



PATIENT

Cooper Melamed

SPECIES

Canine

BREED

Corgi

SEX

MN

AGE

9

WEIGHT

15

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

73805

DATE

2-17-26

PRESENTING CLINICAL SIGNS

- AD: brown discharge, painful on palpation of the right ear
- AS: brown discharge
- head tilt to the right side, narrow circling to the right side,

COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Triadan 108, 110, 208 and 210 are absent. Triadan 109 and 209 present a moderate widened periodontal space.

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 obliterated by fluid attenuating material. The osseous lining of the right tympanic bulla presents aggressive osteolysis rostrally along with amorphous periosteal new bone formation. Between the right tympanic bulla and the right temporomandibular joint, an irregular contrast enhancing soft tissue swelling with interspersed irregular mineralization – resulting in a multiloculated appearance – is seen. Along the dorsal aspect of the zygomatic process of the right temporomandibular joint, immature periosteal new bone formation is seen. The osseous labyrinth of the right inner ear presents moderate sclerosis.

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.

The osseous and soft tissue structures of the neck are unremarkable.

Thorax

The ventral aspect of the thorax is cropped by the field of view.

The bony and surrounding soft tissue structures are within normal limits.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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



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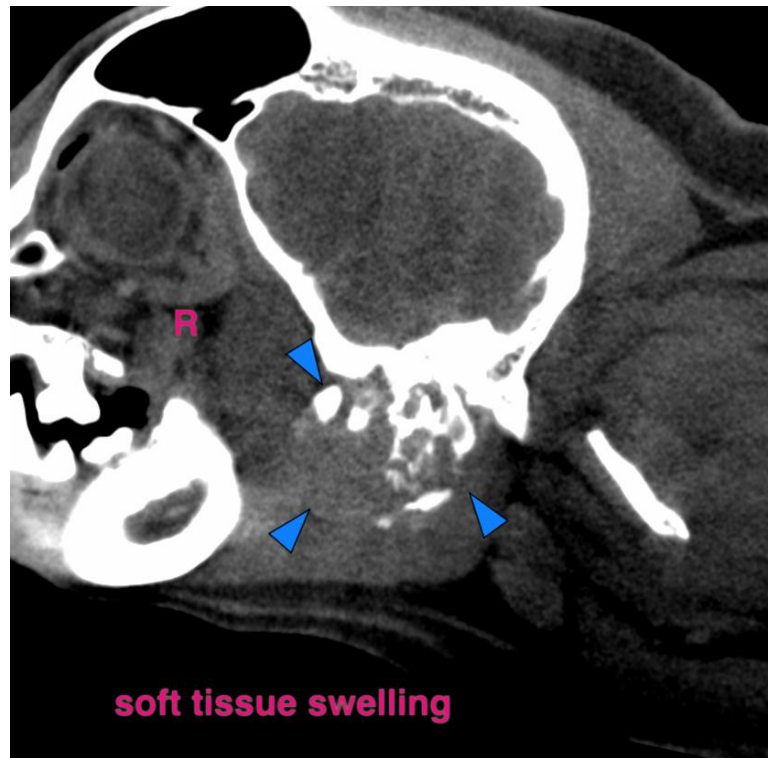
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided chronic otitis media and interna
- Soft tissue with osseous remodeling rostral aspect of the right tympanic bulla
- Mild lymphadenopathy right medial retropharyngeal lymph node
- Normal neck
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated changes along the right tympanic bulla with the multiloculated osseous and soft tissue mass rostrally is suggestive for chronic otitis media with cholesteatoma formation. A differential is primary soft tissue neoplasia – such as ceruminous gland adenocarcinoma – but I would consider the odds lower. Surgical management including sampling for histopathology may be considered.

The otitis interna is explaining the described vestibular clinical signs.





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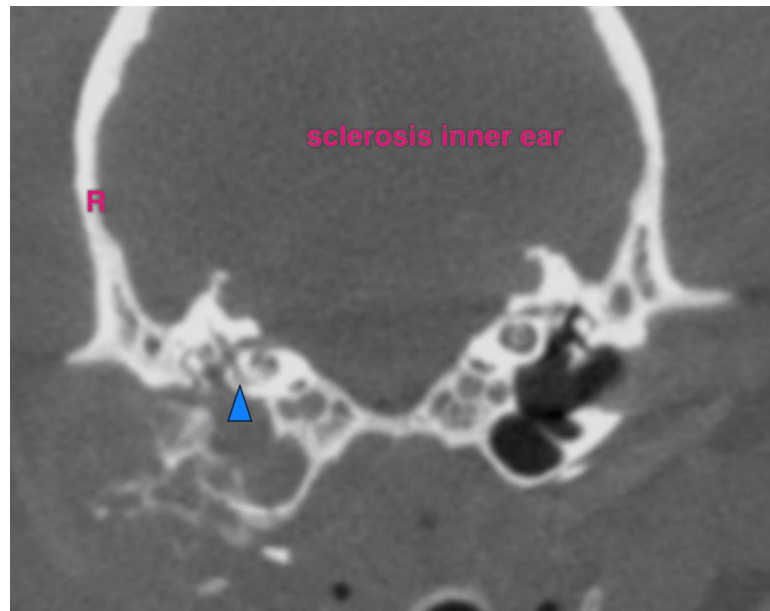
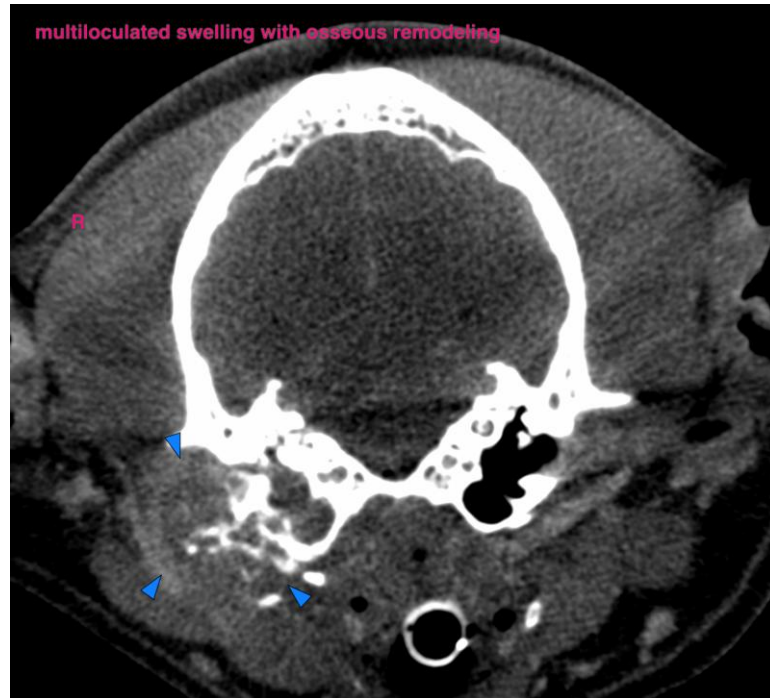
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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