Occlusion of the external ear canals on the both sides, with wall thickening and mineralization.
- Left sided retropharyngeal enlargement

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The left peripheral vestibular signs are likely secondary to the left media / internal otitis. The external ear canal occlusion is probably an extensive chronic inflammatory tissue. Small nodules or polyps cannot be ruled out. Bilateral TECA is indicated and antibiotic therapy is recommended for presumed bacterial otitis media. Left sided bulla osteotomy can be considered.

The secondary lymph node enlargement is likely reactive.



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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.

**Dr. Mauro Caldas MV, CBRV**

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