



## PATIENT

Annie McGowan

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Spayed Female

## AGE

21.4

## WEIGHT

French Bulldog

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dr. Michael O'Connor

## HOSPITAL NAME

Holy Family VH

## REFERRING VET

Dr. Eginton

## INVOICE

37188

## DATE

5/22/26

## PRESENTING CLINICAL SIGNS

History: Mass, right ear canal with chronic otitis externa. HX: 1 yr ago Annie developed a left sided facial droop, suspicion was for Bell's palsy, the facial paralysis has improved with time. Daily eye lube is still used. Recors say P has slight right head tilt but today in our office it appears to be a left head tilt. P has been had ongoing tx for chronic otitis externa for last 10 month, cultures revealed 3/12/26 ear culture grew staph, sensitive to enrofloxacin so changed to that. 4/1/26 saw Dr. Bell at AHCB, left ear WNL, right still inflamed, not stenotic but tissue macrated with white plaques, cutology +++rods and cocci as well as PMN. Also retching and has Horner's signs. Rx prilosec for retching, BNT infusion right ear (Enrofloxacin, Ketoconazole, and Triamcinolone pack). 4/17/26 improving but not resolved AD, systemically improving. Repeat BNT and recheck with cytology 2wk. 5/1/26 was able to clean canal and saw a fleshy reddish mass at base of vertical canal AD. Recommended referral for TECA consult +/- CT Prescribed a saline/ssd/dex flush for both ears. In October 2025 Grade 2 MCT complete excision on L crus.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

## COMPUTED TOMOGRAPHIC FINDINGS

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth. Triadan 305 and 405 are retained in the alveolar bone.

Triadan 108 presents a longitudinal fracture and the periapical periodontal space of the respective tooth is widened. Triadan 310 and 410 present a generalized 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.

Both tympanic bullae are filled with non-contrast enhancing soft tissue material; the osseous lining is symmetrically thickened and mildly rough. The osseous labyrinth of the inner ear bilaterally presents moth eaten defects. The right external ear canal is obliterated by soft tissue material presenting striated contrast uptake. The wall of the right external ear canal presents moderate shell like mineralization.

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.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided otitis externa and history of mass in ear canal versus significant thickening of the wall
- Bilateral chronic otitis media & interna
- Complicated dental fracture 108 with secondary periapical granuloma formation



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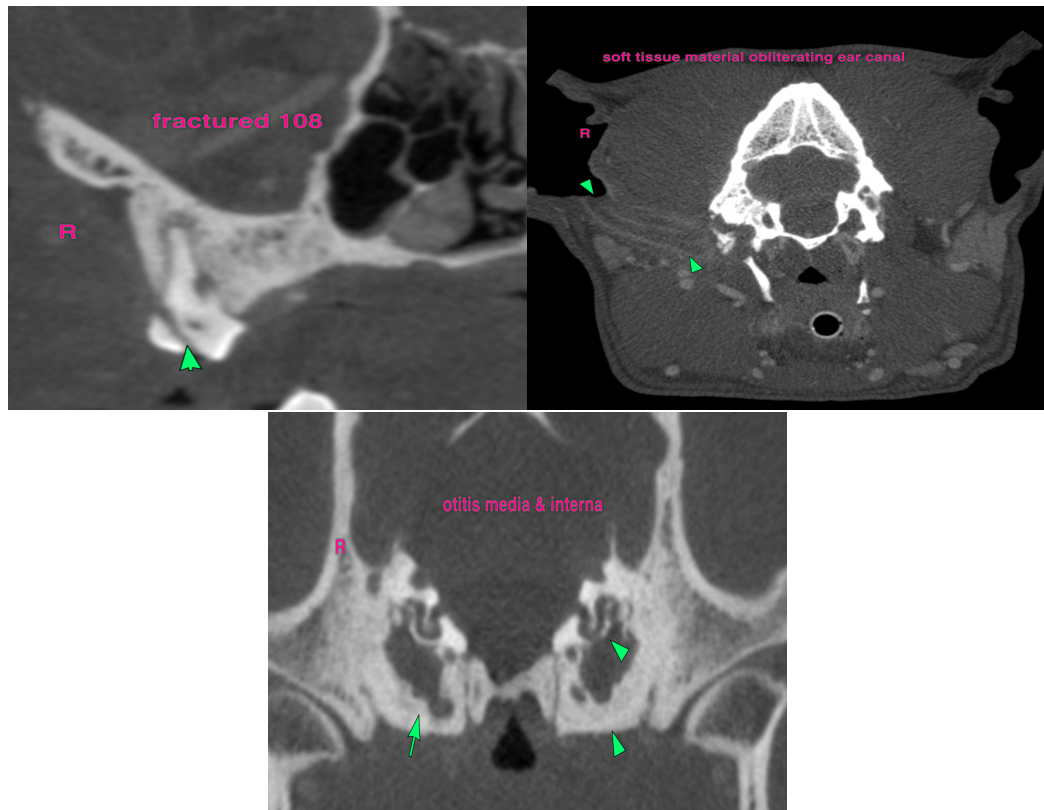
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- Periodontal disease 310 and 410
- Retained triadan 305 and 405 without retention cyst formation

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of obliteration of the right external ear canal by either a mass (e.g. inflammatory adenomatoid polyp, ceruminous gland adenocarcinoma, other). Surgical management via right sided total ear canal ablation is feasible.



**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**, DVM, Dr. med. vet. DipECVDI  
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