



**PATIENT PRESENTING CLINICAL SIGNS**

Kira Peeler CHRONIC JAW PAIN, AND CHRONIC EAR INFECTIONS. NEGATIVE 2M AB TITER. MARKED AMOUNT OF DEBRIS REMOVED FROM EAR BY REFERRING DVM. DENTAL RADS SHOWED TOOTH RESORPTION. IN NOVEMBER TESTED POSITIVE FOR ANAPLASMA - WAS ON A COURSE OF DOXY BUT HAS FINISHED.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: RECENT BLOOD PANEL IN 11/22: HYPERGLOBULINEMIA. 2M ANTIBODY TITER WAS NEGATIVE.

**COMPUTED TOMOGRAPHY OF THE SKULL**

**BREED**

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

Mixed Breed

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 305, 306, 307, 406, 407 are absent.

**SEX**

FS

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.

**AGE**

7 Years

The left tympanic bulla is markedly irregularly enlarged and the wall is irregularly thickened. The left tympanic bulla is filled with mild heterogeneous soft tissue attenuating material. The tympanic part of the left temporal bone presents moth eaten osteolytic lesions with perforation of the cranial fossa. In the medial aspect the expanded left tympanic bulla is depressing the nasopharynx. The osseous labyrinth of the left inner ear presents with lytic lesions. The horizontal part of the left external ear canal contains foamy soft tissue material. The right tympanic bulla is aerated and presents a smooth and thin wall. The right external ear canal is within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Green Dog Dental and  
Wellness

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.

**REFERRING VET**

Dr. Michael Geist

Both thyroid glands are prominent and present a mild heterogeneous contrast enhancement pattern, measuring 6.7 mm in diameter.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

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- Left sided chronic otitis media with expansile chronic remodeling of the left tympanic bulla and osteolytic lesions of the tympanic part left temporal bone with perforation of the cranial fossa
- Left sided otitis interna
- Left sided otitis externa
- Prominent thyroid glands
- Multiple absent teeth

**DATE**

12-13-22



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Kira Peeler

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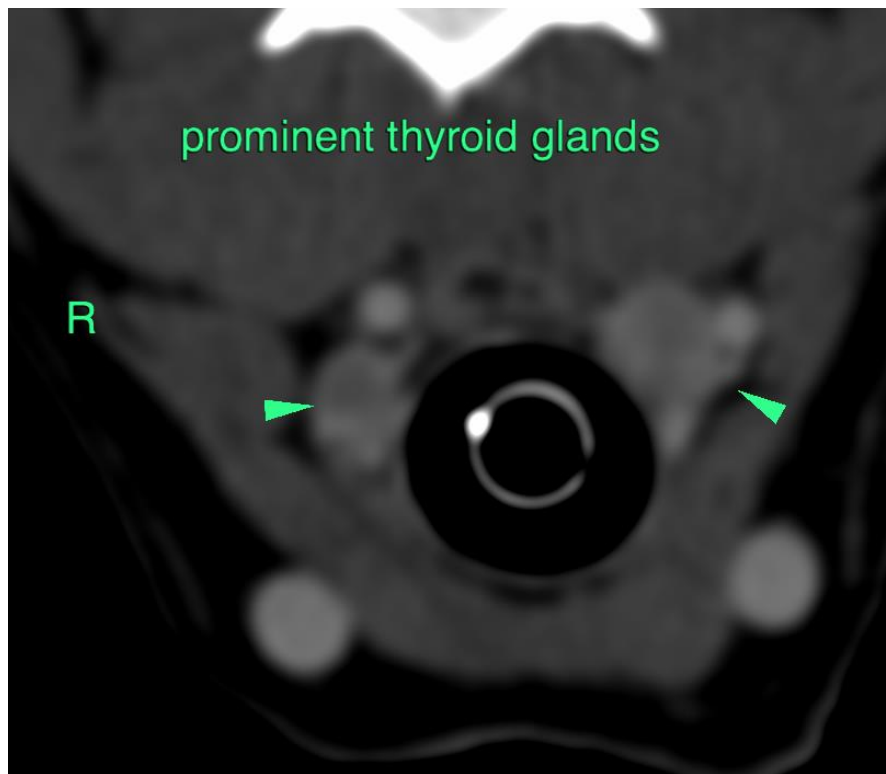
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes of the left middle ear are compatible with chronic otitis media and secondary cholesteatoma formation and secondary otitis interna and osseous remodeling of the tympanic part of the left temporal bone. Either ventral bulla osteotomy or total ear canal ablation and lateral bulla osteotomy are recommended for drainage and curettage of the left tympanic bulla. The finding is a plausible explanation for the presenting clinical signs as the tympanic bulla is in contact with the caudal aspect of the left temporomandibular joint.

The prominent thyroid glands might be a sequela to thyroiditis or macronodular hyperplasia - correlate with laboratory findings.





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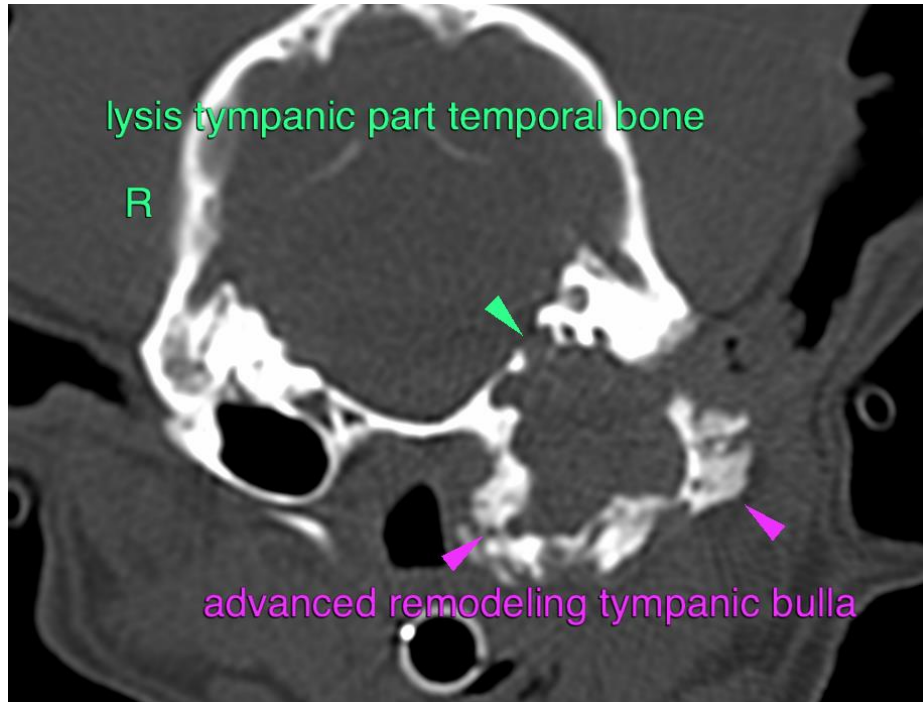
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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