



PATIENT PRESENTING CLINICAL SIGNS

Dexter #17813 Chalco Hills

History: 3-month progressive history of left side head shaking - aural sensitivity. Poor response to topical therapy as well as oral antibiotics and oral Apoquil. Cultures completed and return routine/non-pathogenic growth. Increased cerumen and moisture continue to be produced and result in excessive head shaking and sensitivity. No neurologic signs/abnormalities reported or noted over 3 months' time.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: Labs from RDVM with no changes in cell count or chemistry - normal T4 and pBNP.

BREED COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

SEX

Neutered Male

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

AGE

11 Years 11 Months

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The left frontal sinus contains a small amount of non-contrast enhancing soft tissue material.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

The left tympanic bulla is filled with peripheral contrast enhancing material. The osseous lining of the left tympanic bulla is mildly thickened and smooth. The soft tissue material of the left tympanic bulla is mildly protruding beyond the level of the left tympanic membrane into the horizontal segment of the left external ear canal.

HOSPITAL NAME

Gentle Doctor AH

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.

REFERRING VET

Dr. Pete Bashara

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. Both thyroid glands are mildly prominent and present with multiple intraparenchymal small (<3 mm) well-defined, pre- and post-contrast mild hypoattenuating lesions.

The remainder of the osseous and soft tissue structures of the neck are within normal limits.

INVOICE

15789

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided otitis media

DATE

5/27/22



PATIENT

- Micronodular enlargement of the thyroid glands bilaterally
- Mild left sided sinusitis frontal sinus

Dexter #17813 Chalco Hills

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Feline

The left sided otitis media might be associated with polyp formation, mildly bulging into the left external ear canal – being a plausible source for the recurrent left sided otitis externa. If not done so yet, recommend complementing workup by otoscopy to check for potential polyp – if present traction technique might be tried for removal of the polyp. Left sided ventral bulla osteotomy appears beneficial if no polypoid tissue can be appreciated or the use of traction technique is not possible.

BREED

DSH

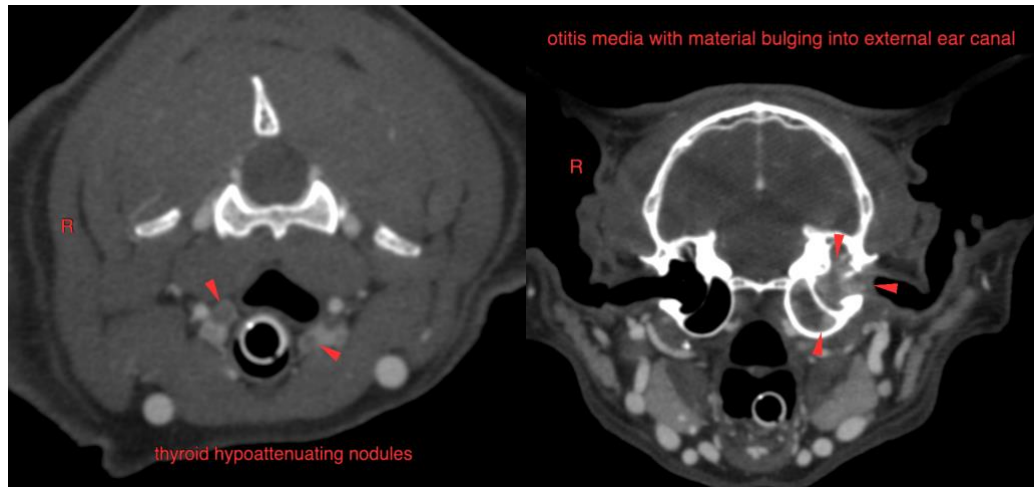
The prominent thyroid glands can present cystic thyroid cysts, thyroid nodular hyperplasia or (non)functional cystic thyroid adenoma – consider checking T4 values on a regular basis.

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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.

HOSPITAL NAME

Gentle Doctor AH

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.

REFERRING VET

Dr. Pete Bashara

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