



PATIENT PRESENTING CLINICAL SIGNS

Kirk Poulsen History: Chronic ear infections, head tilt, ataxia.

Abnormal PE/Chem/CBC/UA Results: Anemic (HCT 26)

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Skull

SEX

Moderate destruction of the right nasal conchal & turbinate structures is appreciated. The frontal sinuses are asymmetric. The right frontal sinus presents mild hyperostosis of the osseous lining.

Neutered Male

AGE

7 Years

The right tympanic bulla is filled with soft tissue attenuating and heterogeneous contrast enhancing material. The osseous lining of the right tympanic bulla is irregularly thickened, and multifocal moth-eaten osteolytic lesions are appreciated. Contrast enhancing material is extending into the horizontal segment of the right external ear canal and the right external ear canal is filled with fluid attenuating material. The tympanic part of the right temporal bone; post contrast administration peripheral contrast enhancing material is bulging into the caudal cranial fossa along the petrosal part of the left temporal bone. The osseous labyrinth of the right inner ear presents mild osseous remodeling. The right tympanic bulla is surrounded by a heterogeneous contrast enhancing soft tissue swelling, mildly distorting the nasopharynx.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

The left tympanic bulla is filled with heterogeneous contrast enhancing soft tissue material. The osseous lining of the left tympanic bulla is mildly thickened and irregular. The osseous segment of the left Eustachian tube is dilated.

HOSPITAL NAME

Care Surgery Center

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

REFERRING VET

Dr. Bleakley

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

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.

INVOICE

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The medial retropharyngeal lymph nodes are prominent.

Thorax

DATE

1/20/23



PATIENT The bony and surrounding soft tissue structures are within normal limits.

Kirk Poulsen The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

SPECIES The cardiovascular structures including the pulmonary vasculature are within normal limits.

Feline The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

BREED The lung parenchyma presents the expected architecture and attenuation behavior.

DSH Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

SEX

COMPUTED TOMOGRAPHIC DIAGNOSIS

Neutered Male

AGE

7 Years

- Advanced right sided chronic otitis media with inflammatory polyp formation, perforation of the cranial fossa and intracranial focal abscess formation/focal marked meningitis
- Secondary chronic right sided otitis externa & interna
- Secondary marked cellulitis surrounding right tympanic bulla
- Chronic left sided otitis media
- Right sided destructive rhinitis
- Lymphadenopathy medial retropharyngeal lymph nodes
- Normal thorax

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Care Surgery Center

The findings are consistent with advanced chronic right sided otitis externa with osseous remodeling of the associated osseous structures and perforation of the cranial fossa with intracranial extension of the suspect polyp versus abscess formation and secondary meningitis. The right sided otitis externa is likely triggered by the polypoid tissue extending from the right tympanic bulla into the externa ear canal. Preceding rhinitis with ascending infection might have been the initial cause for the otitis media. The finding is explaining the presenting clinical signs. The left tympanic bulla presents evidence of chronic otitis media as well. Surgical management of the right sided otitis media is considered as the therapy of choice followed by long-term antimicrobial therapy (should be able to cross the blood-brain barrier). Recommend sampling for histopathology to rule out neoplastic transformation entirely. Secondary reactive hyperplasia of the tributary lymph nodes.

REFERRING VET

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After the rehabilitation phase, surgical management of the left sided otitis media might be considered as well.

DATE

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PATIENT

Kirk Poulsen

SPECIES

Feline

BREED

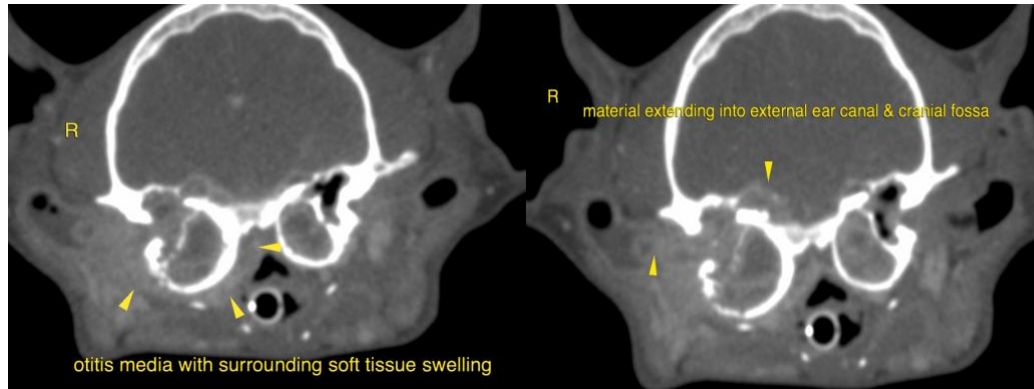
DSH

SEX

Neutered Male

AGE

7 Years



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
sebast.schaub@gmail.com

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