



## PATIENT

Felix Baron

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

9Y

## WEIGHT

5.95kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

EH

## HOSPITAL NAME

Crown Veterinary  
Specialists and Associates

## REFERRING VET

Theresa Hess

## INVOICE

73162

## DATE

12-30-25

## PRESENTING CLINICAL SIGNS

Felix was presented to Crown Veterinary Specialists for mass behind his left ear. On 12/9/25 he was evaluated at South Branch Veterinary Service for swelling noted caudal to his left ear that was first noted about a week prior to presentation. The owner had tried to "move" the lump and Felix started having "dizzy spells" with nystagmus; this occurred for approximately 36 hours. An FNA of the mass was attempted during his vet visit; however, the sample was acellular; therefore, referral to a specialist for a CT scan and biopsy was recommended. Three to four times a year Felix will cough / gag like he is trying to bring up a hair wall but is unsuccessful. The frequency of this has decreased since the owner has moved to a newer housing situation. No thoracic radiographs have ever been performed but he was presumptively diagnosed with feline asthma.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Head

Bilateral chronic otitis media with expansion and partial lysis of the bullae, lysis of the temporal bones, and skull base are seen supporting tympanokeratoma formation bilaterally, which causes a mass effect on the nasopharynx from right and left dorsolateral aspects.

A defect is seen in the lateral aspect of the left tympanic bulla with a 15 x 10mm sized cavitory lesion lateral to it, caudal to the left external auditory meatus demonstrating peripheral rim enhancement and fluid attenuating center consistent with abscess, secondary to chronic ear disease and drainage tract formation. Regional cellulitis is noted adjacent to the left bulla.

No evidence of intracranial extension is identified at present.

There is bilateral retropharyngeal lymphadenomegaly.

### Thorax

Atelectasis of the right middle lung lobe is noted with volume loss and lobar alveolar pattern. There is a mild generalized bronchial lung pattern. No pulmonary nodules or masses are identified.

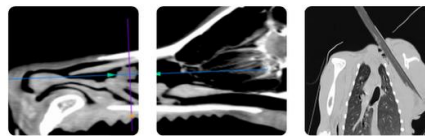
Mild sternal lymphadenomegaly is noted.

The tracheobronchial lymph nodes present within normal limits.

The heart and remaining thoracic structures are within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic bilateral otitis media with bilateral tympanokeratoma formation and associated mass effect on the nasopharynx.
- Left sided bulla defect with rim enhancing cavitory lesion compatible with abscess, secondary to chronic middle ear disease.
- Regional cellulitis and bilateral reactive lymphadenitis.
- Lower airway disease with right middle lung lobe atelectasis – likely feline asthma and unrelated to middle ear changes.



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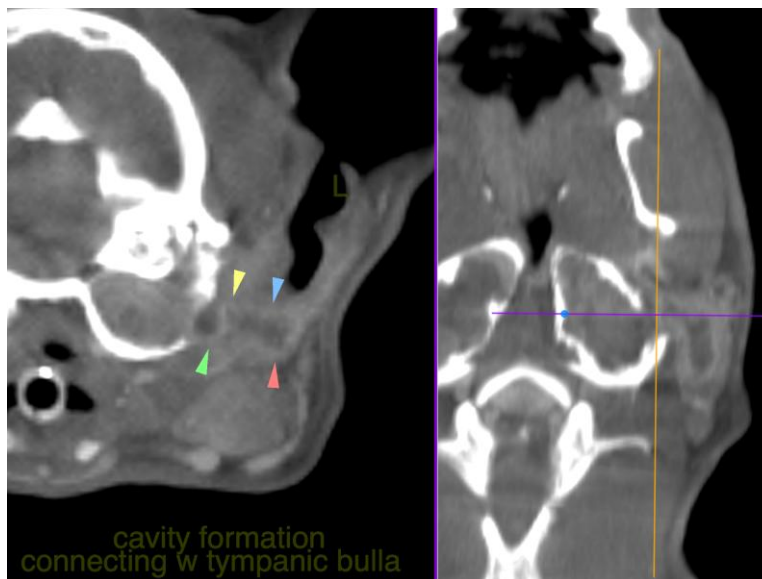
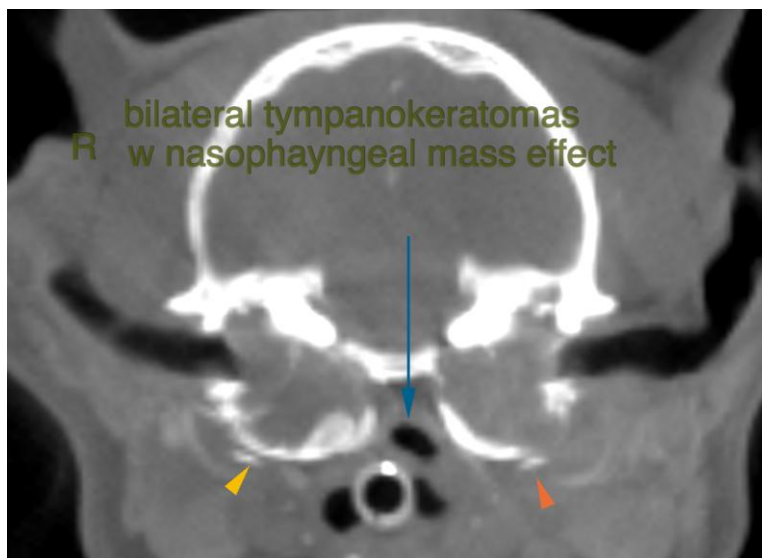
12-30-25

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings indicate long standing bilateral otitis media with bilateral tympanokeratoma formation. The cavitory lesion adjacent to the left bulla represents likely an abscess due to drainage tract formation. There is no evidence of intracranial extension of the otitis media at this time even though this cannot be ruled out on a microscopic level.

The thoracic changes likely represent chronic allergic airway disease possibly related to feline asthma. Infectious bronchitis cannot be ruled out but is considered less likely.

Surgical consultation for bulla osteotomy and left bulla associated abscess and tympanokeratomas is recommended. Culture and sensitivity of abscess material should be performed if surgery is undertaken.





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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.

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

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