
**PATIENT PRESENTING CLINICAL SIGNS**

Soleil Dog Tales  
Rescue & Sanctuary

Soleil, a 5 year 10-month-old Female Domestic Short Hair, was presented to the Toronto Animal Health Partners Surgery Service for chronic ear infections. The ear infections were initially noticed 6-8 months. Ear infections has been severely worsening and has been worse on the left. Previous culture and sensitivity of the aural discharge returned growth for *Truepella*, which was sensitive to doxycycline, enrofloxacin, clindamycin and penicillin. She has been on multiple courses of baytril drops, meloxicam and steroids. Soleil has had a previous history of: - A right forelimb amputation due to osteosarcoma in December 2021. Chemotherapy was not pursued at that stage.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**
**BREED**

DSH

Plain and post-contrast studies of the head and thorax provided for review in soft tissue, bone, and lung windows.

**COMPUTED TOMOGRAPHIC FINDINGS**
**SEX**

Female

**Head**

The left ear canal is filled with fluid attenuating material. Extensive thickening of the epithelial lining of the left ear canal with heterogeneously increased contrast enhancement is seen. The wall of the left ear canal appears to be disrupted and blends into one dorsal and one ventral thick-walled cavitory lesion with peripheral rim enhancement, peripheral fat stranding, and peripheral soft tissue swelling, respectively.

**AGE**

5 Years 10 Months

The dorsal cavitory lesion measures approximately 2.5 cm x 1.8 cm and extends dorsally as well as caudal in the temporal region. The ventral cavitory lesion blends into the left retropharyngeal lymph node, which cannot be seen separate from this cavitory lesion. The retropharyngeal, more ventrally positioned cavitory lesion presents a mass effect onto the retropharyngeal soft tissue and larynx.

**INTERPRETED BY**

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

The left tympanic bulla is filled with hypoattenuating, partially contrast enhancing, partially mineralized material. Moderate irregular thickening of the osseous lining of the tympanic bulla is seen. There is a ventrolateral defect within the osseous lining of the left tympanic bulla. Mild regional meningeal thickening and enhancement can be seen level with the left vestibule cochlea and facial nerves and brain stem.

**HOSPITAL NAME**

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Partners

The left submandibular lymph nodes are moderately enlarged with heterogeneous contrast enhancement. A mild amount of fluid attenuating material is seen within the medial aspect of the right external auditory meatus and right tympanic bulla, respectively. The right submandibular and medial retropharyngeal lymph nodes present within normal limits.

**REFERRING VET**

Dr. Lea Mehrkens

The dentition is incomplete. Multiple teeth are absent. Resorption the alveolar crest is noted in all quadrants.

**Thorax**
**INVOICE**

41619

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 is uniform and considered within normal limits.

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

**DATE**

9/23/22



**PATIENT** 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.

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The lung parenchyma presents the expected architecture and attenuation behavior. No evidence of pulmonary nodules or masses.

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

Feline

The right forelimb is absent, history of amputation.

**BREED** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

DSH

- Severe chronic left-sided otitis media and externa with defect within the left ear canal and regional abscess formation, as well as defect within the wall of the tympanic bulla and intracranial extension of the otitis media.

**SEX**

Female

- Abscessation/necrosis of the left medial retropharyngeal lymph node
- Moderate left submandibular lymphadenomegaly

**AGE**

5 Years 10 Months

- No evidence of pulmonary metastatic disease
- Mild right-sided otitis media and externa

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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DVM Dr. med. vet.,  
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The CT findings suggest severe chronic left-sided otitis media and externa with defects within the tympanic bulla wall and ear canal wall possibly due to avulsion or necrosis. The cavitory lesions dorsal and ventral to the left ear canal are likely to represent abscessation with a ventral cavitory lesion involving the left medial retropharyngeal lymph node. Ear canal neoplasia with tumor necrosis cannot be ruled out entirely as a differential diagnosis but is thought less likely.

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The changes of the left submandibular lymph node suggest potential for reactive lymphadenitis. Metastatic disease of the regional lymph nodes cannot be ruled out entirely but is thought less likely.

Note the evidence of intracranial extension of the otitis media and defect within the wall of the tympanic bulla. Options of total ear canal ablation, abscess drainage, regional en bloc resection, tympanic bulla osteotomy could be discussed. Consider fine needle aspiration of the lymph nodes.

**REFERRING VET**

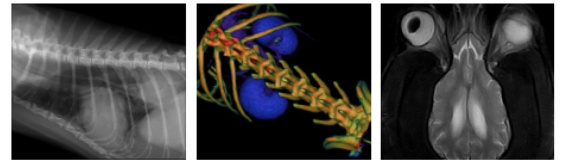
Dr. Lea Mehrkens

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**PATIENT**

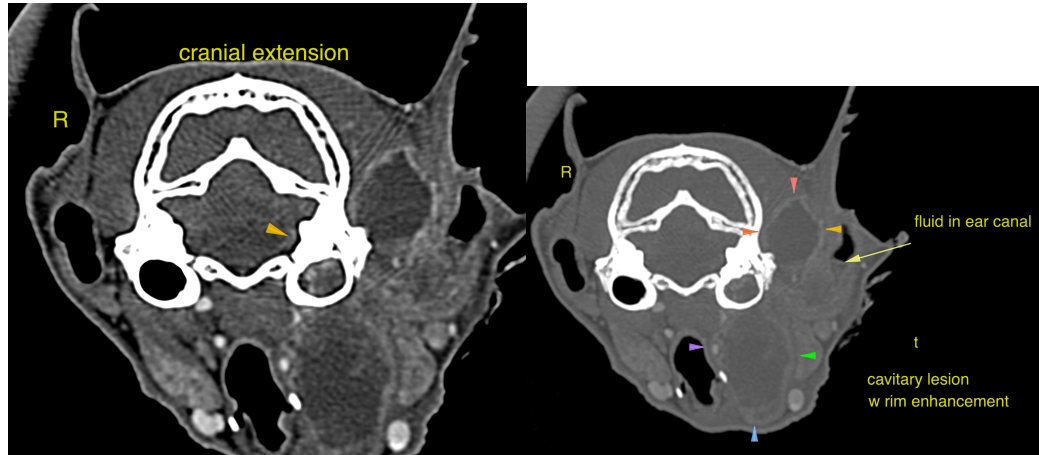
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**SPECIES**

Feline

**BREED**

DSH



**SEX**

Female

**AGE**

5 Years 10 Months

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.

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