



**PATIENT**

Fluffernutter Kaltz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

F

**AGE**

2 Years, 6 Months

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**HOSPITAL NAME**

Wilson Veterinary  
Hospital

**REFERRING VET**

Dr. Kristin Donovan

**INVOICE**

52690

**DATE**

7-5-22

**PRESENTING CLINICAL SIGNS**

Pet presented in May for a decreased appetite and pain on the L side of the head/ face. Had been seen at another vet the previous Aug and Dec for L sided facial swelling that seemed painful. Pet responded to treatment on those 2 episodes, although no records of what medications were given. At the May visit, pet was diagnosed with bilateral otitis externa that was worse on the L side. Treated with Posatex ear drops, oral Veralox and a Depo Medrol injection. Pet improved with meds and a CT was recommended.

Abnormal PE/Chem/CBC/UA Results: Mildly increased WBC, mature neutrophilia  
Chemistries, electrolytes WNL

**COMPUTED TOMOGRAPHY OF THE HEAD**

Pre/post contrast studies provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

The neurocranium shows normal findings.

The right bulla is completely obliterated with soft tissue dense material. There is subtle enhancement at the level of the inner bulla outline noted. The right bulla wall shows a hyperostotic bone without relevant lytic erosions. The tympanic membrane appears intact.

The left bulla is completely obliterated with soft tissue dense material and impresses with an expansile, mass-like lesion. Beside a diffuse and heterogenous contrast uptake the lesion presents a marked ring-enhancement. The left bulla wall shows a mixed pattern of hyperostosis and lytic erosions that include the petrosal bone. At this level direct contact to the meninges is recognized. The tympanic membrane appears intact. The mass extends to the ventral and lateral periphery of the bulla and causes a mass effect on the horizontal part of the external ear canal. In addition to that an extension into the auditory tube is detected. The adjacent soft tissues show diffuse enhancement, salivary glands and lymph nodes at this level are clearly defined.

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities and conches show no particular findings as well as the maxillary/mandibular teeth.

The medial retropharyngeal lymph nodes are bilaterally and mildly enlarged and present a regular shape and periphery.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Expansile mass of the left bulla with lysis of the left petrosal bone and the bulla wall with contact to the meninges, secondary inflammation ventral and lateral to the bulla
- Signs of a chronic otitis media on the right
- Mild retropharyngeal lymphadenitis



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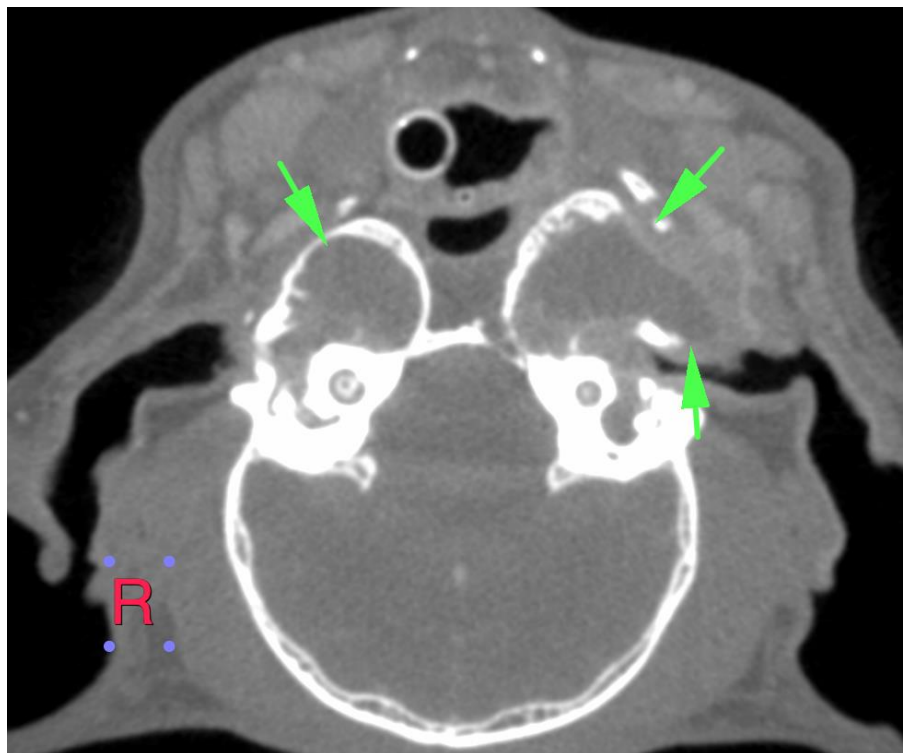
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings on the left side are highly suspicious for an expansile, inflammatory polyp originating from the left tympanic bulla and causing secondary inflammation in its periphery. The extend, contrast enhancement, pattern of lysis would go along with that assumption. Initial abscess formation is possible but likely is secondary. Intracranial inflammation/abscess formation or a mass effect are not recognized. Malignant neoplasia cannot be fully excluded but is thought unlikely. Biopsy is needed for further differentiation. Surgery (ventral bulla osteotomy) with microbiological testing and biopsy for histopathology should be considered.

The right bulla currently does not show an aggressive lesion. The hyperostotic bulla wall is a more chronic finding as seen with chronic otitis media. Presence of an inflammatory polyp is possible as well.

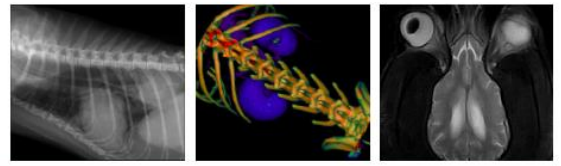


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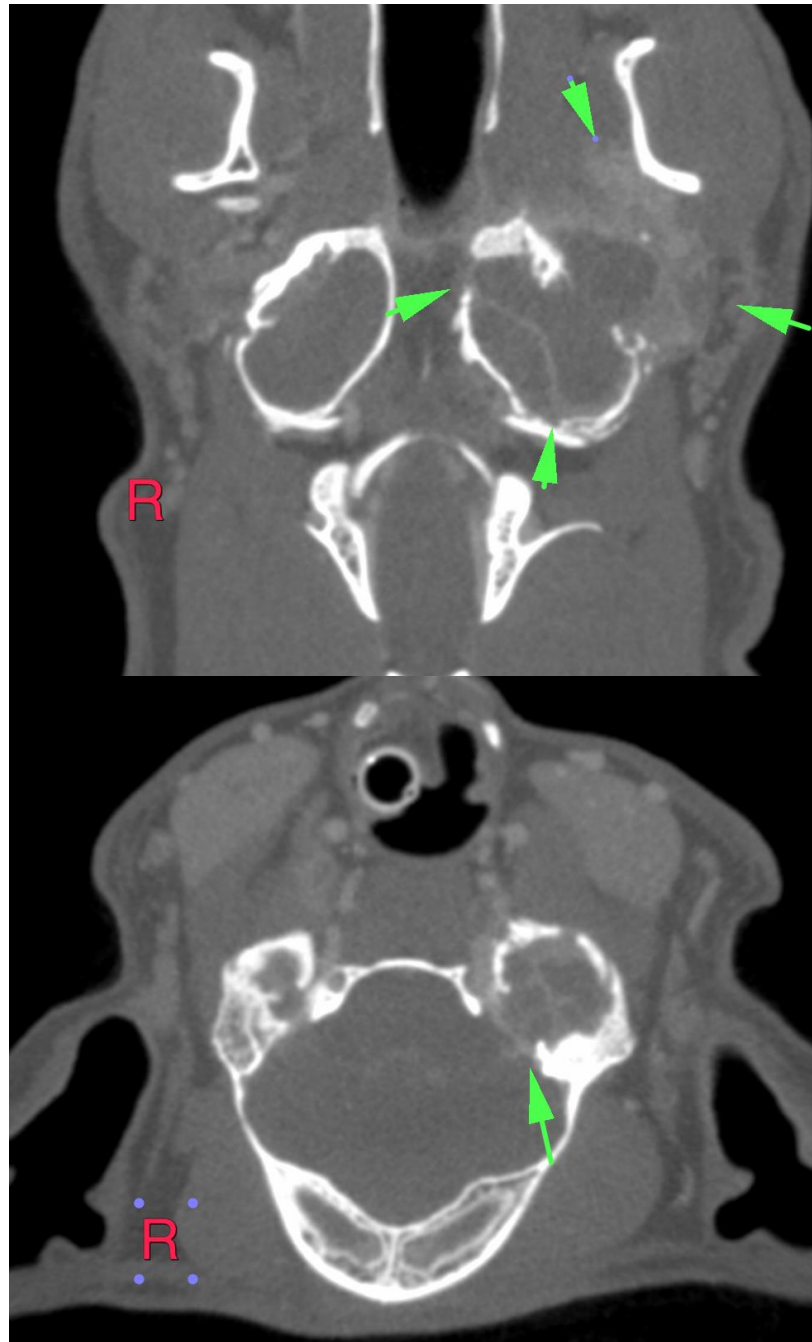
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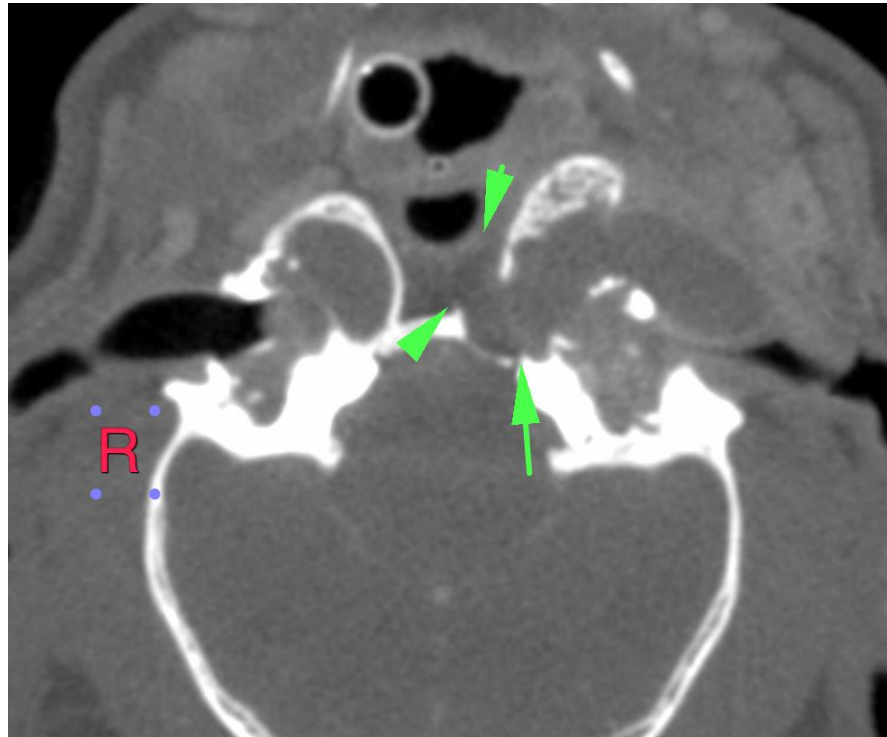
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
Sebastian.Jawinski@sonopath.com