



PATIENT

Max Drake

SPECIES

Feline

BREED

Siamese Mix

SEX

MN

AGE

15.5Y

WEIGHT

4.83kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown Veterinary
Specialists and
Associates

REFERRING VET

Carly Bloom

INVOICE

73013

DATE

12-16-25

PRESENTING CLINICAL SIGNS

Max is an older cat with well-regulated diabetes mellitus. He has been gagging for about 8 months, progressively, and now has a reduced appetite and possibly some difficulty eating. He has lost weight. A veterinarian saw a mass in the right external ear canal, but this was not seen on subsequent examinations. He is very sensitive on right ear examination. Sedated oral examination = mild swelling of the right oropharynx with no discrete mass. Normal tonsils. Otic exam right ear = blood and discharge, unable to visualize tympanic membrane. Retroflex rhinoscopy = inflammation and mild irregularity to caudal nasopharynx, without a discrete mass and with no discharge or foreign material. Suspect right ear mass/infection with regional swelling, and pharyngitis from chronic gagging. Abnormal PE/Chem/CBC/UA Results: Mild hyperglycemia due to diabetes mellitus

COMPUTED TOMOGRAPHY OF THE HEAD & NECK

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The right side presents an expansile lesion of the tympanic bulla, which can be traced into the horizontal part of the external ear canal and into the periphery of the tympanic bulla. The bony structures of the bulla and the petrosal bone present hyperostotic changes with partially unstructured periosteal reactions. These continue to the skull bone dorsally, where a mixed pattern of osteoproliferative and osteolytic changes can be recognized and demonstrating pathologic meningeal enhancement adjacent to the petrosal and parietal bone.

The images after contrast application present fluid accumulations within the horizontal part of the external ear canal, which change into more soft tissue-dense lesions in the periphery and in the tympanic bulla. The cochlea is inconspicuous. An extension into the nasopharyngeal meatus is not noted.

The cervical lymph nodes are symmetrical and unremarkable. The neurocranium shows normal findings. The soft tissues of the head and neck are inconspicuous apart from that.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile lesion right tympanic bulla with extension into the periphery and the horizontal part of the external ear canal and concomitant, partially aggressive bony changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue-dense changes within the bulla on the right side are highly suspicious for a neoplastic lesion. The periosteal changes, the mixed pattern of osteoproliferative and osteolytic changes of the skull bone and the meningeal enhancement would underline the assumption of a more malignant process, which would be my favorite differential. Inflammatory changes as seen with inflammatory polyps cannot be fully excluded and could look similar. The fluid accumulation within the horizontal part of the external ear canal is a secondary finding with likely peripheral abscess formation. For further differentiation, I would first perform a FNA or biopsy to exclude a malignant process as seen with squamous cell carcinoma or adenocarcinoma of the ceruminous glands. With regard to the



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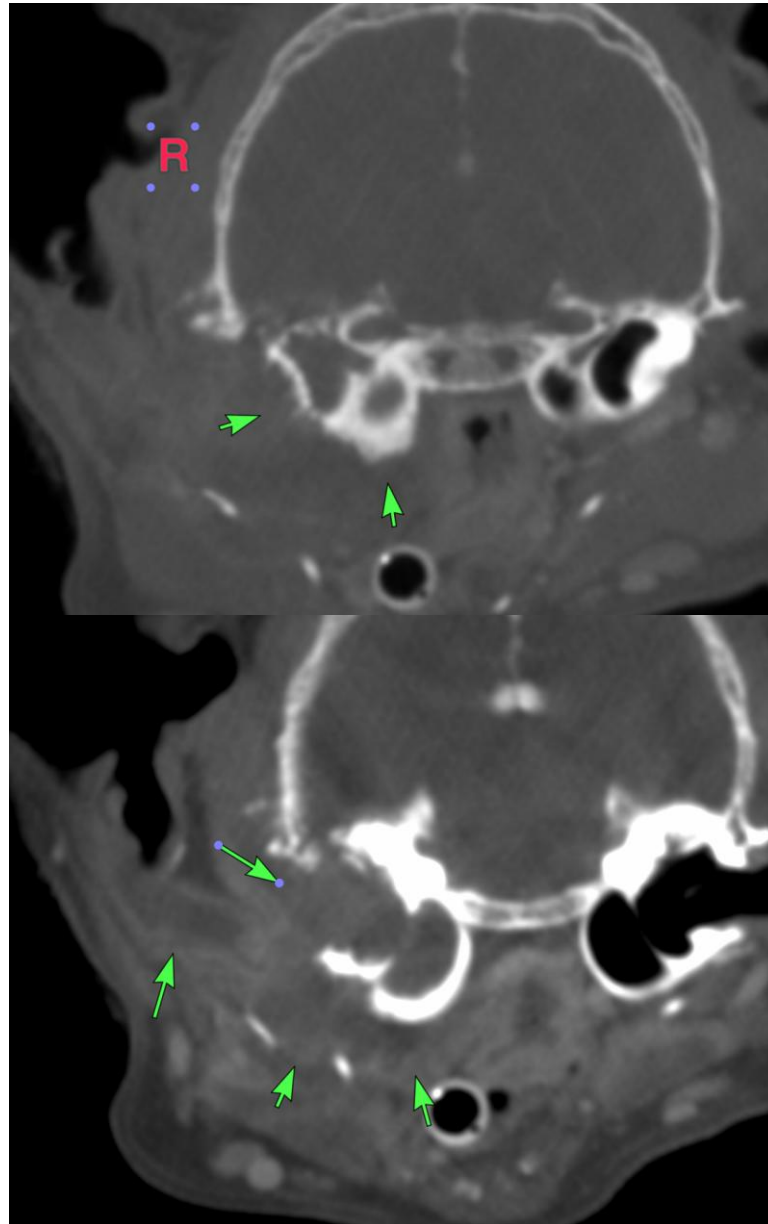
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histopathologic results, further screening for metastases and osteotomy of the bulla and/or resection of the external ear canal could be discussed (TECALBO).





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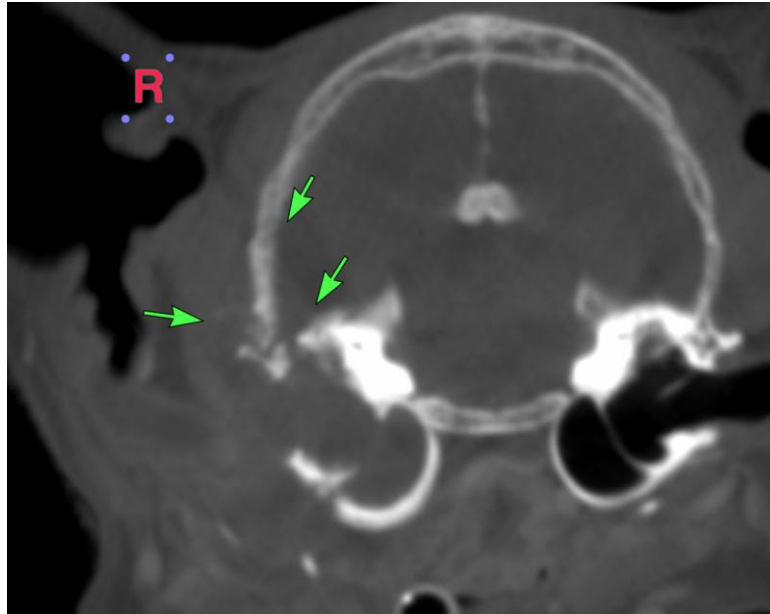
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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