



**PATIENT**

Hendrix Second  
Chance Rescue

**PRESENTING CLINICAL SIGNS**

TECA starting with the left side as long as no CNS/brain abnormalities are noted on CT scan. severe end stager ear canal disease head tilt/CN changes, history of seizure- rule out secondary to ears vs CNS

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX**

Post contrast study available for review.

**BREED**

Lab Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head & Neck**

Severe signs of periodontal disease accentuating the triadans 108, 109, 208, & 209 are seen multifocally.

**SEX**

MN

Both tympanic bullae contain fluid attenuating material with a meniscus sign, R>L. Moderate thickening of the osseous lining of the tympanic bullae is seen. The osseous cochlea and labyrinthium of the inner ear presents within normal limits.

**AGE**

8 Years

No intracranial neuroparenchymal changes can be identified.

The assessment of the middle and caudal fossa is limited due to the presence of beam hardening streak artifacts.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Severe obliteration of the bilateral external auditory meatuses with soft tissue attenuating material is seen. A recognizable lumen is not patent anymore. Severe circumferential osseous wall metaplasia is also present bilaterally accentuating the horizontal parts of the external auditory meatus; however, extending into the vertical parts as well. Moderate thickening of the base of the pinna is seen bilaterally as well.

**HOSPITAL NAME**

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Center

The bilateral medial retropharyngeal lymph nodes and submandibular lymph nodes present mild symmetric enlargement.

The soft tissues of the neck present within normal limits.

The thyroid gland, salivary glands, and cervical lymph nodes present within normal limits.

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**Thorax**

A subcutaneous soft tissue nodule is noted in the left lateral thoracic wall.

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

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7-5-23



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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

Mild generalized bronchial wall thickening is noted. There is a 2.0 cm sized soft tissue nodule at the base of the right middle lung lobe. Pulmonary osteomas are seen in the remainder of the lung as well as atelectatic changes. No additional nodules or masses are seen.

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**BREED**

Lab Mix

Note the presence of multifocal mineralization within the liver.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SEX**

MN

- Severe chronic bilateral otitis externa and media with acquired ear canal stenosis and wall metaplasia.
- No evidence of intracranial pathology.
- Bilateral medial retropharyngeal and submandibular lymphadenomegaly.
- Multifocal moderate to severe periodontal disease accentuating at the triadans 108, 109, 208, & 209.
- Single interstitial pulmonary soft tissue nodule in the right middle lung lobe.
- Bronchial lung pattern.

**AGE**

8 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The CT study confirms presence of severe bilateral chronic otitis externa with acquired ear canal stenosis and wall metaplasia. Concurrent chronic otitis media is seen bilaterally, R>L.

The regional lymphadenomegaly is mild and compatible with reactive hyperplasia.

**HOSPITAL NAME**

Animal Surgical  
Center

A pulmonary interstitial nodule is seen in the right middle lobe meeting neoplastic criteria. Primary neoplasia of the lung such as bronchial carcinoma, secondary neoplasia of the lung such as sarcoma, round cell neoplasia, or metastatic disease of an undetermined primary tumor is considered likely. Unfortunately, the nodule is not accessible for ultrasound guided sampling.

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The bronchial lung pattern suggests presence of chronic lower airway disease such as eosinophilic bronchopneumopathy or infectious bronchitis. Diffuse infiltration of the bronchial walls is fairly uncommon and not likely.

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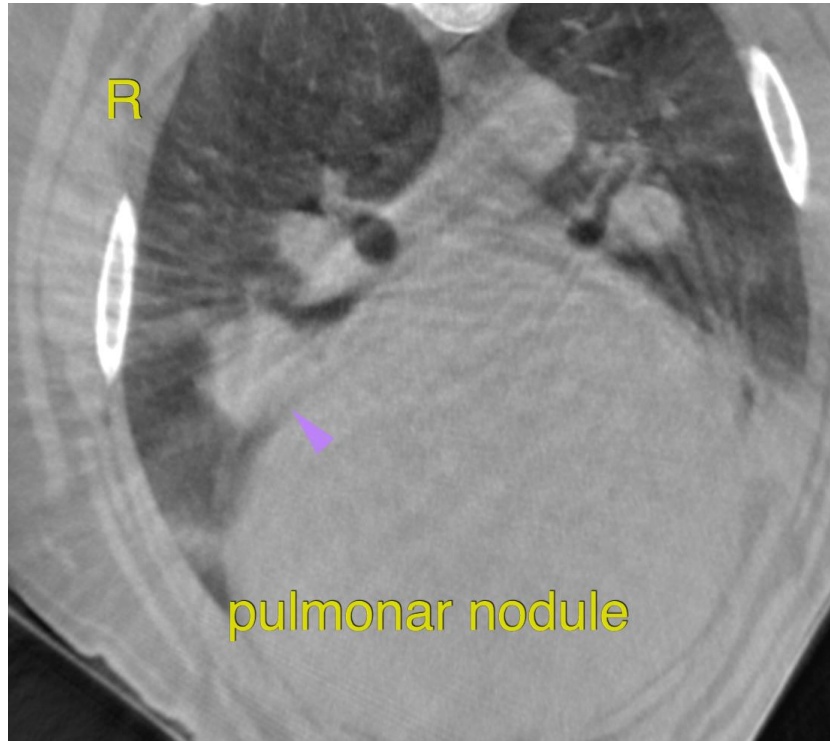
Rescue

**INVOICE**

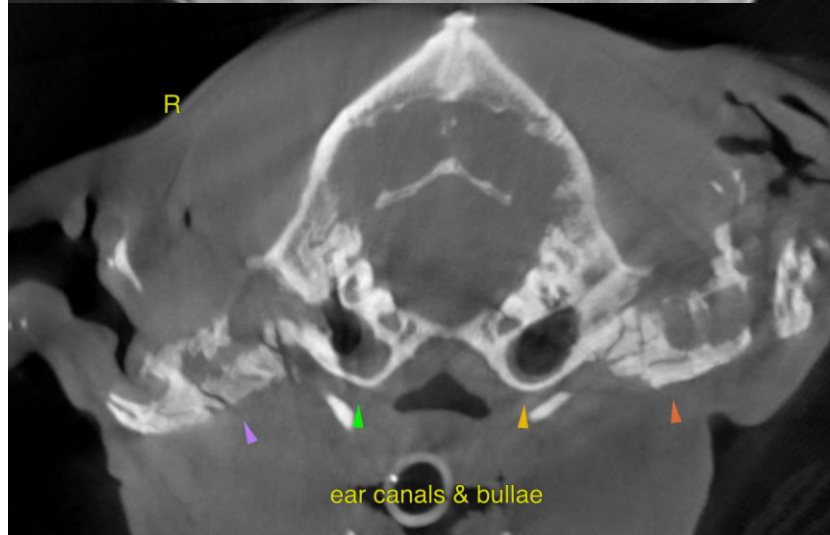
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pulmonar nodule



ear canals & bullae



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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

**SPECIES**

Canine

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Lab Mix

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