



PATIENT

Monty Wathey

SPECIES

Canine

BREED

Boxer

SEX

Male

AGE

6Y, 1M

WEIGHT

35kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

73778

DATE

2-17-26

PRESENTING CLINICAL SIGNS

- 29/01 swelling noted behind L ear, external ear canal normal on exam
- DDx FB vs neoplasm
- OR swelling has gone down but can now feel it behind R ear as well

Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHY OF THE HEAD

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The left side presents a significant swelling of the masseter muscle in its caudal part, showing multiple cystic lesions with maximum diameters of approximately 5.8 x 5.4 cm with marked ring enhancement after contrast application. Changes reach the horizontal part of the left external ear canal, which is regularly ventilated, as well as the occipital and petrosal bone. The latter present a mixed pattern of osteophytic reactions and osteolytic lesions. The neurocranium shows normal findings. A meningeal enhancement is not noted.

The bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous apart from that. Both tympanic bullae are completely ventilated with a regular tympanic bulla wall.

The temporomandibular joints and the nasopharyngeal meatus have no particular findings.

The mandibular and medial retropharyngeal lymph nodes are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected abscess formation left masseter muscle with bony reactions occipital and petrosal bone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multiple cystic lesions and the ring enhancement likely present an inflammatory process as seen with abscess formation. Radiopaque foreign material is not noted. This does not fully exclude the presence of foreign material or foreign body triggered inflammation. The bony reactions indicate an involvement of the bony surface of the occipital and petrosal bone. This may represent osteomyelitis and/or bone sequester with abscess formation and could be the primary cause of the changes within the musculature. Neoplasia is less likely from a CT perspective. For further assessment and localization of foreign material a complementary ultrasound of the left masticatory muscles could be performed next.

Surgical drainage is another option with sampling/swap for histopathologic examination and microbiologic testing.



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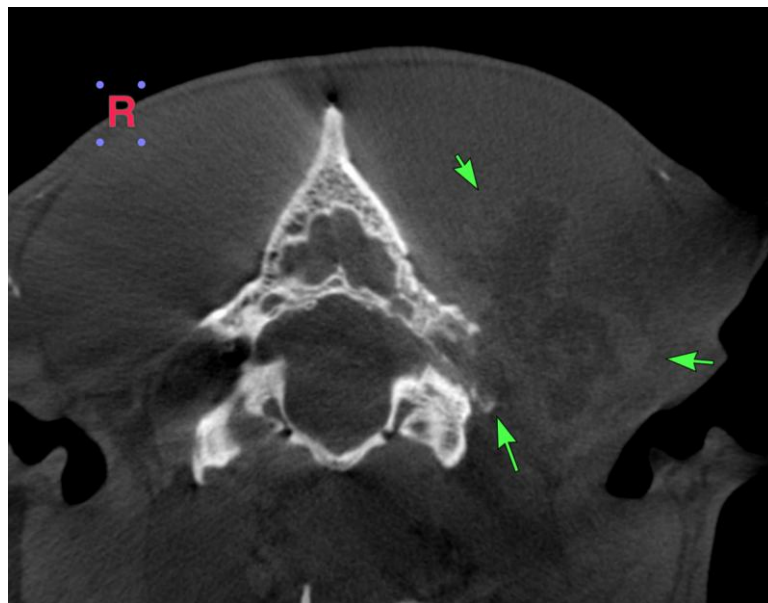
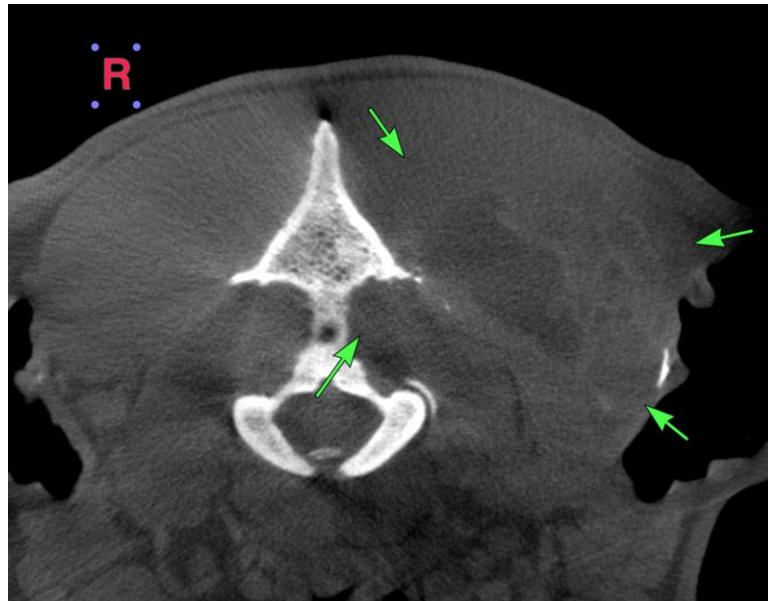
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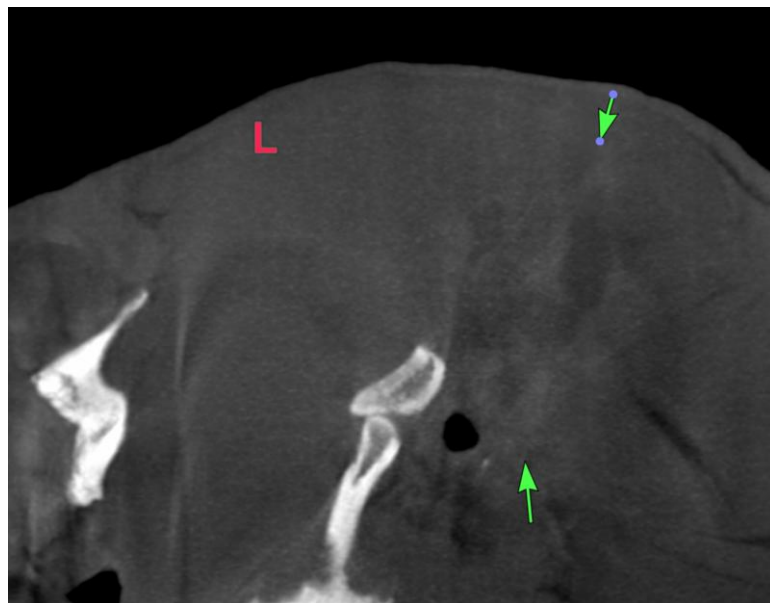
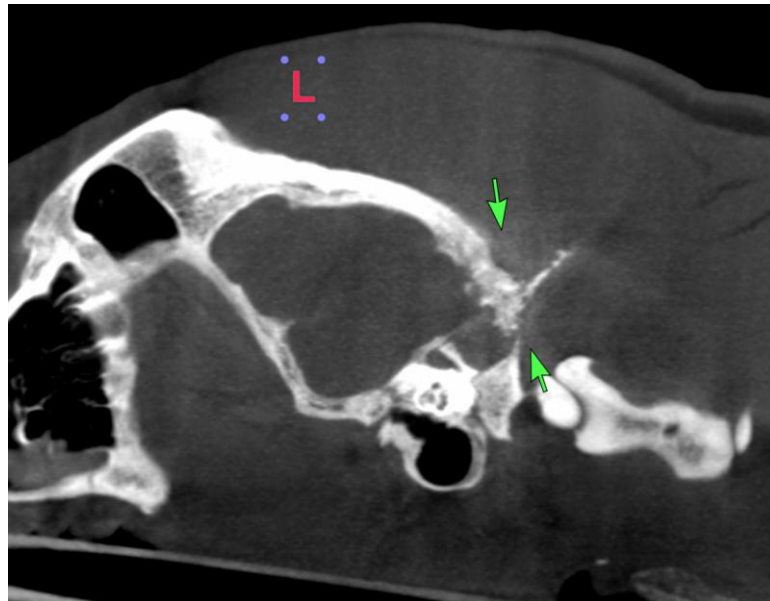
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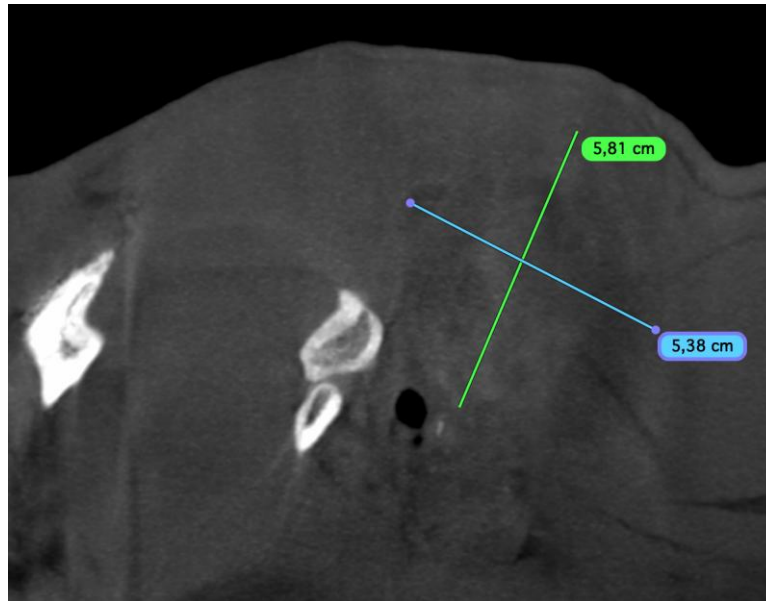
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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