



PATIENT

Gallifrey Johnson

SPECIES

Feline

BREED

Domestic Mediumhair

SEX

F

AGE

2Y, 3M

WEIGHT

3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda & Lisa

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Dr. Laurie Huckle

INVOICE

74623

DATE

4-15-26

PRESENTING CLINICAL SIGNS

discharge in left ear 1.5 years, polyp discovered 3 months ago. CT to determine if TECA would be a viable option.

Abnormal PE/Chem/CBC/UA Results: Pink fleshy polyp in left ear

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Presence of a well-defined tubular elongated soft tissue attenuating mass is seen medially within the left ear canal measuring approximately 14 x 5mm. The lesion is soft tissue attenuating with peripheral contrast enhancement consistent with a polypoid lesion. Surrounding fluid accumulation and epithelial thickening is noted within the left ear canal compatible with chronic otitis externa. The left tympanic bulla is filled with soft tissue and fluid attenuating material. Marked osseous wall thickening and remodeling consistent with chronic otitis media is seen. The petrous temporal bone presents mild regional sclerosis.

Mild regional meningeal thickening adjacent to the affected petrous bone suggestive of reactive or inflammatory meningeal involvement is seen.

Mild enlargement of the left retropharyngeal lymph node, likely reactive, is seen.

No nasopharyngeal polyp is identified.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic left sided otitis media and externa with ear canal polyp.
- Mild reactive meningeal thickening suggesting early intracranial extension of the otitis media.
- Mild regional lymphadenopathy most consistent with reactive change.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with a chronic inflammatory aural polyp within the left ear canal in conjunction with long-standing otitis externa and media. The degree of bulla wall thickening and sclerosis indicates chronicity which may reduce the likelihood of complete resolution with traction/avulsion alone. A nasopharyngeal component of the polyp formation is not seen at this time.

The meningeal changes likely represent reactive inflammation though intracranial extension is not completely excluded.

Surgical management by means of BO and TECA can be considered. Obtain samples for culture and sensitivity to allow for targeted antimicrobial and anti-inflammatory therapy.



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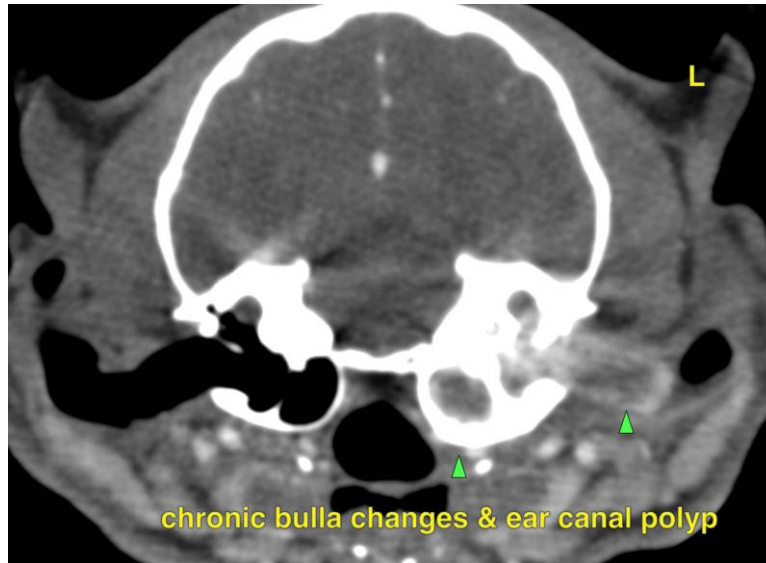
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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