



## PATIENT

Chief Evans

## SPECIES

Canine

## BREED

Lab

## SEX

Male

## AGE

9Y

## WEIGHT

107lbs

## 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

72548

## DATE

11-10-25

## PRESENTING CLINICAL SIGNS

Otitis media symptoms and left head tilt for approximately 30 days. Thickened bulla on radiographs and increased bone density in the entire area. Myringotomy performed, culture demonstrated E. coli with susceptibility to all antibiotics. R/O Neoplasia/Mass as may need to consider TECA. Thorax submitted for met check

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

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.

Bullous enlargement of the left tympanic bulla is appreciated, and the osseous wall presents a loculated appearance and is extending rostrally up to the medial aspect of the left temporomandibular joint. The left tympanic bulla is filled with fluid attenuating material. The osseous labyrinth of the left inner ear presents osteolytic defects.

The right tympanic bulla is partially obliterated by gravity dependent, fluid attenuating material. The osseous wall of the right tympanic bulla is moderately thickened and smooth.

The wall of the left external ear canal is mildly thickened and smooth.

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.

The left mandibular salivary gland has an aberrant position at the caudomedial aspect of the left digastric muscle.

### Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

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.

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

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.



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The lung parenchyma presents the expected architecture and attenuation behavior, but zones with dystelectasis of the dependent left lung.

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

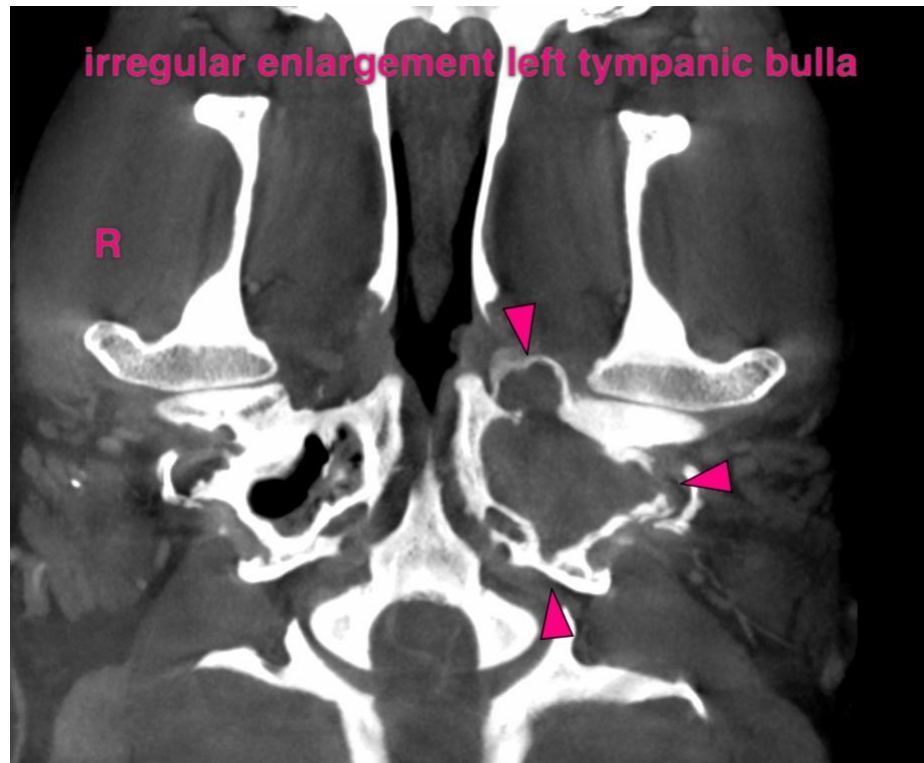
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided chronic otitis media with soap bubble like enlargement left tympanic bulla and fluid filling of the left tympanic bulla
- Left sided otitis interna
- Right sided chronic otitis media
- Left sided mild otitis externa
- Multifocal spondylosis deformans thoracic spine
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with bilateral chronic otitis externa and secondary left sided cholesteatoma formation. Surgical management of the cholesteatoma is considered as the therapy of choice – ventral bulla osteotomy may be the preferred surgical technique.

The left sided otitis interna is explaining the presenting vestibular clinical signs.





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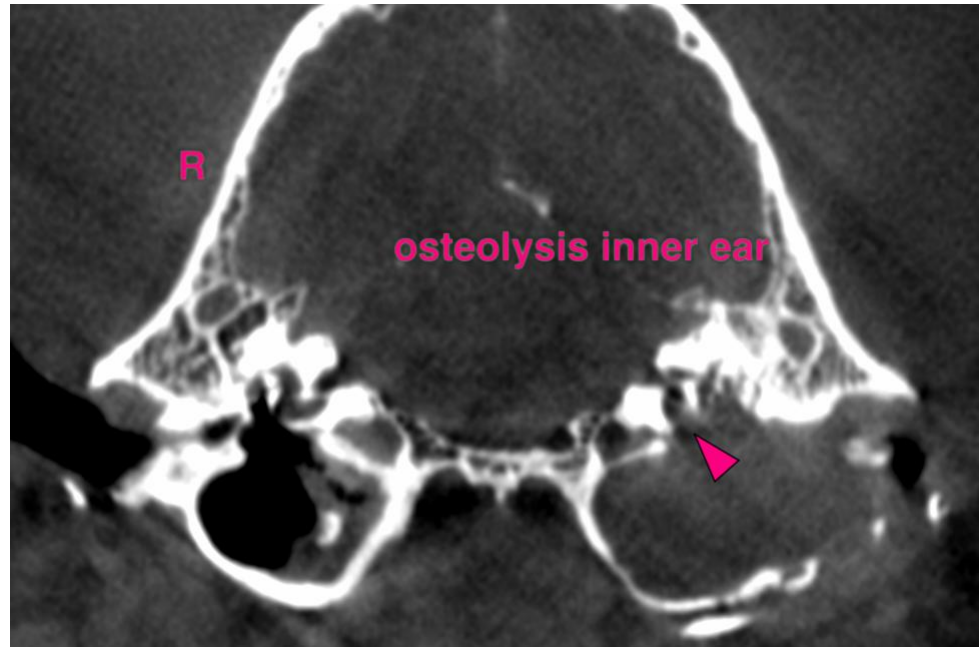
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)