



PATIENT PRESENTING CLINICAL SIGNS

Milo Mayank

PC: Shaking head Seen at VEC on Aug 2 for exaggerated swallowing/painful swallowing and loss of meow. Reportedly ears were normal at that time (according to physical exam notes). No abnormalities found. No diagnostics. Home for monitoring. Aug 9 presented to VEC for bleeding from the left ear. Pyrexia at 40.0. Sedated otic exam revealed intact tympanic membrane and scabbed bleeding. No obvious cause for bleeding seen. Meow and swallowing had resolved by this time. Recheck by RDVM on Aug 9 (same day?)? Scratching his ears, blood and yellow discharge from his ears. Shaking his head a lot. RDVM could only see a blood clot in his ear - offered sedated otic exam and owner declined. Sent home with soft E-collar - Milo was able to reach around this to scratch. Since then was doing well with antibiotics and ear drops. Last night his face and ears would tremble for 1-2 minutes - has occurred 4-5 times. Moving slowly. Seems disoriented. When his face is trembling he can't stand up. Doesn't seem to have control of this. Eating well yesterday, eating less today. No vomiting. But sneezing started yesterday. Has always had some nasal discharge. Has been scratching his ear. Able to scratch his ear with the cone on. Abnormal PE/Chem/CBC/UA Results: Ears: abnormal left ear - moderate brown dry discharge, some dried blood and dried inflammatory fluid, pruritus. Nose: unilateral nasal discharge - mild dried brown discharge from left nare Subjectively mild head quiver at times at rest (but also watching things in motion), but no nystagmus, no significant tremors, just frequent ear twitching and ear scratching on the left side (consistent with pruritus). Ear Cytology + exam Sedated otic exam reveals scabbing at base of ear that appears to be from scabbing. Moderate brown debris in external canal, mild clear/yellow fluid in middle canal, unable to visualize tympanic membrane. Ear cytology revealed cocci, degenerate neutrophils, dried blood, debris. No yeast.

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

11 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

MAGNETIC RESONANCE IMAGING STUDY OF THE HEAD

T2-weighted, FLAIR, diffusion weighted, T2-Star and T1-plain and FLAIR post contrast studies in multiple image planes available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

The left tympanic bulla is filled with fluid intense material. Moderate irregular mucosal swelling is seen within the ventral aspects of the hypo-, meso-, and epi- tympanum. Increased contrast enhancement in the digastricus muscle ventral of the left tympanic bulla is seen. The mucosal swelling blends into thickening and increased enhancement of the epithelial lining of the left external auditory meatus. Mild fluid accumulation and mucosal swelling is seen in the right tympanic bulla without evidence of intracranial extension. There is left inner ear enhancement as well as regional meningeal thickening and increased contrast enhancement in the brainstem and level with the vestibular cochlea and facial nerves adjacent to the left tympanic bulla and inner ear.

The left medial retropharyngeal lymph node presents mild enlargement with mildly increased contrast enhancement.

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REFERRING VET

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Mucosal swelling and fluid accumulation is seen within the left frontal sinus. There is mild frontal sinus hyperostosis and mild right sided mucosal swelling. Moderate left sided turbinate destruction and mild right sided turbinate destruction is present within the right nasal cavity. Both nasal cavities present moderate mucosal swelling and fluid accumulation.

DATE

8-18-21



PATIENT **MAGNETIC RESONANCE IMAGING DIAGNOSIS**

Milo Mayank

- Left sided otitis media, interna, and externa with intracranial extension of the otitis.
- Moderate right sided otitis media.
- Left digastricus myositis with regional cellulitis.
- Bilateral chronic destructive rhinosinusitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Ragdoll

The MRI findings are compatible with severe left sided otitis externa, media, and interna with intracranial extension and peripheral myositis and cellulitis. Moderate right sided otitis media is seen as well, however, there is no evidence of intracranial extension on the right side. Complex upper respiratory tract infection with bilateral destructive rhinosinusitis appears to be present. Bacterial infection is thought most likely based on the combination of otitis with intracranial extension and rhinosinusitis, however, viral infection is a potential too that cannot be ruled out.

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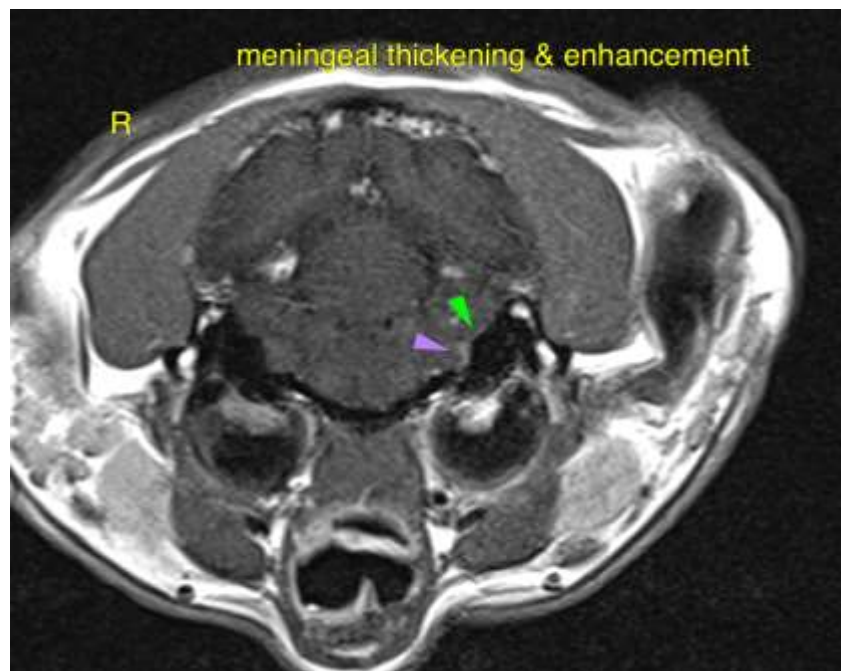
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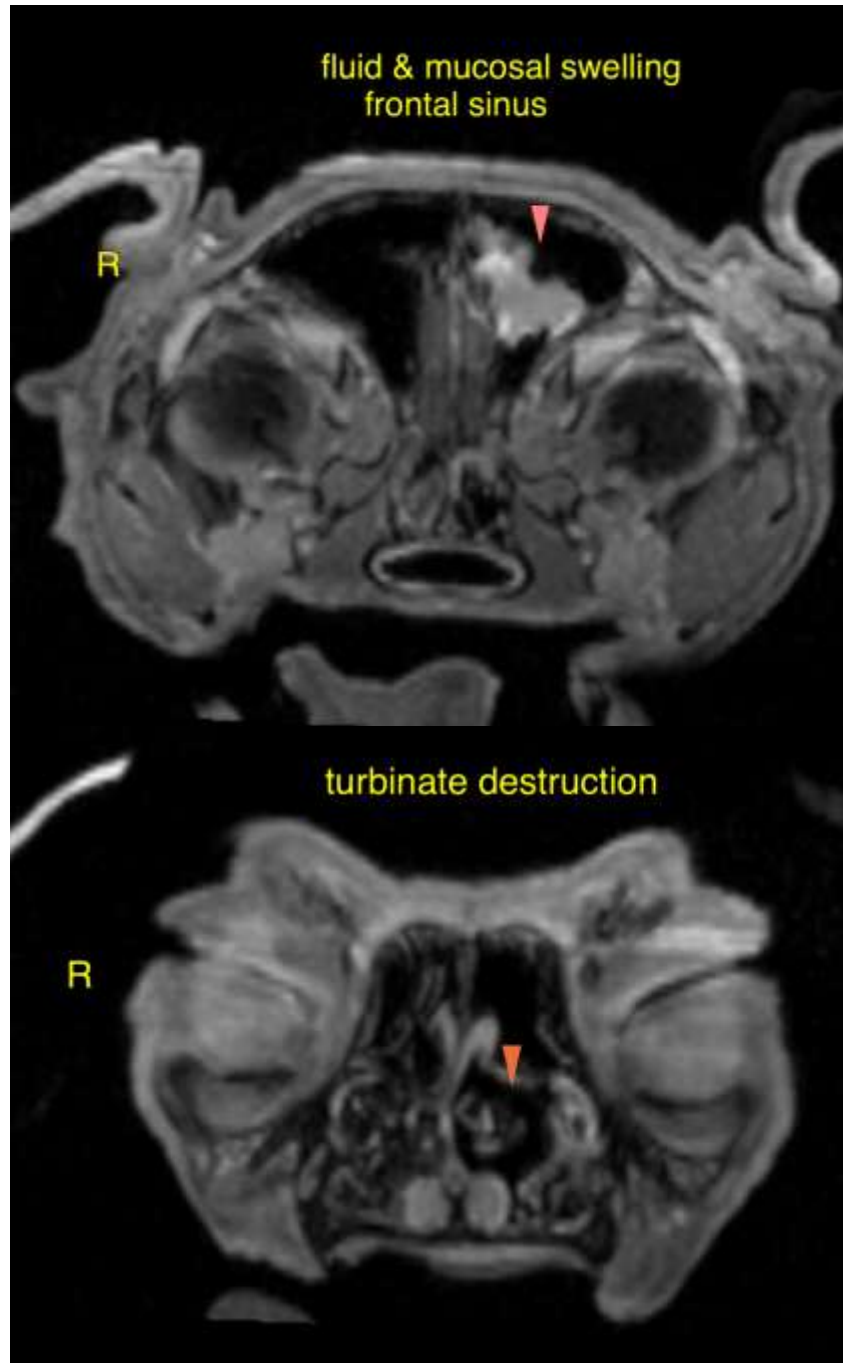
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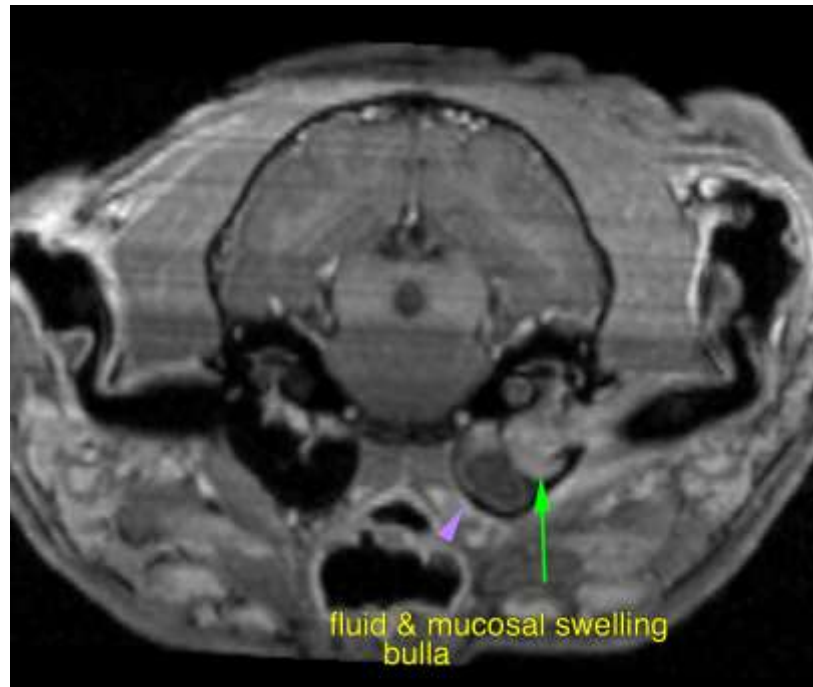
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Animal Health
Partners

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