



PATIENT

Sadie Cocker

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

S

AGE

9Y

WEIGHT

8.5kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Victoria Bradshaw

HOSPITAL NAME

Gulf Shore Veterinary
Specialty Surgery

REFERRING VET

Dr. Byron Young DVM,
MS, DACVS

INVOICE

73122

DATE

12-29-25

PRESENTING CLINICAL SIGNS

Sadie has a history of left ear otitis that has not responded to medical management. The left ear canal is mostly closed and painful. She is no longer tolerant of topical medication. Imaging performed for TECA surgical planning.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

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

The left ear canal is markedly abnormal, containing multiple irregular epithelial proliferations throughout the canal wall. These proliferative changes result partial to near complete luminal obstruction and stenosis of the canal. Hypoattenuating material is seen within the residual lumen of the left external auditory meatus consistent with chronic inflammatory debris or exudate. The tympanic membrane appears intact. The left tympanic bulla is unremarkable. No evidence of right sided ear canal stenosis or tympanic bulla involvement is noted. There is no evidence of nasopharyngeal proliferations.

Mild enlargement of the left retropharyngeal lymph node consistent with reactive lymphadenopathy is seen.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic left sided otitis externa with marked epithelial hyperplasia, partial to complete occlusion of the left external auditory meatus, and intraluminal inflammatory material.
- No CT evidence of left otitis media.
- Mild reactive left retropharyngeal lymphadenopathy.
- Normal right ear.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with end stage chronic otitis externa on the left hand side with severe epithelial proliferation and functional obliteration of the ear canal lumen. Importantly, the left tympanic bulla appears normal with no evidence of middle ear disease or bone involvement, which is favorable for surgical planning. Despite the absence of imaging evidence of otitis media, subclinical middle ear involvement cannot be entirely excluded, however, CT is generally sensitive for clinically relevant bulla disease. The imaging findings support the clinical assessment that continued medical



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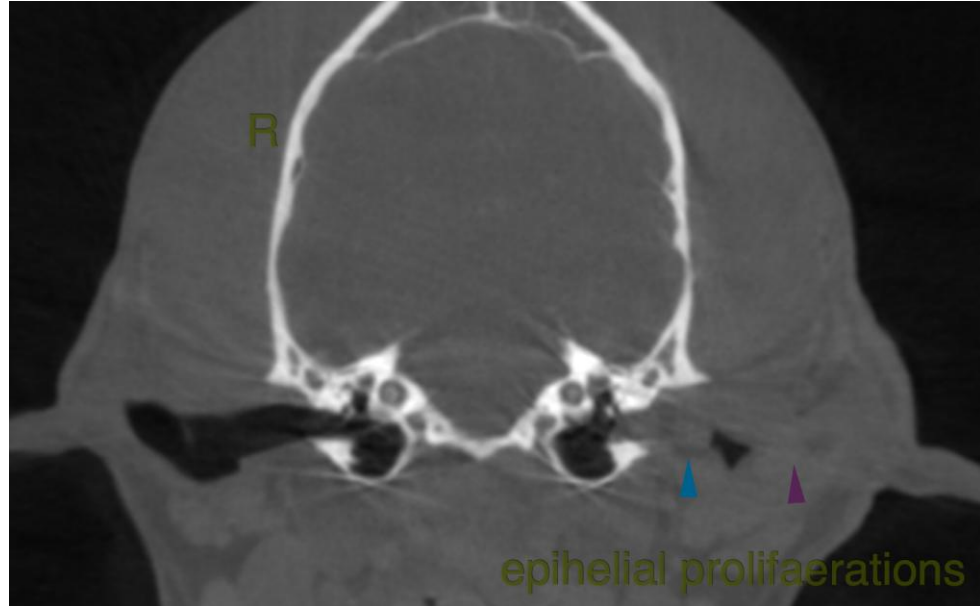
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management is unlikely to be successful. Surgical planning for TECA is recommended. At this time, there is no evidence of neoplastic disease even though histopathologic evaluation of excised canal tissue to completely exclude neoplasia is recommended.



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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com