



**PATIENT**

Jade Sokalski

**PRESENTING CLINICAL SIGNS**

Hx chronic ear infection. HX of abnormal behavior (unstable movement), no interest in food at home. Had an episode of vestibular disease

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: BAR, mm pink, purring non stop on exam could not auscultate heart, fluid AD, itchy when palpating ear, reduced menace OD, intact OS, mydriatic pupils, PLR intact OU, reduced palpebral OD, tetra ataxic and falling to the left, no obvious head tilt, morbidly obese, pedunculated cutaneous mass over left hip, diffuse scales A: 1. Tetra-ataxia - rule out peripheral vs central vestibular vs other (neoplasia, stroke, etc) vs myelopathy 2. Otitis externa vs interna vs neoplasia 3. suspect facial nerve paralysis

**BREED**

DSH

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Pre/post contrast studies provided for review.

**SEX**

Spayed Female

**COMPUTED TOMOGRAPHIC FINDINGS**

The neurocranium shows normal findings.

**AGE**

14

Bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous. The ventral and caudal part of the right bulla wall presents irregular new bone formation. The right bulla is completely filled with soft-tissue-/fluid dense material which extends into the horizontal part of the external ear canal and defines an amorphous area of at least 2.64 x 1.92 cm. Heterogeneous enhancement is recognized, the tympanic membrane cannot be traced. The external ear canal wall appears thickened as far as can be assessed. The petrosal bone and the bony cochlea are inconspicuous. The contralateral left side is inconspicuous.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

The adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings. Meningeal enhancement at the level of the cerebellar-pontine angle is not noted.

**HOSPITAL NAME**

Wilvet Salem

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly.

**REFERRING VET**

Dr. Kristin Peterson,  
DVM

The right medial retropharyngeal lymph node is mildly enlarged.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Filling of the right tympanic bulla and horizontal external ear canal with thickening of the canal wall and marked swelling/contrast enhancement of the peripheral soft tissue
- Mild medial retropharyngeal lymph adenomegaly

**INVOICE**

49213

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

12-23-21

CT findings could represent a mass-like lesion with filling of the bulla and external canal and swelling of the canal wall with peripheral inflammatory reactions. Severe otitis externa et media/abscess formation and involvement of the peripheral CN VII are likely and match with the



**PATIENT**

Jade Sokalski

reported patient's history. An inflammatory polyp is a possible potential differential. Initial cholesteatoma and neoplastic changes of the bulla/ear canal/tympanic membrane are further differential diagnoses. Biopsy and culture are needed for further evaluation. The contrast enhancement and periosteal findings of the bulla wall indicate an active process. Currently affection of the cranial vault/cerebellar-pontine region are not suspected.

**SPECIES**

Feline

The mild lymph adenomegaly is still consistent with reactive-inflammatory lymphadenitis.

**BREED**

DSH

**SEX**

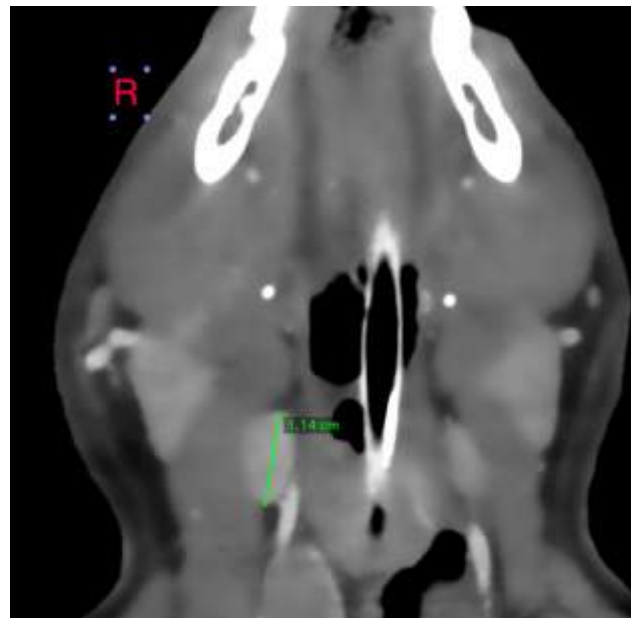
Spayed Female

**AGE**

14

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

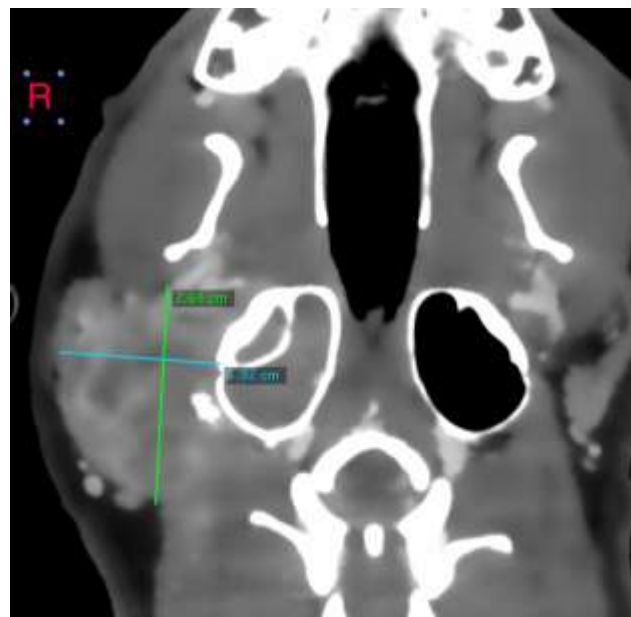


**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Kristin Peterson,  
DVM



**INVOICE**

49213

**DATE**

12-23-21



**PATIENT**

Jade Sokalski

**SPECIES**

Feline

**BREED**

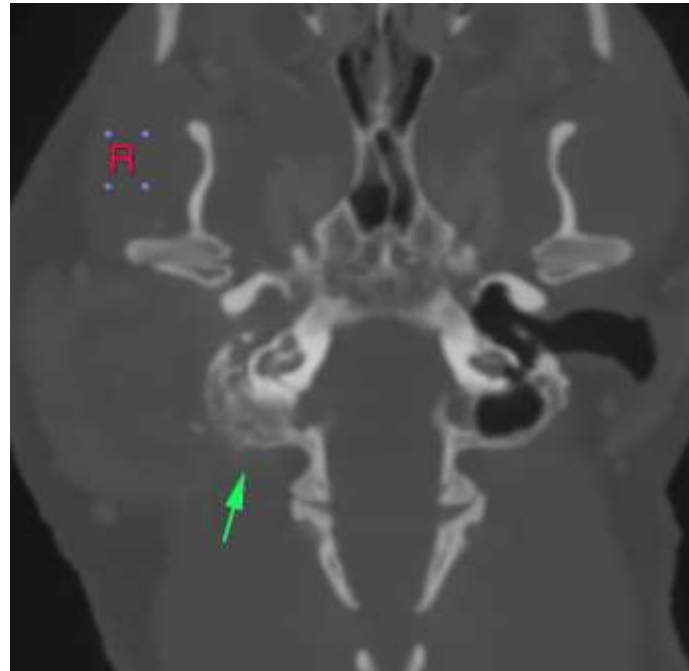
DSH

**SEX**

Spayed Female

**AGE**

14



**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

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**

Wilvet Salem

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

**REFERRING VET**

Dr. Kristin Peterson,  
DVM

**INVOICE**

49213

**DATE**

12-23-21