



PATIENT

Odin Rolfsrud

SPECIES

Canine

BREED

Pug

SEX

Male Neutered

AGE

9Y, 6M

WEIGHT

25lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Alyssa Cave

HOSPITAL NAME

Queen Creek
Veterinary Clinic

REFERRING VET

Dr. Carly Meschino

INVOICE

74069

DATE

3-5-26

PRESENTING CLINICAL SIGNS

- Acute history of painful on jaw opening. Previous ear infections and allergies.

Abnormal PE/Chem/CBC/UA Results: Ear cytology showed Cocci

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The left tympanic bulla presents with severe expansion and smooth bony lysis of the bulla wall and skull base consistent with chronic tympanokeratoma (cholesteatoma). The expansion of the bone has caused skull bone thinning and interference with the left temporomandibular joint raising the risk of jaw locking. Risk of intracranial extension due to lytic changes and proximity to skull has to be noted as well.

Severe chronic bilateral thickening of the epithelial lining of the external auditory meatuses with marked ear canal stenosis is seen.

The right tympanic bulla shows fluid content and smooth thickening of its osseous lining consistent with otitis media.

Severe periodontitis is affecting teeth 106, 107, 108, and 206 with oronasal fistula formation present on both sides.

The regional lymph nodes are normal in size and attenuation with no evidence of reactive or metastatic enlargement.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic expansile tympanokeratoma of the left tympanic bulla with bulla expansion, skull base lysis, and interference with the left temporomandibular joint resulting in jaw locking and raising risk for intracranial infection.
- Severe chronic bilateral otitis externa with right otitis media and marked bilateral ear canal stenosis.
- Multiple severe periodontitis with oronasal fistula formation affecting 106, 107, 108, and 206.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with chronic tympanokeratoma of the left middle ear with skull base lysis, bone expansion, and interference with the left temporomandibular joint. Left BO with complete tympanokeratoma removal, sampling for culture, sensitivity, and histopathology is recommended with careful management of skull base to reduce risk of intracranial complications. Intraoperative temporomandibular joint evaluation due to mechanical interference is recommended.

Consider dental extractions of the affected teeth and repair of oronasal fistulae.



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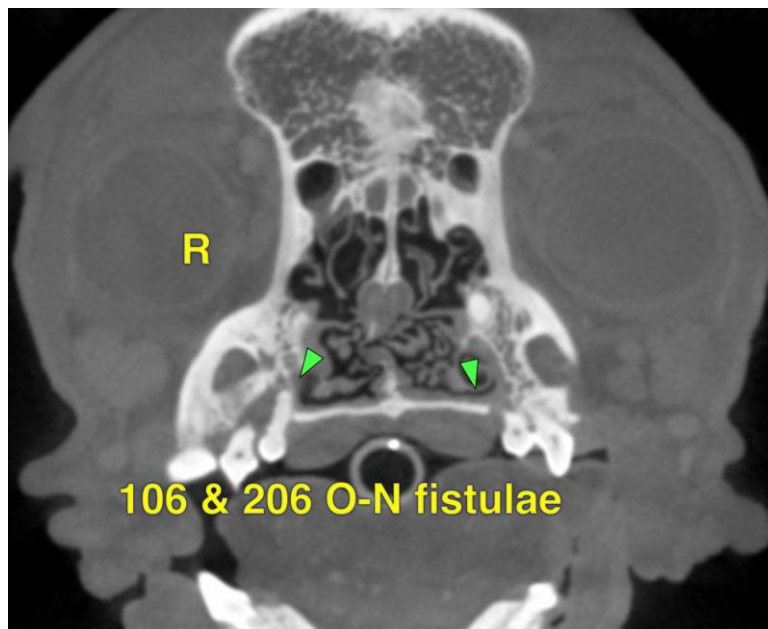
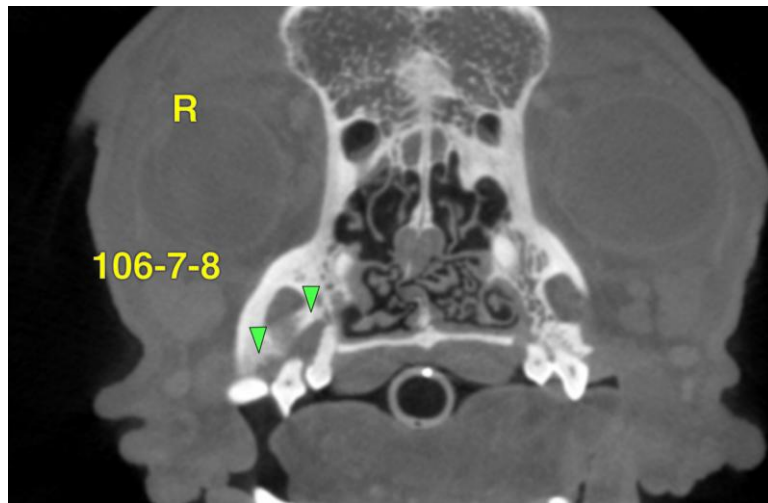
Dr. Carly Meschino

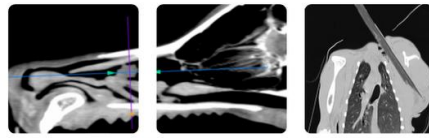
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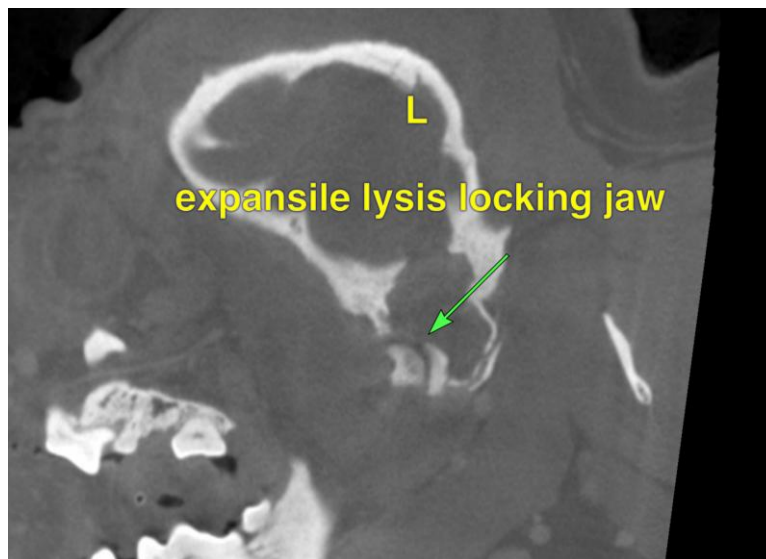
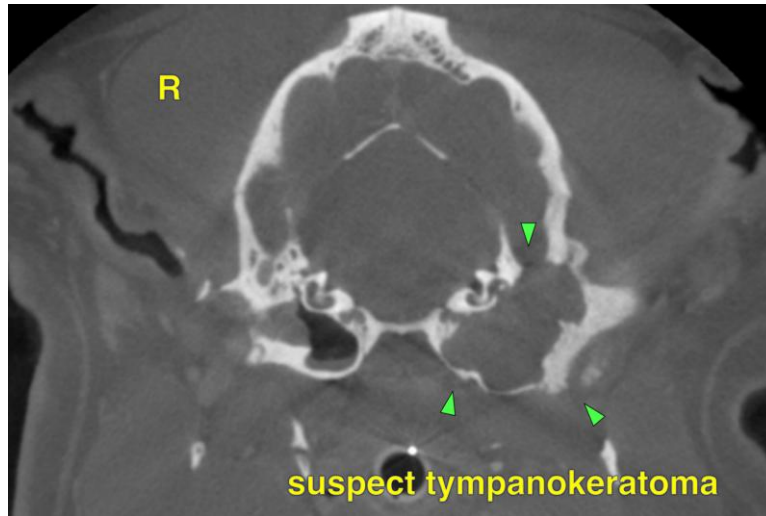
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
info@sonopath.com