



**PATIENT**

Melba Lestido

**SPECIES**

Canine

**BREED**

Cocker Spaniel Mix

**SEX**

Female Spayed

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Meaux

**INVOICE**

48389

**DATE**

11-16-21

**PRESENTING CLINICAL SIGNS**

Presented to surgeon. Hx of chronic ear infections. AD TECA performed ~1 years ago. Approximately 7 months ago recurrence of symptoms. On 10/29/21 AD was enlarged, firm, and uncomfortable. An abscessed pocket ~20-25mm was noted deep in the swollen lesion in the surgery (TECA ) site via ultrasound. CT scan requested for surgical evaluation prior to possible TECA revision.

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth element 305 is 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.

The right tympanic bulla is filled with non-contrast enhancing soft tissue material and a defect is seen in the ventrolateral aspect of the wall. There is evidence of early stage of osteolysis of the tympanic part of the right temporal bone. The right external ear canal is absent; in the region of the right external ear canal, a peripheral contrast enhancing and central fluid attenuating roundish mass is visible, measuring approximately 3.4 x 2.3 x 2.6 cm in size. In the medial aspect the central fluid attenuating lesion is extending from the level of the tympanic bulla laterally up to the subcutaneous tissue and the subcutaneous fat at the same level presents moderate fat-stranding. The wall of the left external ear canal is markedly thickened, with homogeneous moderate contrast enhancement and advanced mineralization. The left tympanic bulla is aerated, unremarkable.

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 right medial retropharyngeal lymph node is prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of right sided total ear canal ablation
- Cavitory lesion region of absent right externa ear canal, extending up to the external opening of the middle ear
- Right sided otitis media
- Secondary local steatitis and ipsilateral reactive hyperplasia of the medial retropharyngeal lymph node
- Left sided advanced chronic otitis externa with dystrophic mineralization of the external ear canal
- Absent triadan 305



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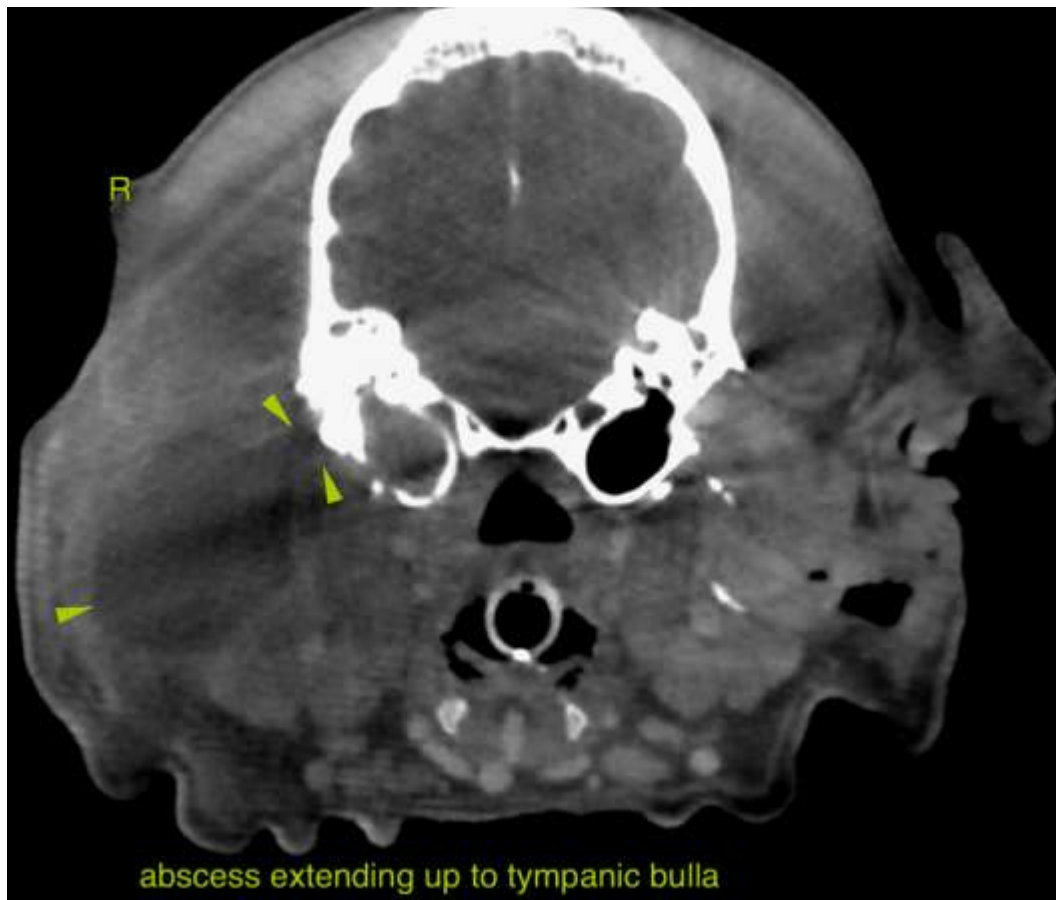
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cavitory lesion is consistent with abscess formation level with the previous surgery site after right sided total ear canal ablation. Retained epithelium or cartilaginous material might have triggered the abscess formation. Surgery has already been scheduled – surgical curettage of the tympanic bulla might be beneficial as well.





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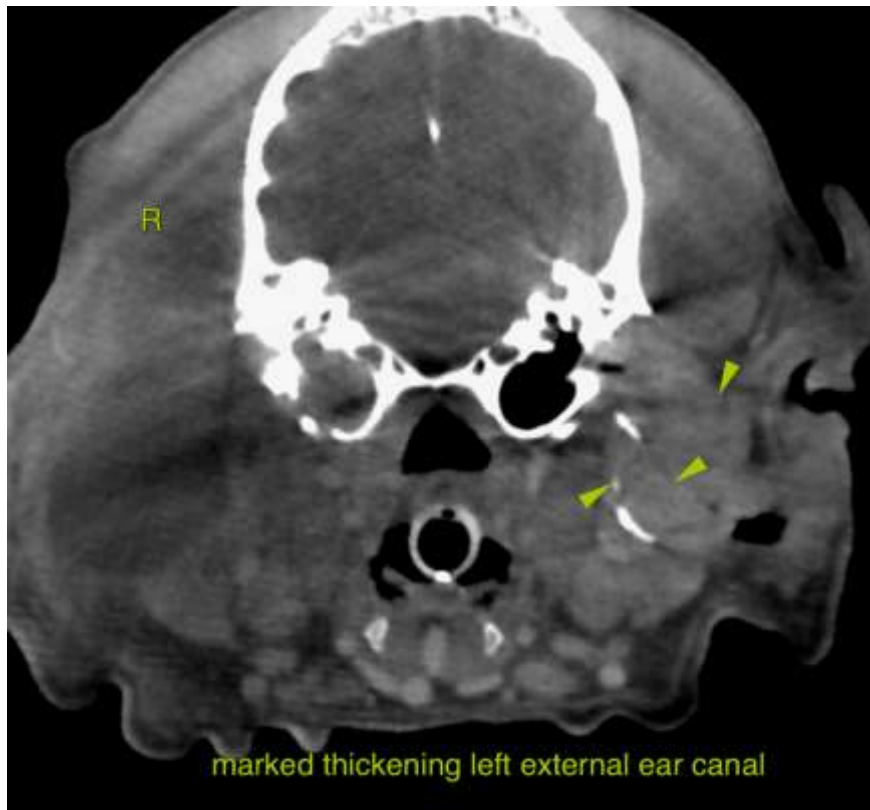
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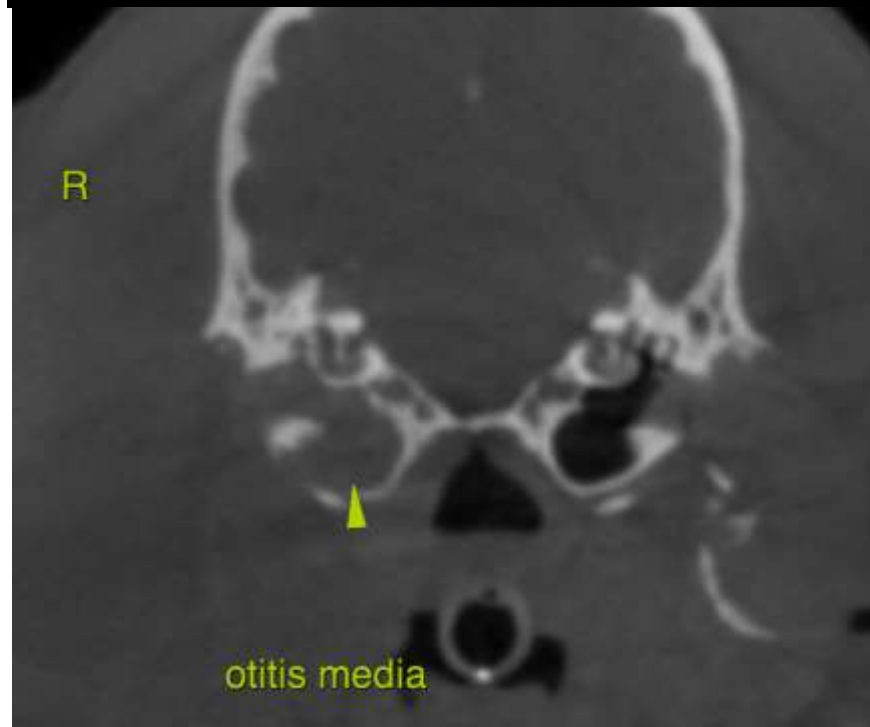
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marked thickening left external ear canal



otitis media



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

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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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**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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