

PATIENT

Grisha Taylor

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

11Years

WEIGHT

3.9

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Olivia Jarvis

HOSPITAL NAME

Animal Trust Ellesmere
Port

REFERRING VET

Dr. Amber Mahon

INVOICE

35527

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Constant ear infections, upon ear flush mass discovered.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

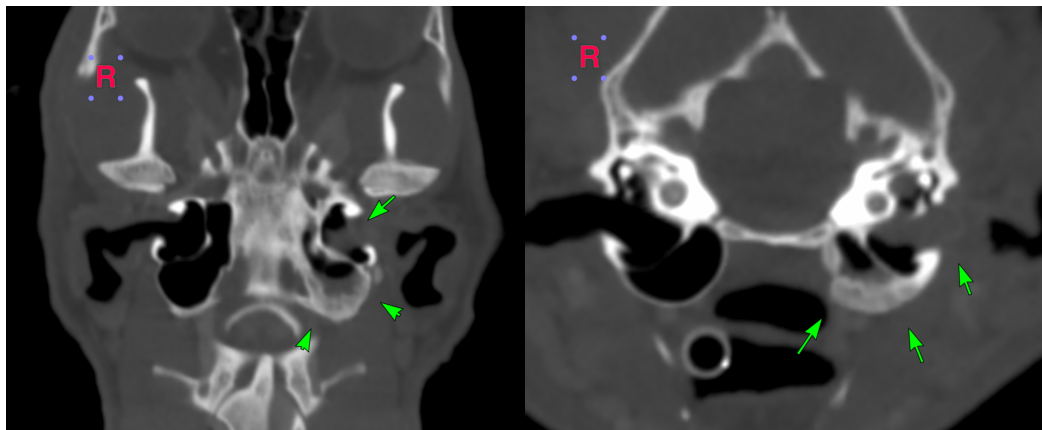
The left tympanic bulla presents severe hyperostosis of the bulla wall. The margins are clearly defined without signs of osteolysis. There is a soft tissue dense filling noted, crossing the level of the tympanic membrane and extending into the horizontal part of the external ear canal. These changes show diameters of approximately 4.7 to 11.2 millimeters. The images after contrast application present a heterogeneous enhancement. The peripheral structures and the external ear canal wall are inconspicuous. The left medial retropharyngeal lymph node is mildly enlarged, consistent in shape and presenting a normal contrast behavior. The neurocranium is unremarkable, especially the meningeal margins next to the petrosal bone are normal. The soft tissues of the head and neck are inconspicuous apart from that.

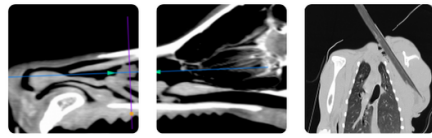
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Signs of chronic otitis media left side
- Soft tissue dense mass left tympanic bulla and horizontal external ear canal
- Mild enlargement left retropharyngeal lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the left tympanic bulla are likely chronic inflammatory and degenerative. The soft tissue dense mass crossing the tympanic membrane indicate a perforation or destruction of the letter. The mass-like appearance and the clearly defined margins to the aerated parts are suspicious for neoplastic lesion. Polyp formation is a potential differential. Others include but are not limited to a ceruminous adenoma or adenocarcinoma as well as squamous cell carcinoma. For further differentiation, the biopsy and histopathology are needed. Currently there are no signs of an aggressive lesion recognized. The enlargement of the medial retropharyngeal lymph node is still consistent with reactive lymphadenitis.





Teleradiology

Educational Teleconsultation Services™

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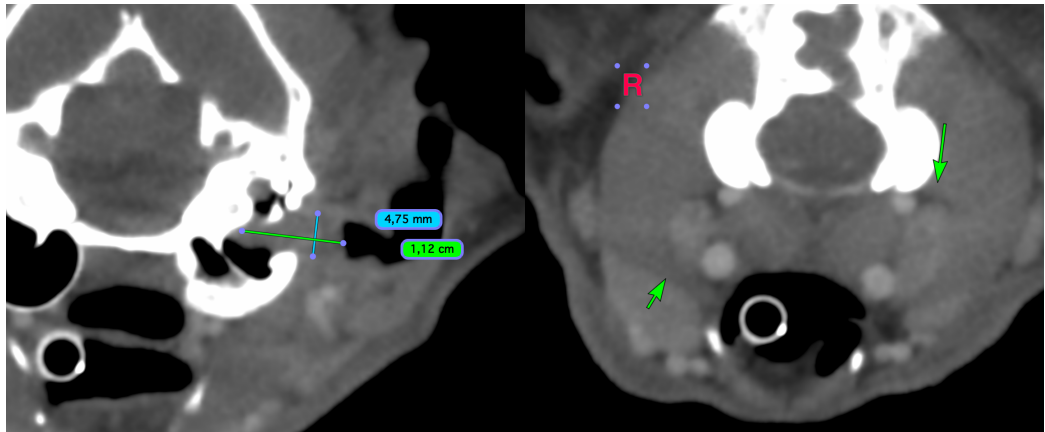
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com