



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Mamba Watson
SPECIES Canine
BREED Labrador Retriever
SEX MN

Initially presented on August 3, 2023 for suspected suspected ear infection. Was painful and yelping when the ear was touched or when mouth was open. On August 5 developed a left lip droop and noted to be drooling from the left side of the face. Also noted to have have an inability to blink the left eye. Since this time the lip drooping seems to improved and the left eye seems to be closing little bit more however still uncomfortable. Recently has developed a slight tilt of the head to the left. Neurological Examination: Mentation: Bright, alert and responsive. Cranial nerve exam: Incomplete menace and palpebral OS with retropulsion of the left globe, normal menace & palpebral OD, normal PLR, normal nasal stimulation. Gait/posture: Ambulatory with no ataxia or paresis. Mild left-sided head tilt. Attempts to shake head multiple times but would stop mid-shake. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Sensation is intact. Severe hyperesthesia with palpation of the mass ventral to the left ear. Localization: soft tissues on the left side of head

COMPUTED TOMOGRAPHY OF THE HEAD

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The left side presents a severe subcutaneous soft tissue dense swelling which extends from the (sub-) cutaneous region to the periphery ventral to the external ear canal and the tympanic bulla. The parotid salivary gland is not clearly defined and partially included. The mandibular salivary gland is well defined and regular. The lesion shows widespread phlegmonous changes of the subcutaneous and fascial region which can be traced up to the level of C2 with an inhomogeneous contrast uptake and small fluid pockets next to the petrosal bone.

The left medial retropharyngeal lymph node is moderately enlarged.

The adjacent horizontal part of the external ear canal is obliterated next to the tympanic membrane. The tympanic bulla is regularly ventilated. The temporomandibular joint has no particular findings.

The neurocranium shows normal findings. Bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly. Conches look normal as well as the maxillary/mandibular teeth.

Severe osteoarthritis of the left elbow is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Abscess formation left head/neck with widespread phlegmonous changes including the horizontal part of the external ear canal and the parotid salivary gland.

INTERPRETED BY
 Sebastian Jawinski,
 German Board
 Certified Vet
 Specialist in
 Diagnostic Imaging

HOSPITAL NAME
 Toronto Animal
 Health Partners

REFERRING VET
 Dr. Alison Little

INVOICE
 59734

DATE
 8-16-23



PATIENT • Reactive left retropharyngeal lymphadenitis.

Mamba Watson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

CT findings likely represent an inflammatory process as commonly seen with abscess formation due to a foreign body insult/abscess. Especially the small fluid pocket next to the petrosal bone ventral to the ear canal is suspicious and may content foreign material. The latter is not clearly identified but is not excluded by that. A complementary ultrasound may help to detect and localize foreign material. Neoplasia is not suspected.

BREED

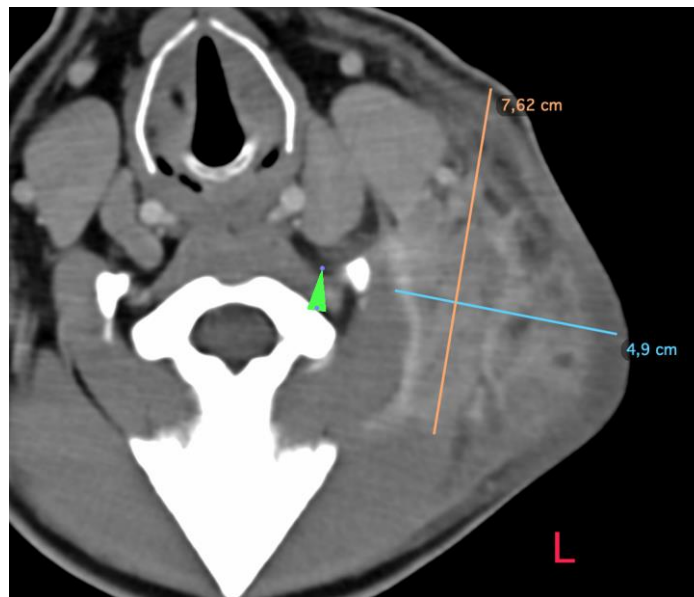
Labrador Retriever

SEX

MN

AGE

3 Years



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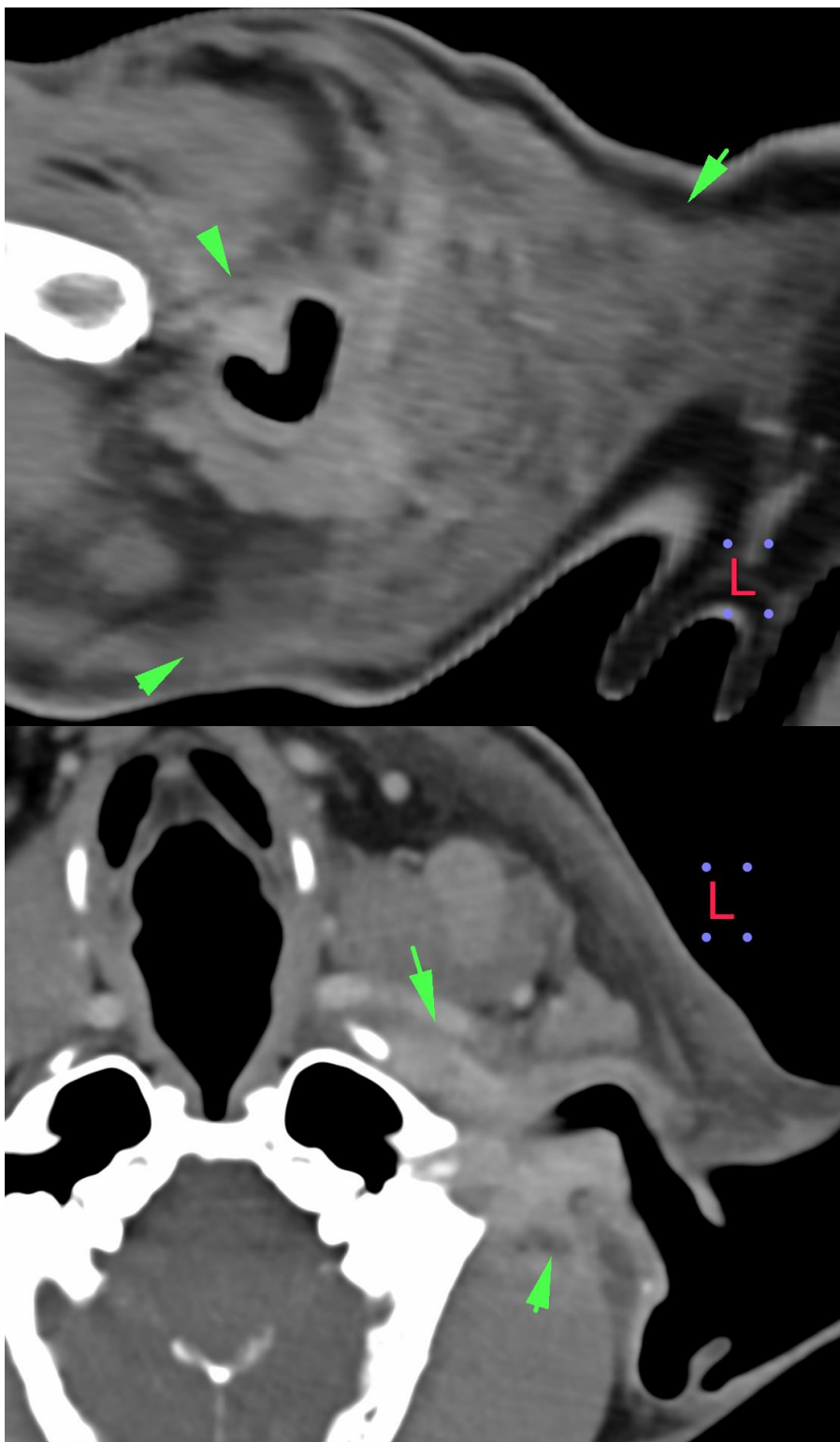
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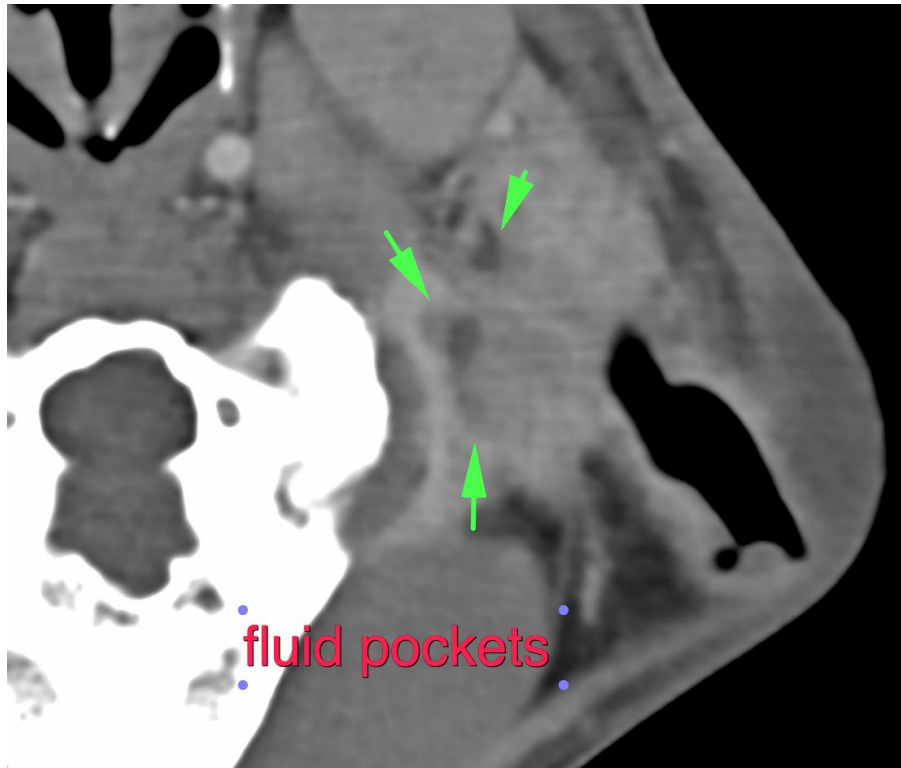
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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