



PATIENT

Allie Wolfgang

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Female Spayed

AGE

10Y, 6M

WEIGHT

9.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Aubrie

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Matthew Keats

INVOICE

72954

DATE

12-10-25

PRESENTING CLINICAL SIGNS

CT w/ bilateral TECAs in April 2024, fluid filled swelling under the left ear started yesterday morning (12/9). Culture pending

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax was provided for review, totaling two series (one pre-contrast, one post-contrast), both acquired using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, partially marginated, multicameral, fluid-filled mass is present adjacent to the left middle ear (tympenic cavity). The lesion measures approximately 6.6 × 5.6 × 3.9 cm, demonstrates peripheral contrast enhancement, and extends along the subcutaneous and interfascial planes and adjacent parapharyngeal soft tissues. The ipsilateral parotid gland is not defined.

The external ear canals are not visible, consistent with the previous TECA procedures.

The tympanic cavities are partially filled with hypoattenuating fluid. The osseous contours are irregular, sclerotic, and show osteolysis, especially ventrally, compatible with postoperative changes.

There is extensive dental loss with associated diffuse alveolar bone resorption, more severe in the maxillary and rostral mandibular regions. Missing teeth include, Triadan 101, 102, 103, 105, 106, 107, 108, 109, 201, 202, 203, 205, 206, 207, 208, 209, 210, 305, 306, 307, 308, 310, 311, 405, 406, 407.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx, nasopharynx, and soft palate are within normal limits.

The frontal sinuses are unremarkable.

No intracranial mass effect, no falx cerebri shift, and no ventriculomegaly are noted.

The globes and retrobulbar spaces are normal.

The temporomandibular joints are bilaterally congruent.

The left medial retropharyngeal and left mandibular lymph nodes are severely enlarged.

The right medial retropharyngeal and right mandibular lymph nodes are mildly enlarged.

The cervical superficial lymph nodes are mildly enlarged (more pronounced on the left).

The mandibular salivary glands, right parotid gland, and zygomatic salivary glands are unremarkable.

THORAX



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The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate. The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, multicameral, peripherally enhancing, fluid-filled mass adjacent to the left tympanic cavity, extending along subcutaneous and interfascial planes and parapharyngeal soft tissues. Differential diagnosis includes abscess or large seroma/sterile fluid collection, enlarged left parotid gland with sialocele and/sialadenitis, less likely neoplastic lesion of postoperative bed.
- Post-TECA and bulla osteotomy changes. Mild partial fluid filling and mixed osteolysis/sclerosis of the tympanic bullae.
- Severe enlargement of the left medial retropharyngeal and left mandibular lymph nodes, reactive lymphadenitis, less likely neoplasia.
- Mild enlargement of the corresponding right lymph nodes and superficial cervical lymph nodes, reactive lymphadenitis
- Severe multifocal dental loss with diffuse alveolar bone resorption.
- Normal thoracic CT examination.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates a large, multicameral, peripherally enhancing, fluid-filled lesion adjacent to the left middle ear, extending along regional fascial planes and parapharyngeal tissues. The imaging appearance is most consistent with inflammatory process, such as an abscess, however, the left parotid salivary gland may be involved in the process. Consider an ultrasound-guided aspiration of the fluid-filled lesion for cytology and culture (aerobic/anaerobic), or a more invasive therapeutic approach.

Marked ipsilateral lymphadenopathy (medial retropharyngeal and mandibular) further supports reactive or infectious etiologies.



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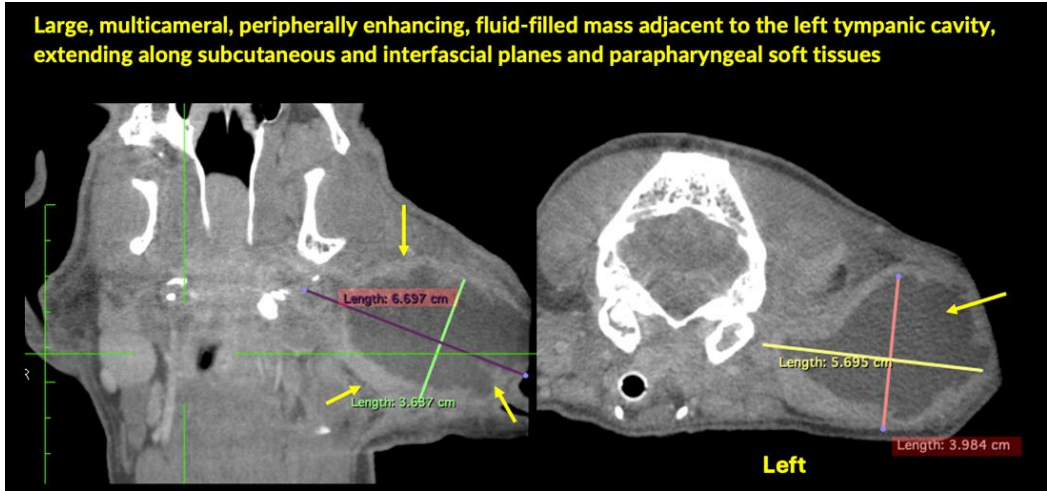
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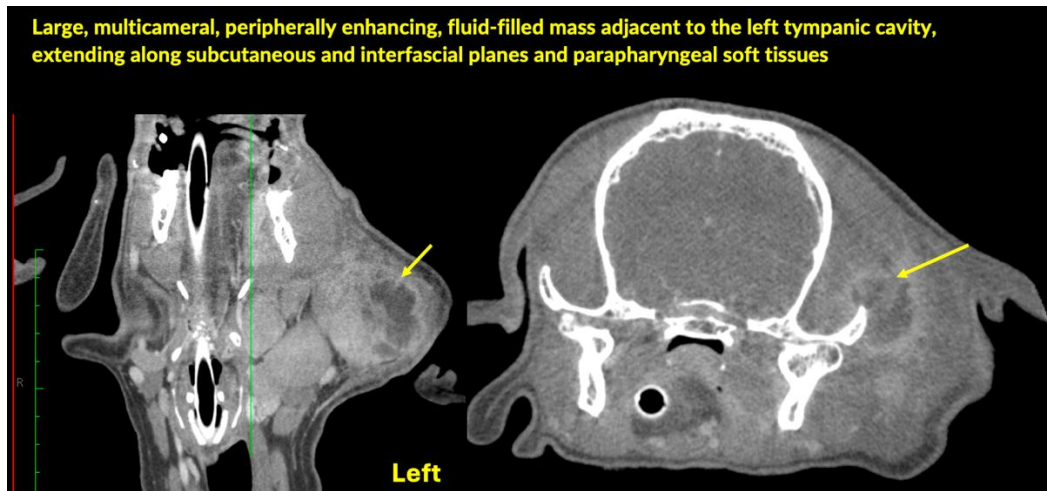
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12-10-25

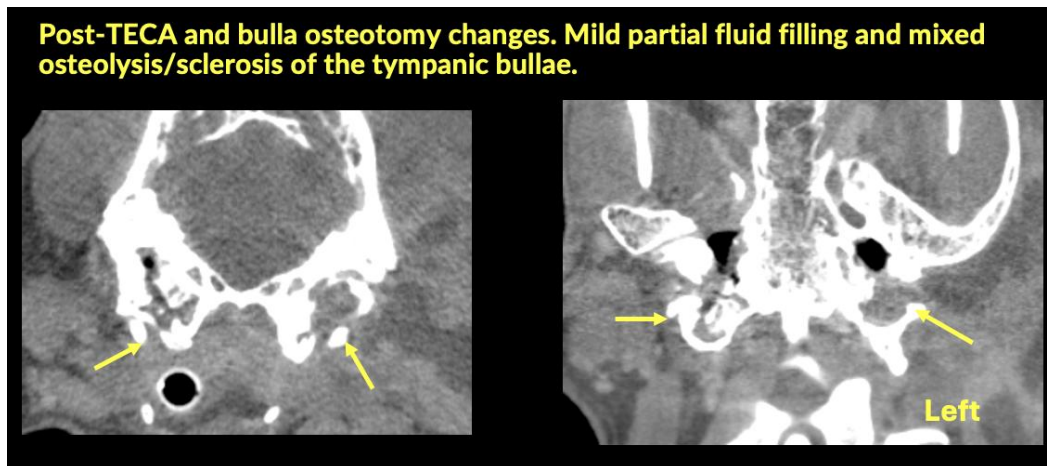
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com