



PATIENT

Axel Klein

SPECIES

Canine

BREED

Spaniel Boykin

SEX

MN

AGE

9Y

WEIGHT

32.4lbs

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Dr Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr Jessie Evoniuk

INVOICE

74120

DATE

3-10-26

PRESENTING CLINICAL SIGNS

- Presents for chronic otitis externa and dental procedure.
- - Chronic otitis externa: persistent exudate, pruritus, inflammation
- - Previous treatments: topical clotrimazole (antifungal), enrofloxacin (antibacterial), dexamethasone (steroid)
 - - Recent steroid course: decreased inflammation, persistent discharge
- - Dental procedure: heavy calculus, roughened enamel, no extractions; surfaces smoothed
- - CT scan performed during dental
- Current medications:
 - - Topical clotrimazole, enrofloxacin, dexamethasone (per previous protocol)
 - - Prednisone 10 mg (recent course, resumed for inflammation control)

Abnormal PE/Chem/CBC/UA Results: Ear flushing-yeast, white blood cells, bacteria, and a large amount of exudate ALP 222

COMPUTED TOMOGRAPHY OF THE HEAD

Plain study provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The displayed teeth present subtle periapical osteolysis of the buccal root of the 109 and 209. An oronasal, -subcutaneous or -pharyngeal fistula is not noted. The dental structures are inconspicuous apart from that. There are no signs of an aggressive bone lesion noted. The bony borders of both nasal cavities and frontal sinuses are intact. The nasal cavities and frontal sinuses are regularly ventilated with mild thickening of the mucous membranes in the ventral nasal parts and subtle atrophy/shortening of the turbinates of the caudal ventral nasal concha. Both nasal exits and the nasopharyngeal meatus are regularly ventilated as well as the tympanic bullae.

The bulla walls appear intact and inconspicuous with an assumed intact tympanic membrane on both sides. Both external ear canals impress with severe thickening and an irregular inner outline of the canal wall.

The bony structures of the skull are inconspicuous as far as displayed as well as the neurocranium.

The mandibular lymph nodes do not show particular findings.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subtle signs of root inflammations 109 and 209
- Severe and chronic, bilateral otitis externa
- Mild signs of an unspecific and bilateral and subtly erosive rhinitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the roots of the 109 and 209 are subtle lesions, currently without signs of a fistula.



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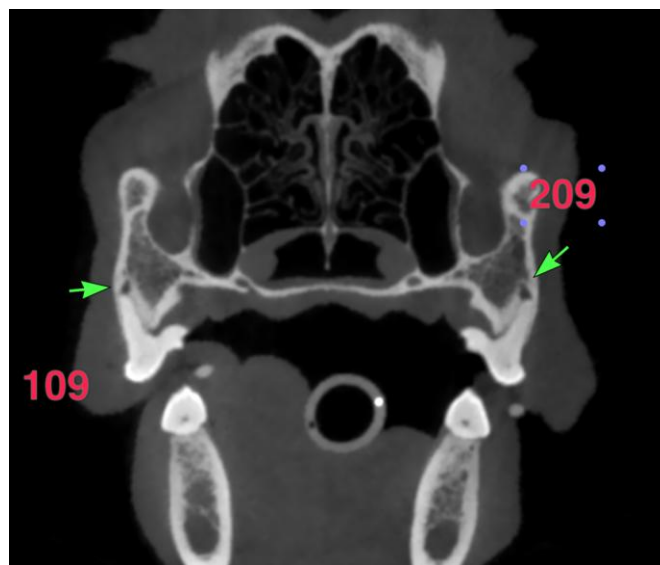
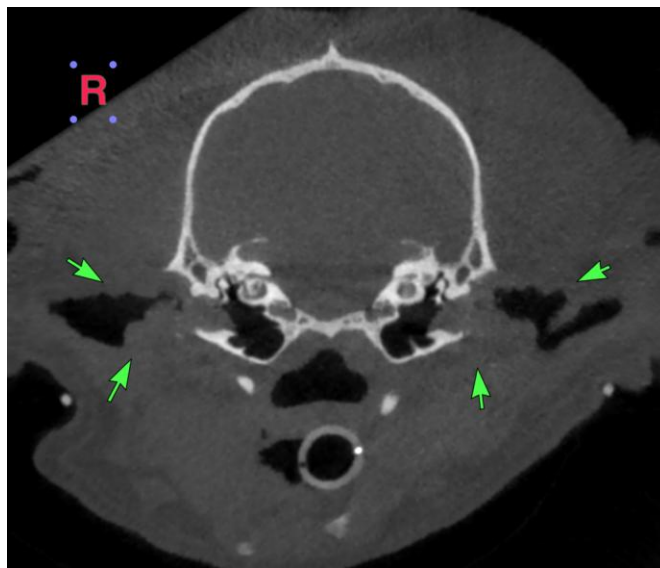
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The swelling of the mucous membranes and the subtle shortening of the turbinates are indirect signs of an unspecific and bilateral rhinitis. A primary lesion is not noted. Chronic inflammatory changes and secondary bacterial infection are likely.

The changes of the external ear canals are severe. The wall thickening and the irregular inner outline underline the assumption of a chronic inflammatory process with ongoing secondary infections. As far as can be assessed, the tympanic membranes appear intact with inconspicuous tympanic bullae. Signs of an aggressive lesion and or another neoplastic process are not recognized.





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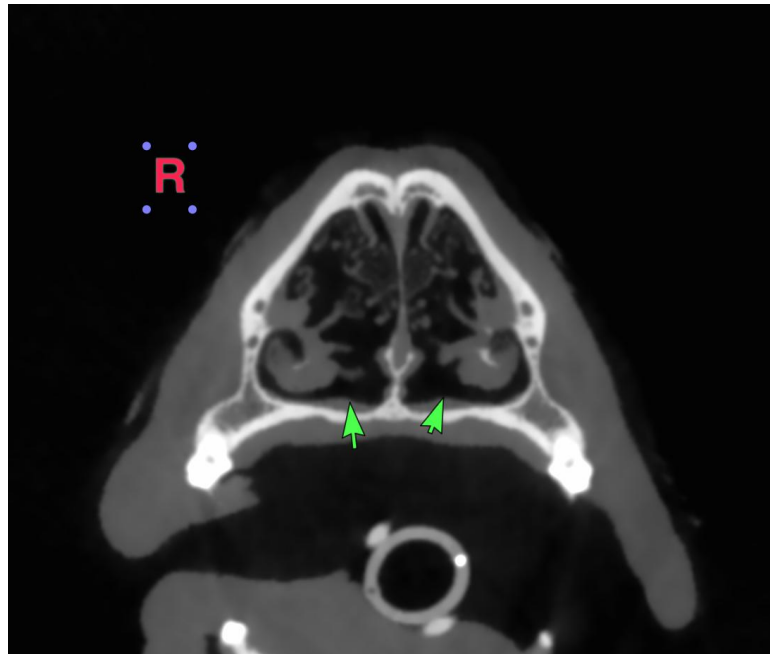
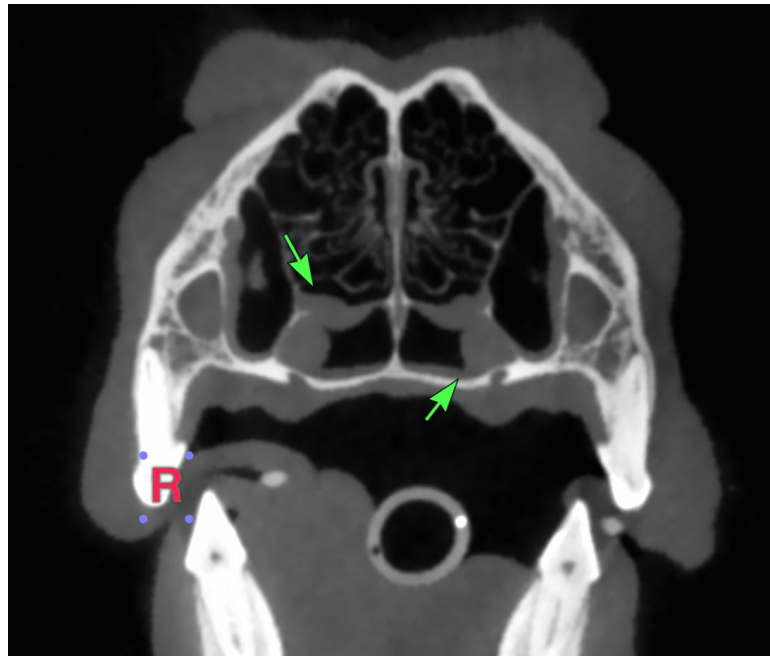
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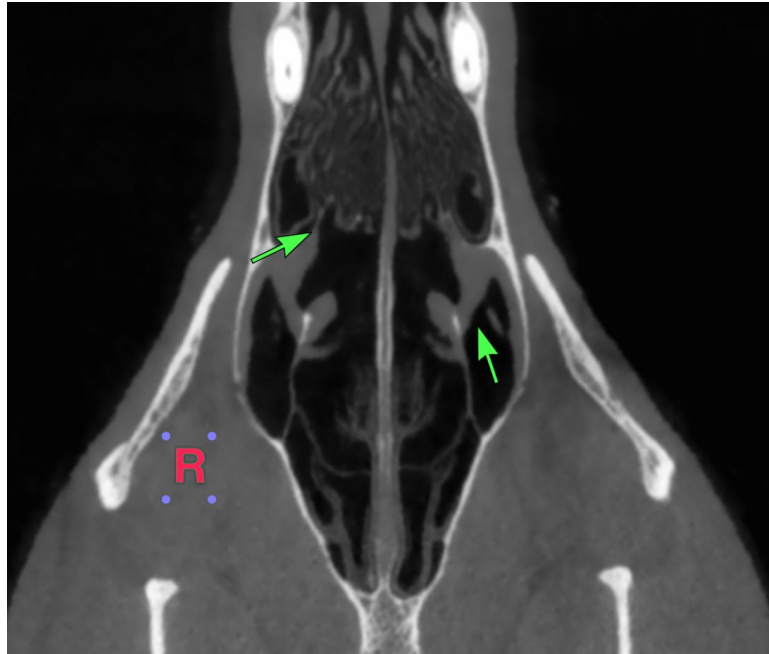
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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