



## PATIENT

Barrett Steenbergh

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Male

## AGE

3 Years

## WEIGHT

27 Pounds

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Dr. Burge

## HOSPITAL NAME

Wilson VH

## REFERRING VET

Dr. Hawkins

## INVOICE

35972

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

History: Pet presented for acute upper airway dyspnea on 12/16 with low head position and discomfort in the head and neck. Radiographs show a possible migrating foreign object near the esophagus in the cranial cervical region. Pet also developed right sided facial nerve paralysis in the last 24 hours. Owner confirmed pet had at one point chewed or licked a grill brush and has a tendency to get into things. CT performed to confirm presence of foreign material and see if there is more than one area affected or if the object is still in an area that is operable.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK & CHEST

The right side presents a significant soft tissue swelling that originates at the level of the ground of the orbital cavity and extends ventrally and caudally, circling the right TMJ and the periphery of the external ear canal and tympanic bulla. Radiopaque foreign material is not noted. There are central fluid accumulations with ring enhancement after contrast application.

Both external ear canals are fluid-filled in their horizontal parts. These changes can be traced into the tympanic bullae on both sides, with the right side being completely obliterated with soft tissue dense material and residual gas pockets on the left side. The soft tissue swelling leads to a deviation of the soft palate and pharyngeal structures.

The soft tissues of the head and neck show moderately enlarged retropharyngeal lymph nodes more prominent on the right than on the left side. The mandibular lymph nodes are inconspicuous.

The neurocranium does not show particular findings. There are breed-appropriate brachycephalic findings of the head with severe shortening of the nasal cavities and an aplasia of the frontal sinuses, as well as a significant hyperplasia of the soft palate.

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. The pulmonary density is within normal limits; there is no evidence of focal or nodular pulmonary lesions.

The mediastinum is regular in width and density. The mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected.

The diaphragm appears normal.

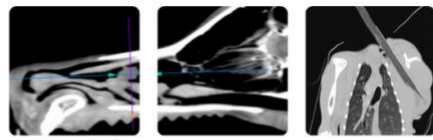
The extra-thoracic soft tissues, the thoracic spine as well as the ribs and sternum are unremarkable. There is no evidence of an aggressive bone lesion and/or abnormal sclerosis.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Abscess formation orbital ground right side extending into the right pharyngeal region
- Moderate retropharyngeal lymph adenomegaly
- Bilateral and active otitis media et externa
- Brachycephalic findings head

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes seen on the right side are nearly pathognomonic for an abscess formation. Radiopaque foreign material is not noted. This does not exclude the presence of foreign material and/or foreign body triggered inflammation. The lesion starts caudal to the last molar, which is a common entry side, at the level of the orbital ground extending into the periphery of the external ear canal and tympanic



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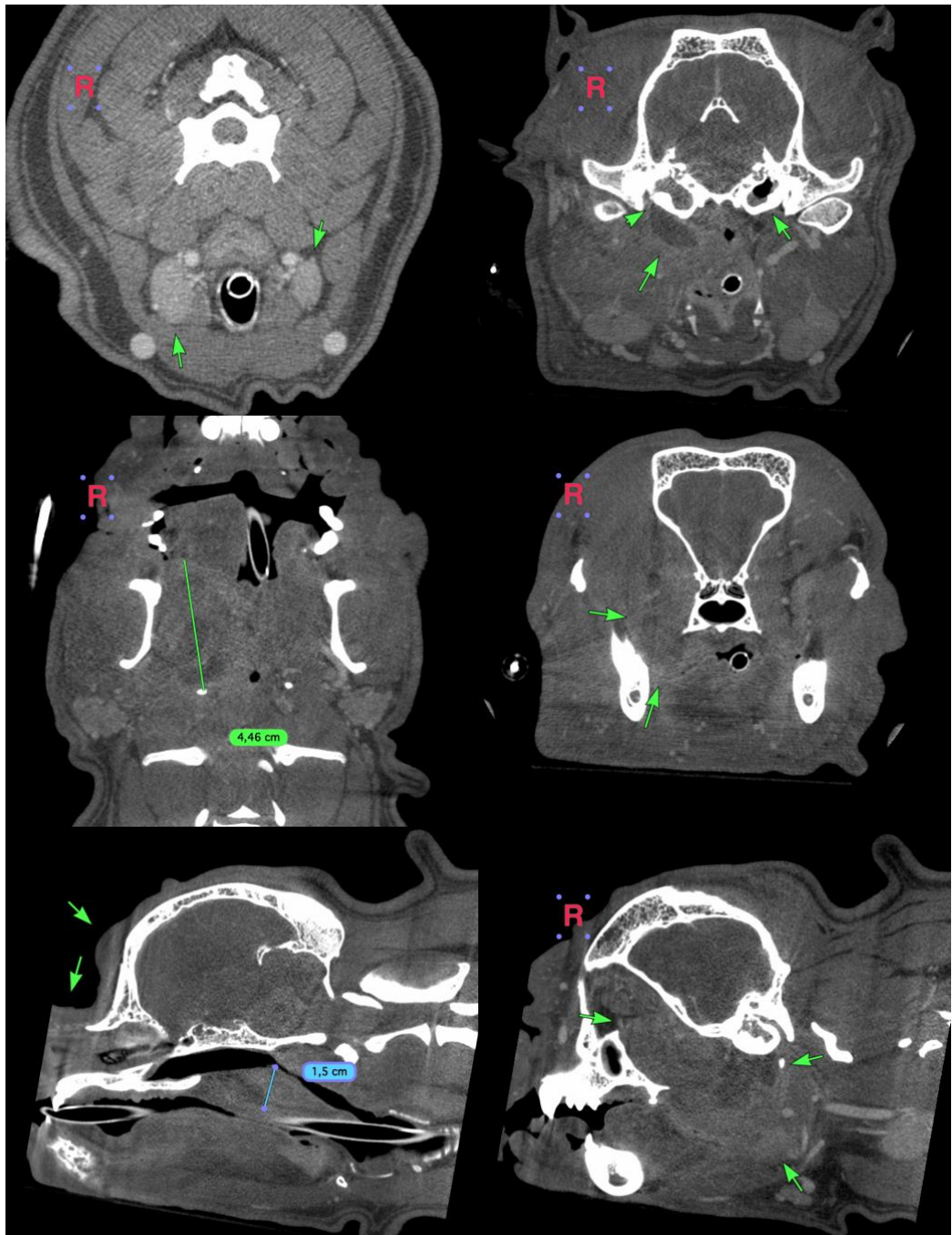
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bullae on the right side. The right external ear canal and the tympanic bulla are further possible origins of an abscess. Clinical re-evaluation to localize an entry wound and/or complementary ultrasound of the ear canal periphery could be performed to localize possible foreign material.

The enlargement of the retropharyngeal lymph nodes is consistent with reactive lymphadenitis.





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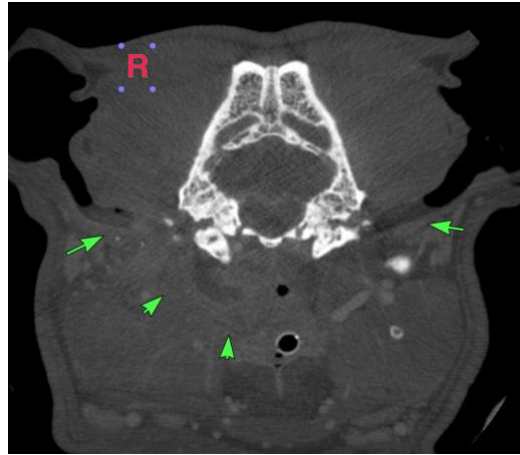
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)