



PATIENT

Nico Reyes

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

7Y

WEIGHT

27lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Silas Ashmore

INVOICE

74066

DATE

3-5-26

PRESENTING CLINICAL SIGNS

- history of Total Ear Canal Ablation left ear, 3 weeks ago he started shaking the head and presenting pain when owner was touching the left ear,
- presenting pain when i was touching also when i was trying to open his mouth

Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The patient has a history of left sided ear canal ablation, and I presume also BO.

There is a large fluid filled cavity at the previous ablation site measuring approximately 5 x 4 x 3 cm. The cavity is thick walled with peripheral rim enhancement, central fluid accumulation, and partially mineralized content is noted within the cavity. Peripheral soft tissue swelling is seen around the cavity. The cavity is situated in the position of the previous ear canal and ventral to the tympanic bulla. The cavity communicates with the defect in the ventral bulla wall. The bulla is expanded and presents thickening of the residual osseous lining. Sclerosis and lysis of the skull base and temporal bone extending toward the left temporomandibular joint raising risk of jaw lock is seen. Early signs of intracranial extension are noted with mild regionally increased enhancement of the meninges.

The right tympanic bulla is filled with fluid attenuating material representing otitis media. Severe stenosis of the right external ear canal is seen.

Mild to moderate left medial retropharyngeal and submandibular lymphadenomegaly is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Post-surgical left auricular abscess with chronic otitis media and early signs of intracranial extension as well as regional osteitis extending to the left temporomandibular joint.
- Right sided otitis media and ear canal stenosis.
- Reactive regional lymphadenopathy.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with periauricular abscess and chronic otitis media on the left side. Severe chronic otitis media with regional osteitis extending to the left temporomandibular joint and raising risk for jaw lock is noted. Regional cellulitis and reactive lymphadenopathy are seen as well.

Note the presence of right sided otitis media and externa with ear canal stenosis.

Surgical consultation is urgently recommended due to risk of intracranial extension and temporomandibular joint compromise. Culture and cytology of the left auricular cavity if not already obtained to guide antibiotic therapy is recommended. Close monitoring of neurologic status is advised.



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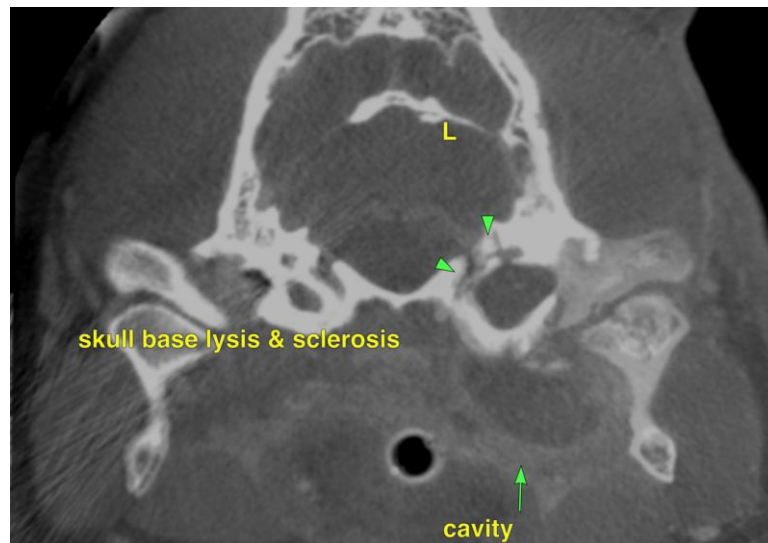
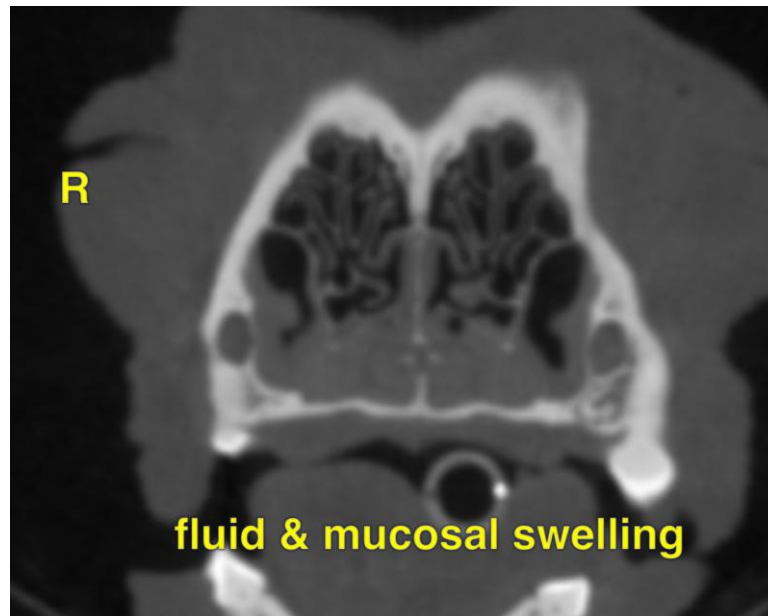
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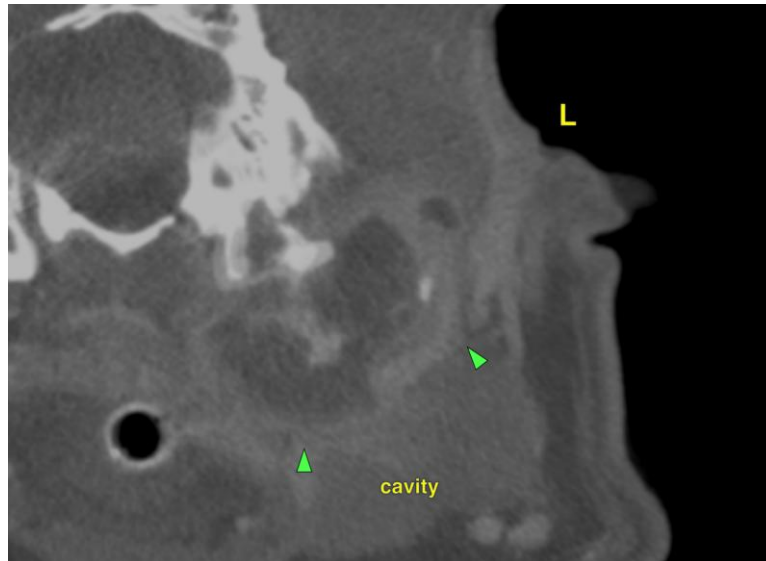
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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