



**PATIENT**

Lia Dobitas

**PRESENTING CLINICAL SIGNS**

hx of chronic otitis in left ear. Visible polyp in canal.

**RADIOGRAPHIC STUDY OF THE SKULL**

**SPECIES**

Feline

Radiographs of the skull in two orthogonal imaging planes are provided for review.

**RADIOGRAPHIC FINDINGS**

**BREED**

DSH

In the VD projection, the medial segment of the left external ear canal is not aerated and cannot be delineated. The left tympanic bulla presents generalized increased radiopacity in the VD view; the osseous lining of the left tympanic bulla is mildly thickened and appears smooth.

The nasopharynx is aerated.

The remainder of the osseous and soft tissue structures of the skull are within normal limits.

**SEX**

SF

**RADIOGRAPHIC DIAGNOSIS**

- History of left sided otitis externa
- Suspect left sided otitis media

**AGE**

2 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings are supporting the diagnosis of an inflammatory polyp originating from the left tympanic bulla, extending into the left external ear canal. Underlying otitis media is likely. Removal of the clinically appreciated polyp using traction technique is the therapy of choice – recommend histopathology to confirm diagnosis of inflammatory polyp and ruling out neoplastic transformation. If the polyp reoccurs, ventral bulla osteotomy should be considered as advanced treatment option.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

The Pet Hospital of  
Stratford

**REFERRING VET**

Dr. Miller

**INVOICE**

54607

**DATE**

10-14-22



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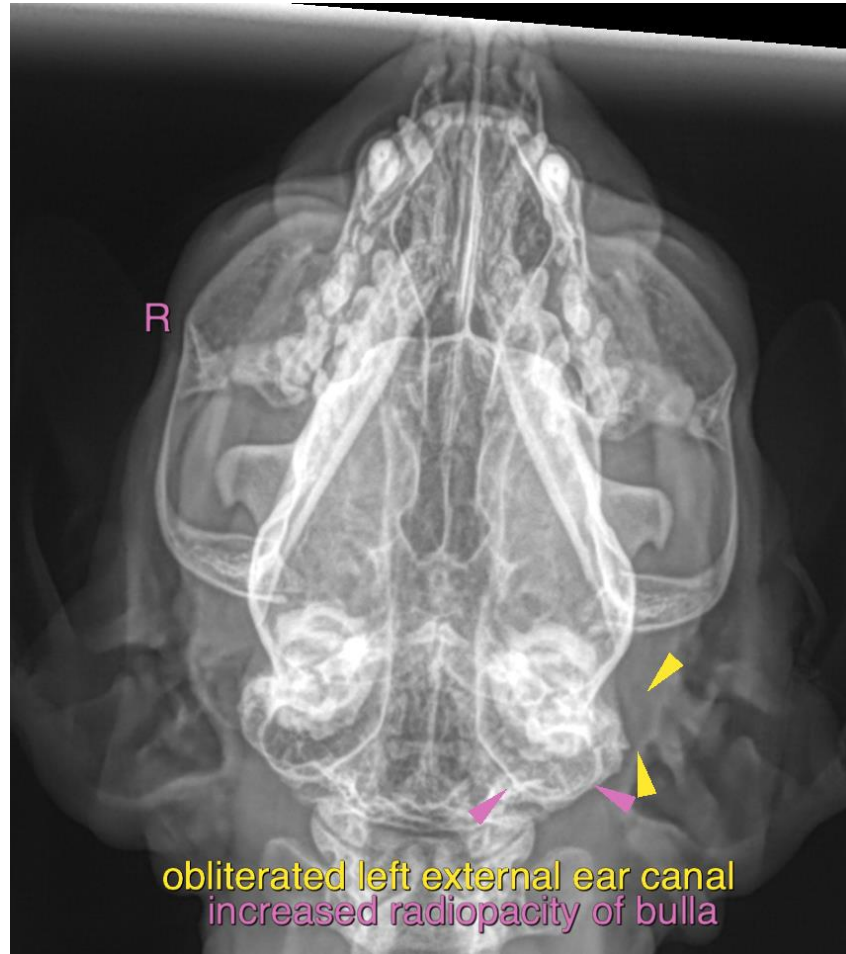
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com