



PATIENT

Archie Dimitry

SPECIES

Canine

BREED

Pit Bull

SEX

MN

AGE

11.5Y

WEIGHT

23kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown Veterinary
Specialists and
Associates

REFERRING VET

Dr. Ariel Schlag

INVOICE

72702

DATE

11-20-25

PRESENTING CLINICAL SIGNS

12 yo MC Pit mix presented on 11/1/25 for chronic otitis externa AU consult. Left ear worse than right. Fluid discharge from AU. Mucopurulent discharge. Returned to hospital on 11/18/25 for head CT scan with contrast. Firm, progressively enlarging swelling noted ventral to AS concerning for abscess +/- cellulitis vs. malignant neoplasia. Ddx prioritizes abscess +/- cellulitis based on case hx. AD - Marked stenosis of external ear canal (vertical and horizontal) with proliferation. Unable to visualize tympanic membrane. AS - Marked stenosis of external ear canal (vertical and horizontal) with proliferation, erythema, and scant amount of bleeding. Unable to visualize tympanic membrane. Enrofloxacin 20 mg/kg PO q12-24h previously attempted. MDR otitis externa. Ear c/s - Proteus, Enterococcus. Gentamicin Otomax attempted. ER previously rx'd chloramphenicol 750 mg PO q8h x 14 days, aural drops (ketoconazole 1%, mupirocin 2%, triamcinolone 0.1%, glycerin otic suspension). D/c'd enrofloxacin. Saw ER on 10/20/25 for otitis externa. Enrofloxacin had been started at that time. H/o urinary incontinence, bilateral parathyroidectomy. Normal energy. Appetite fair, so receives capromorelin PRN (when stressed or being a picky eater; this medication works well), normal thirst, urination, defecation. No c/s/v/d. H/o DMVD Stage B1, CKD, small splenic nodule on AUS, difficulty walking.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 103 is absent. Advanced abrasion of the crowns of multiple teeth is noted. The crown of triadan 102 is absent. Triadan 102 and 201 present a periapical widened periodontal space. Triadan 107 and 108 present resorptive lesion.

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 tympanic bullae are obliterated by soft tissue attenuating material, and the osseous wall is thickened and smooth. The external ear canals present a marked thickened wall with advanced shell-like mineralization; the lumen of the ear canals is collapsed. Rostral to the left external ear canal, along the lateral aspect of the left zygomatic arch, a diffuse soft tissue swelling with a heterogeneous contrast enhancement pattern - presenting hypoattenuating areas - is visible.

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 left submandibular and medial retropharyngeal lymph nodes moderately prominent,

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral chronic otitis externa with dystrophic mineralization of the external ear canals
- Bilateral chronic otitis media
- Diffuse multicameral subcutaneous swelling rostral aspect left external ear canal
- Lymphadenopathy left mandibular lymph nodes and left medial retropharyngeal lymph node - secondary reactive lymphoid hyperplasia
- Periapical granuloma formation 102 and 201
- Multiple dental resorptive lesion



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- Absent triadan 103
- Advanced abrasion of the crowns of multiple teeth

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are supporting the diagnosis of left sided periauricular abscess formation and septic cellulitis – likely due to chronic otitis externa with potential perforation of the wall of the ear canal. Consider discussing potential treatment options with surgeon

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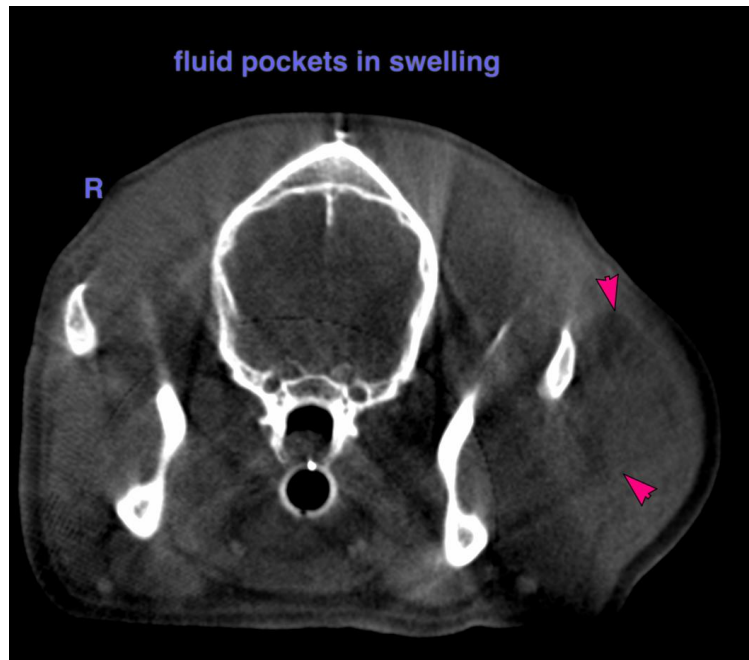
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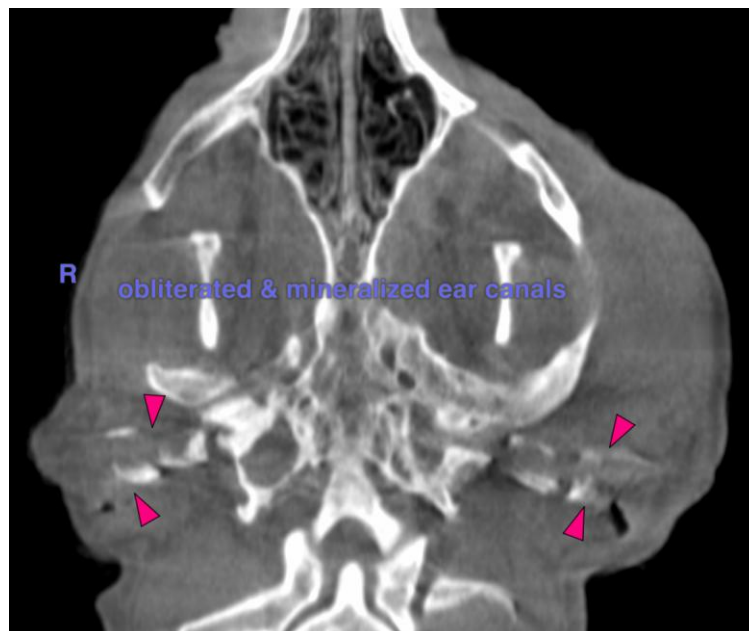
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com