



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Rocky Conley

SPECIES
Canine

BREED
Labrador Retriever

SEX
MN

AGE
10 Years

INTERPRETED BY

History of reoccurring ear infections that began June of 2022 was treated with ear cleaner, ket flush, surolan and claro throughout June/July with resolution seen in August 2022. Patient presented 9/19/2022 for recheck of ears with swelling of the left side of the face on caudal portion of mandible. Recommended blood work-Unremarkable and sedation to look inside of ears possible FNA and cytology. Sedated exam 9/21/22 revealed moderate amount of thick, purulent/mucoid discharge from the left ear. Collected sample for culture and MIC of ear. Started baytril 136mg-Give 2 tablets by mouth every 24 hours, Clavamox 250mg-Give 1.5 tablets by mouth every 12 hours, Gabapentin 300mg-Give 2 capsules by mouth every 12 hours, Trazodone 100mg-Give 3 tablets by mouth every 12 hours. Culture revealed Isolate 1: Staphylococcus pseudintermedius - 3+, Isolate 2: Staphylococcus schleiferi - 3+, Isolate 3: Normal flora - 3+. Susceptible to baytril so continued dose for a total of 28 days and administered BNT in both ears. Recheck 10/26/22 revealed improvement with swelling, but still slight/mild purulent material present. Repeated culture and MIC of ear. Isolate 1: Pseudomonas aeruginosa - 4+. The organism isolated is uniformly resistant to Amoxicillin, Amoxicillin/clavulanic Acid, Cefalexin, Cefazolin, Cefpodoxime, Ceftiofur, Cefotaxime, Cefovecin, Chloramphenicol, Florfenicol, Tetracycline, Doxycycline, Minocycline, Sulfisoxazole, and Trimethoprim/Sulfa; therefore, susceptibility testing against these antibiotics is not indicated. Isolate 2: Staphylococcus pseudintermedius - 4+ Recommended ear cleaning and triple max with recheck in 1 month. Patient presented 1/4/23 for return of ear shaking, swelling on left side of face and pain in mouth. Exam patient growling when trying to examine ears and mouth. Recommended sedated exam to look at oral cavity and recheck ears. Sedated exam revealed a red/erythematous lump/mass on right rostral portion of mouth along soft palate ~1.5cm in size. Mild purulent material on left ear, slight discharge in right ear. Started Deramaxx 75mg-1/2 tab po SID. O elected to move forward with head CT.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution plain CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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 external ear canals present a significant thickening of the wall and irregular shell-like mineralization of the wall. The horizontal segment of the external ear canals is obliterated by soft tissue attenuating material. The left tympanic bulla is filled with soft tissue material. The wall of the left tympanic bulla is markedly thickened and rough.

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The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement.

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral advanced chronic otitis externa with dystrophic mineralization
- Left sided chronic otitis media

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of bilateral chronic otitis externa with significant thickening and mineralization of the external ear canals. There is evidence of secondary left sided chronic otitis media. Bilateral total ear canal ablation and left sided lateral bulla osteotomy can be considered as treatment options here.

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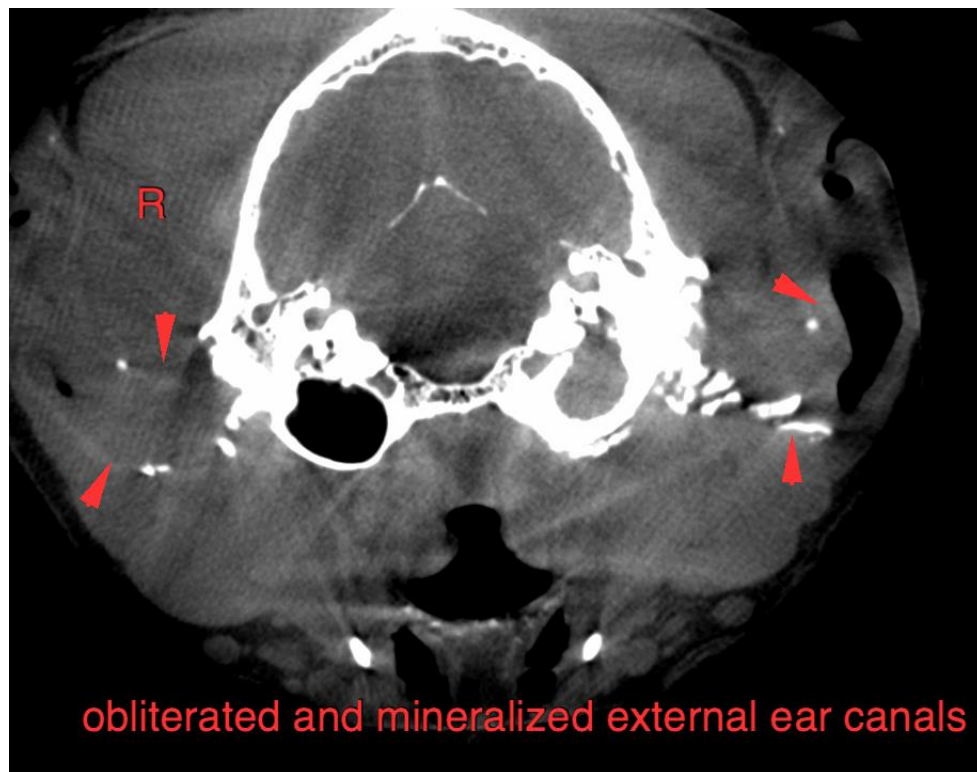
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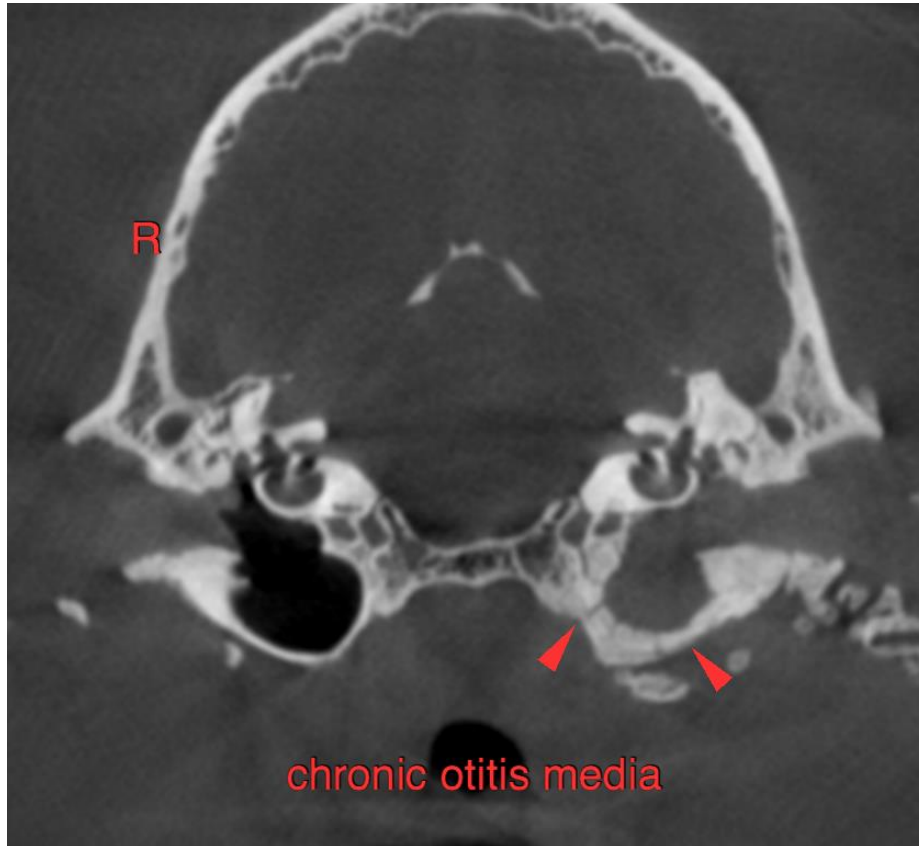
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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