



PATIENT

Dexter Ho

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

5Y

WEIGHT

23.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Paws and Claws
Urgent Care

REFERRING VET

Alexis Rambaud

INVOICE

74424

DATE

3-31-26

PRESENTING CLINICAL SIGNS

- TECA left ear several years ago.
- Presented 3/27/26 for progressive left-sided facial swelling with exophthalmos and lateral strabismus, poor appetite, pain when opening mouth.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Status post left TECA surgical site appears unremarkable without evidence of inflammatory changes. However, a large fluid filled cavity of approximately 8 x 3 cm is seen within the left temporal muscle showing peripheral rim enhancement and extending into the left retrobulbar and retromolar spaces resulting in left sided exophthalmos and lateral globe deviation.

The left tympanic bulla is filled with hypoattenuating material with marked osseous thickening. Associated sclerosis of the left petrous temporal bone and temporomandibular joint are seen.

Plaque like thickening and contrast enhancement of the dura lateral to the left cerebral hemisphere is seen. Suspicion for intracranial extension such as empyema +/- dural involvement. Mild rightward midline shift of the brain is seen.

Left retropharyngeal lymphadenomegaly is noted.

Moderate fluid accumulation is present in the left nasal cavity and left frontal sinus.

The right ear presents mild mucosal thickening of the tympanic bulla and evidence of chronic otitis externa.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe left sided infectious/inflammatory process centered on the tympanic bulla with extension into temporal muscle (large abscess), retrobulbar, and retromolar space, intracranial compartment (suspected epidural empyema/pachymeningitis).
- Secondary left rhinosinusitis.
- Regional left retropharyngeal lymphadenomegaly.
- Right sided otitis media and externa.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with a severe ascending or locally invasive infection likely originating from chronic otitis media with extensive extra- and intra-cranial spread. The large rim-enhancing temporal muscle lesion is compatible with an abscess with retrobulbar and retromolar extension which correlates with the clinically drained purulent material. Left nasal cavity and frontal sinus involvement is noted as well.

The dural thickening and potential epidural fluid strongly raises the concern for intracranial empyema which may represent a life-threatening complication. Urgent aggressive treatment is indicated. Surgical intervention such as drainage/debridement and exploration of the affected regions is strongly recommended. Consider advanced surgical/neurosurgical consultation due to intracranial involvement. MRI can be considered to further delineate the nature and extent of intracranial involvement. Broad



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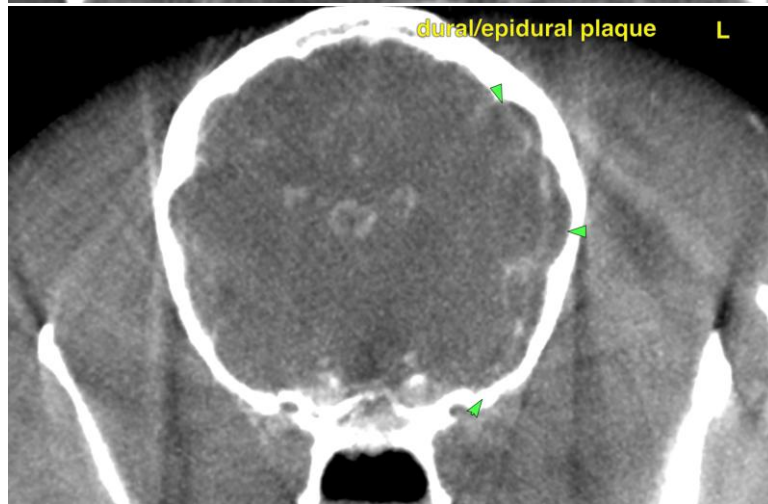
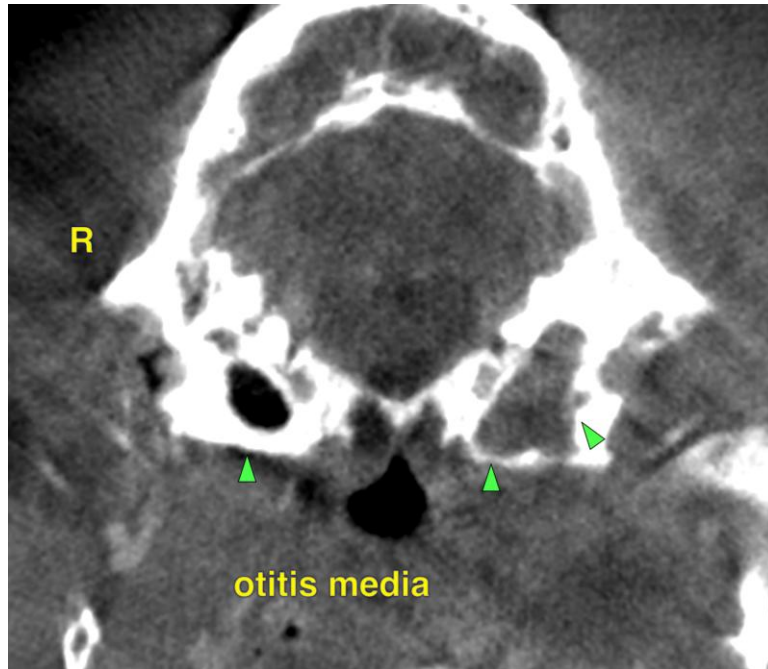
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spectrum IV antibiotics with good CNS penetration appear to be indicated. Culture and sensitivity testing of drained material is recommended if not already performed. Close neurological monitoring is advised.





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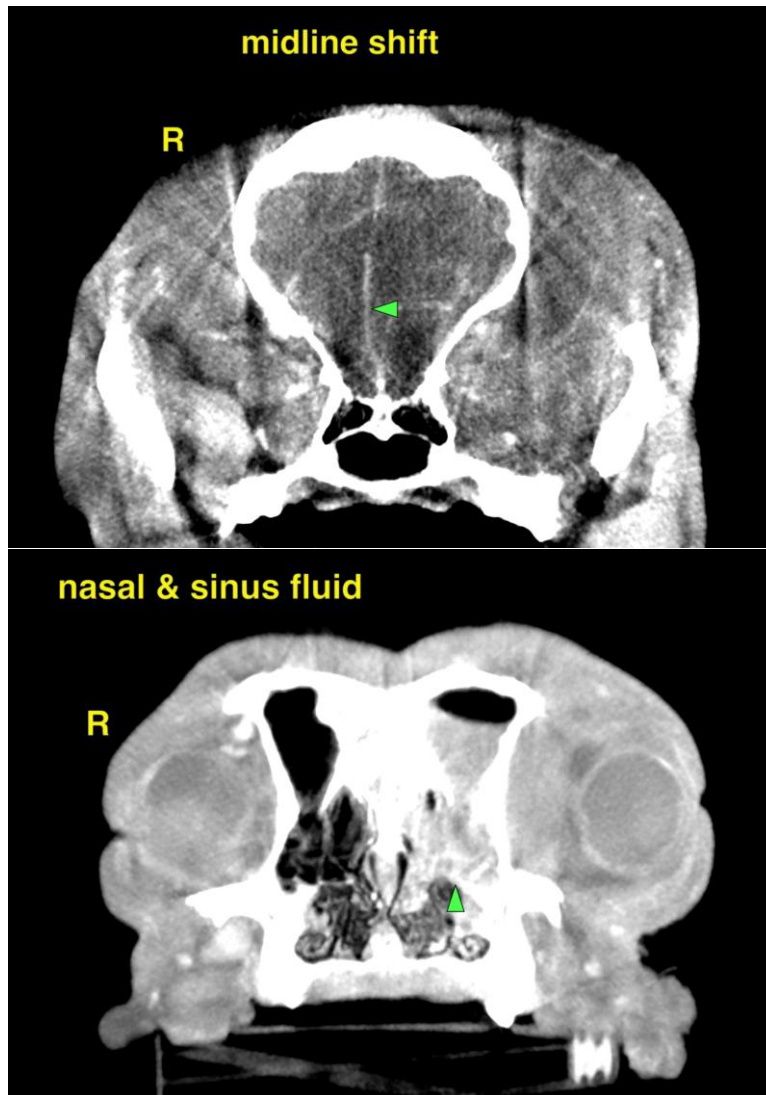
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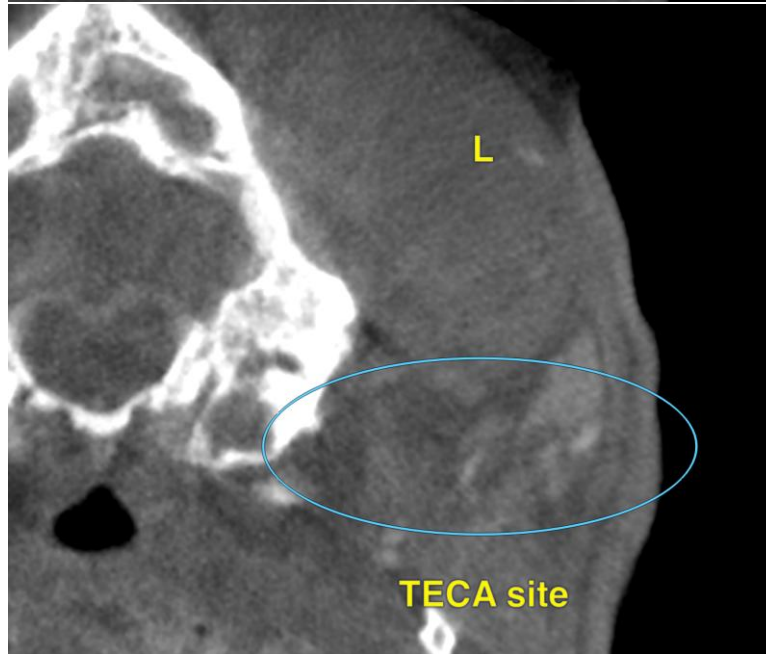
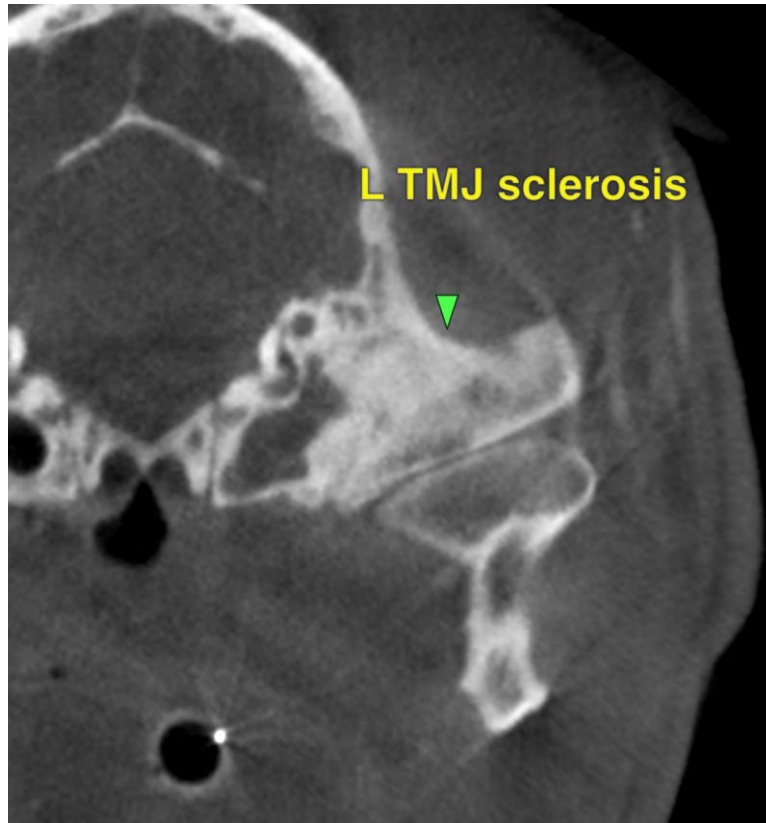
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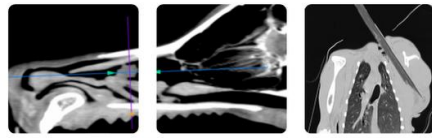
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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.

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