
PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Tig Larson

SPECIES
Feline

Chronic ear infections AS since 2016. Pus and marked amount of debris noted in previous exams over the years. Treated with Mometamax. At most recent exam unable to visualize L ear drum. Severe amount of dark debris and bright red tissue blocking the area. Sneezing, possible oronasal fistula. Diarrhea - currently on Forti Flora probiotic and improving.

Abnormal PE/Chem/CBC/UA Results: Severe tartar , gingivitis, resorptive lesions and gingival recession.

BREED COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

BREED
DSH

A high-resolution pre- and post-contrast CT study of the head and cervical soft tissue are provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

SEX
Neutered Male

There is diffuse wall thickening and irregularities of the entire horizontal wall of the external ear canal bilaterally (>L side).

AGE
12 Years 11 Months

There is a large soft tissue attenuating mass with heterogeneous post-contrast enhancement, filling the middle portion of the left external ear canal with almost complete obstruction. The mass measures 1.2cm length and 0.6 cm wide. Adjacent and filling the remainder of the external ear canal, a fluid to soft tissue attenuating material is seen.

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There is a small soft tissue attenuating, non-enhancing polypoid lesion noted, attached to the ventral border wall of the right horizontal external ear canal.

INTERPRETED BY
Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

There is no accumulation of fluid in the middle ear and no evidence of tympanic bullae wall thickening or lysis.

The pharynx and larynx are normal.

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There is a small amount of soft tissue attenuating fluid material in the nasal cavity more left and ventrally, and mild amount dorsally on the right frontal sinus.

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All teeth are present. Moderate horizontal and vertical bone loss is seen throughout the mandibular and maxillary arcades. A more demarcated geographic lesion is evident adjacent to the tooth root of the 108 and 208 maxillary premolars and 201 and 202 maxillary incisors. The teeth 204 (Left side maxillary canine) has abnormal shape.

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No evidence of enlarged retropharyngeal lymph nodes.

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No other abnormalities are identified.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

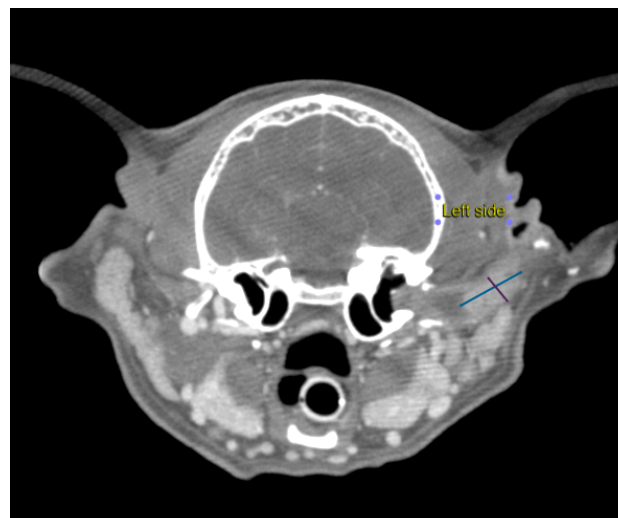
- Partially obstructive mass on the left external ear canal and concurrent fluid accumulation. The differential diagnosis of the mass is ceruminous gland carcinoma, squamous cell carcinoma as primary, and less likely benign process.
- Small polypoid lesion on the right external ear canal - Differential diagnosis includes inflammatory polypoid lesion, less likely ceruminous gland adenoma, ceruminous gland carcinoma.
- Concurrent bilateral otitis externa with evidence of chronicity.
- No evidence of otitis media.
- Diffuse periodontal disease. More exacerbated at 108,208, 201 and 202, considering less likely periapical abscess adjacently. Abnormal shape of 204 teeth, old trauma, incidental.
- Mild predominantly left sided nasal fluid accumulation, differential diagnosis is non-destructive rhinitis.

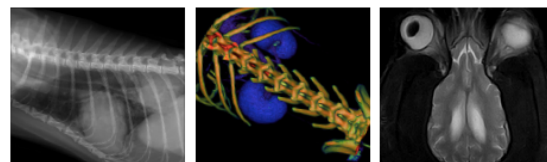
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings of external ear apparatus are correlated to the patient's history.

Otoscopic evaluation and ear flushing is suggested. Biopsy of the left and right external auditory meatus is required for diagnosis.

Moderate periodontal disease, oronasal fistula cannot be completely excluded. Correlation with oral/dental exam is suggested.





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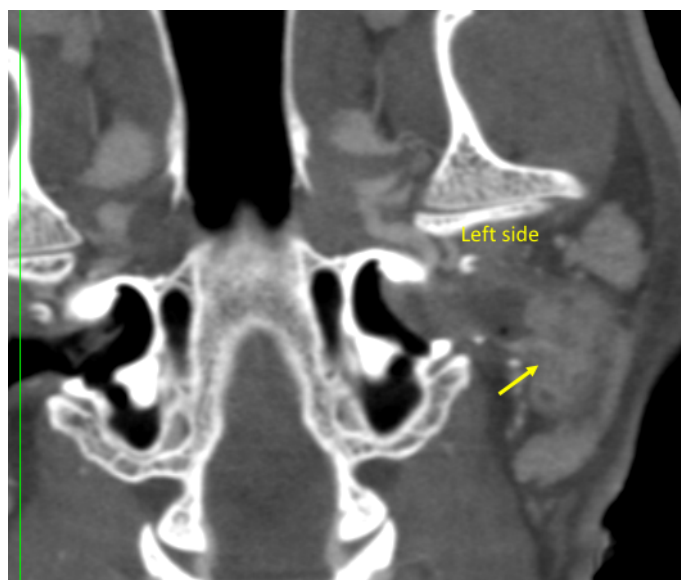
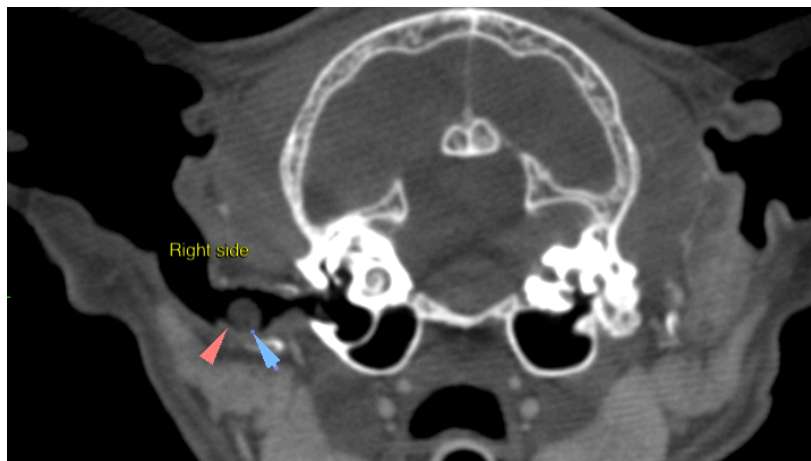
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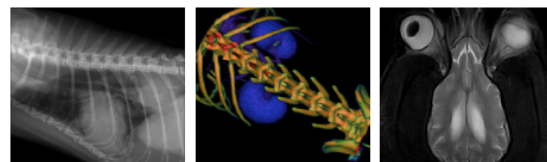
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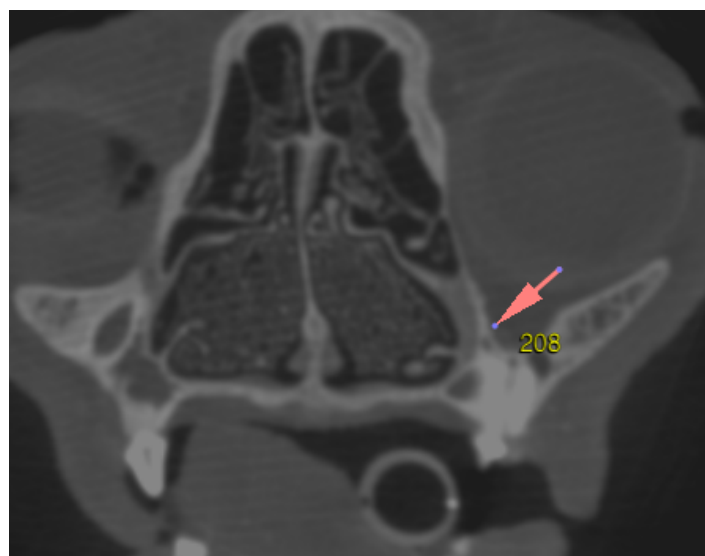
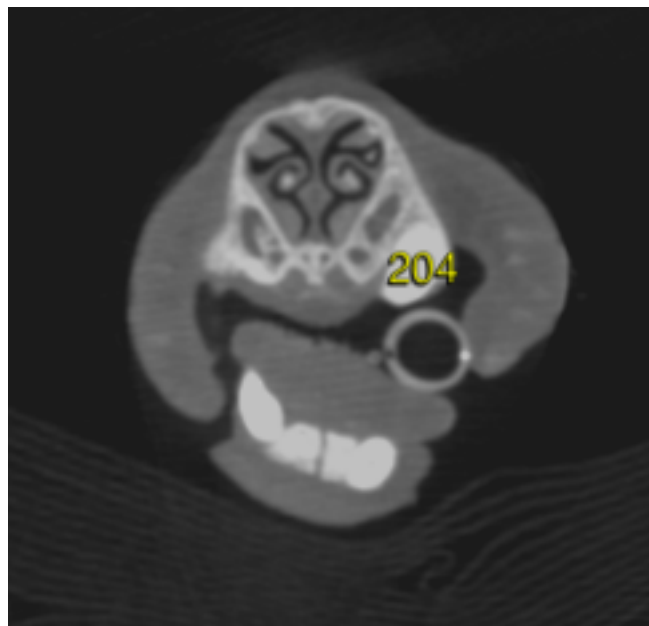
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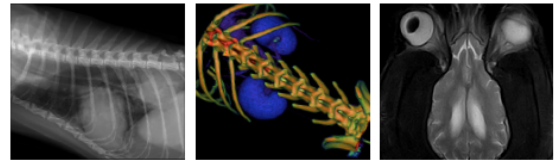
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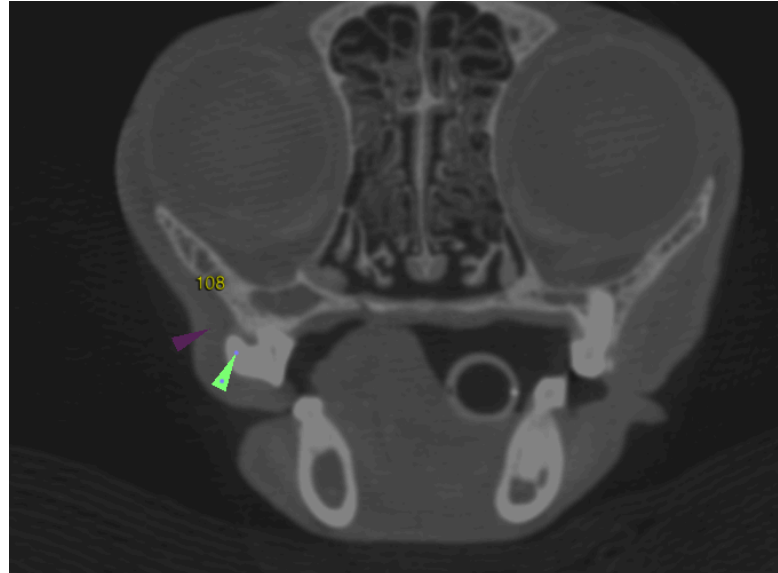
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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