



PATIENT PRESENTING CLINICAL SIGNS

Mousse Goetchius

Patient presented for evaluation of chronic left-sided head tilt. In December, patient was groomed and then developed OE AS. In March, became vestibular with Horners and nystagmus. Horners and nystagmus have resolved, but persistent head tilt to the left. Chronic rods and inflammatory cells on ear cytology AS. Clinical concern for OE and OM. Current medications: TrizUltra Keto AS twice a week, Dex Baytril Miconazole SSD AS BID, Gabapentin 100mg BID, Simplicef 100mg SID, Oral steroids starting 6/15/23

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

BREED

Pug

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

COMPUTED TOMOGRAPHIC FINDINGS

The skull has a breed specific brachycephalic conformation and secondary rotation of the maxillary premolar teeth is appreciated.

SEX

MN

The tooth elements 311 and 411 are absent. Triadan 305 & 405 are partially retained within the alveolar bone, presenting a small expansile geographic osteolytic lesion.

AGE

3 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The left tympanic bulla is filled with fluid attenuating material and the wall of the left tympanic bulla presents moth eaten osteolytic lesions and presents a defect measuring 4.5 mm in the rostroventral aspect. The osseous labyrinth of the left inner ear presents moth eaten osteolytic lesions. A very small amount of soft tissue material is attached to the wall of the right tympanic bulla. The horizontal segment of the external ear canals is narrowed, L>R.

HOSPITAL NAME

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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 medial retropharyngeal lymph node is prominent.

REFERRING VET

Seraydar

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided otitis media & interna
- Lymphadenopathy left medial retropharyngeal lymph node
- Stenosis external ear canals, L>R
- Small retention cyst formation triadan 305 & 405
- Absent triadan 311 and 411

INVOICE

58973

DATE

6-22-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided otitis media & interna are a plausible explanation for the presenting clinical signs. Surgical management by the means of ventral bulla osteotomy is considered as the therapy of choice; if clinically relevant stenosis of the left external ear canal is present in the otoscopic examination, total ear canal ablation and lateral bulla osteotomy might be an alternative option.



PATIENT Secondary mild reactive hyperplasia of the left medial retropharyngeal lymph node.

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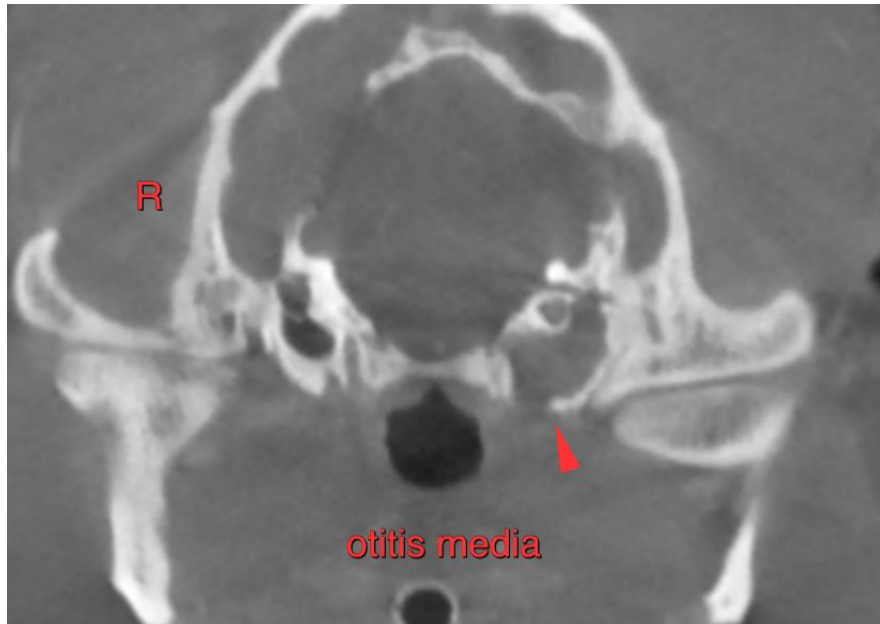
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PATIENT The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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