

## PATIENT

Norman Shenton

## SPECIES

Canine

## BREED

Poodle

## SEX

MN

## AGE

11Y

## WEIGHT

58.2lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Kelsey McCloskey, LVT

## HOSPITAL NAME

Advanced Animal  
Imaging

## REFERRING VET

Blair Hollowell, DVM

## INVOICE

73369

## DATE

1-19-26

## PRESENTING CLINICAL SIGNS

History:

- Chronic ear infections since adoption
- The right ear improved with treatment but continues to have discharge from the left.
- He has scabs and skin irritation around his muzzle, chin, and paws as well

## COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are partially obliterated by fluid attenuating material.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

At the cranial aspect of the odontoid peg, an isolated osseous body is seen; measuring 2.6 mm.

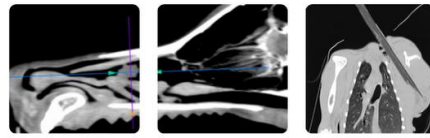
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of bilateral otitis externa
- No evidence of otitis media
- Persistent ossiculum terminale - incidental
- Multiple absent teeth

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of otitis externa and primary underlying allergic condition appears likely.

No additional clinically relevant abnormalities are appreciated.



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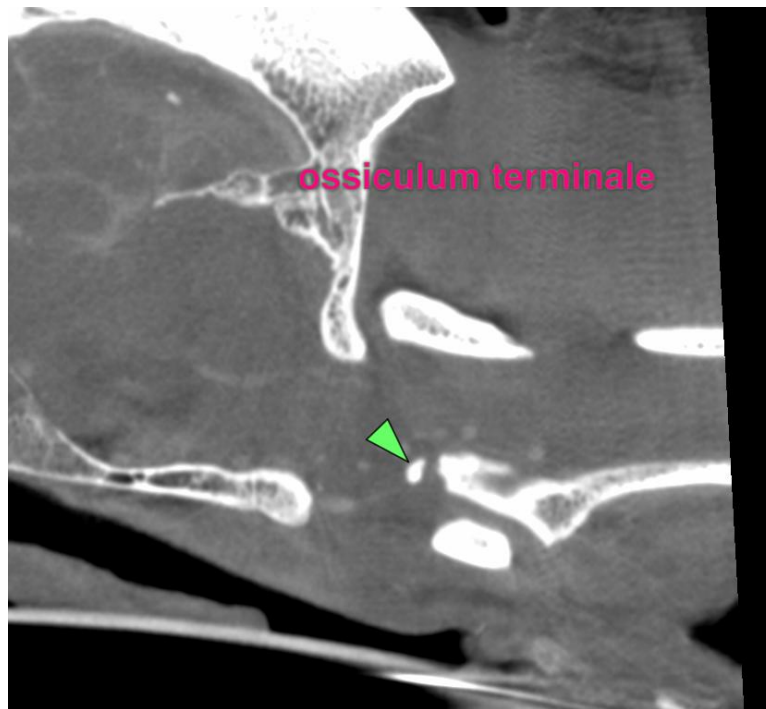
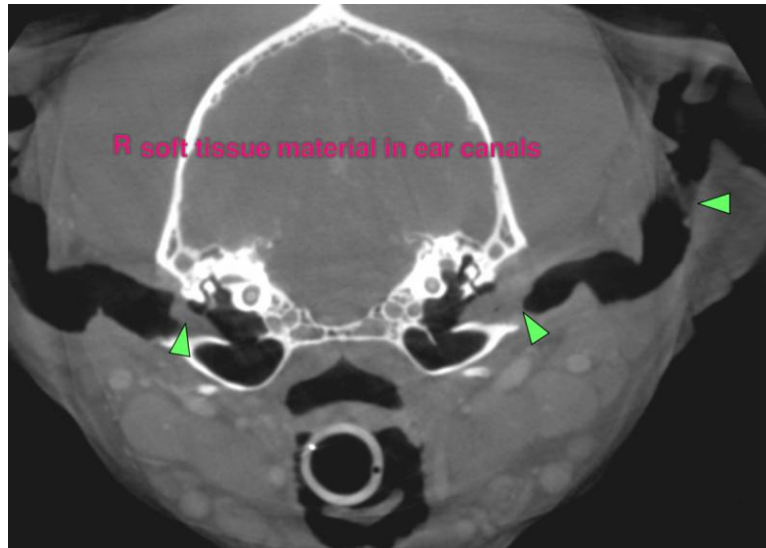
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)