



PATIENT

Tango Metcalfe

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9Y

WEIGHT

4.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Patricia Sanchez
Sanchez

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Patricia Sanchez
Sanchez

INVOICE

72920

DATE

12-9-25

PRESENTING CLINICAL SIGNS

Removed polyp from the left ear canal. Since then, smelly discharge coming from the ear, itchy

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A large, amorphous, expansile, irregular, heterogeneously enhancing mass is present within the left external ear canal, predominantly involving the horizontal canal. The epithelial lining and wall of the canal appear interrupted, with poorly defined margins. The mass measures approximately 1.9×1.7 cm.

Ventral and adjacent to this primary lesion, there is an accumulation of hypoattenuating fluid material, likely extra-auricular, extending toward the ipsilateral parapharyngeal region. This hypoattenuating component measures at least 1.6×2.3 cm.

The left tympanic cavity is fluid-filled hypoattenuating material with discrete peripheral contrast enhancement. No evidence of osteolysis or interruption of the tympanic bulla; osseous margins appear normal.

The right external ear canal exhibits irregular epithelial lining with multiple small polypoid lesions (≥ 3) projecting into the horizontal canal lumen, the largest is located close to the tympanic membrane region, measuring 0.3 cm.

The right tympanic cavity content discrete amount of fluid retention, with normal osseous contours.

The oropharynx and nasopharynx are unremarkable.

Left medial retropharyngeal lymph node, left lateral retropharyngeal lymph node, and left superficial cervical lymph node are moderately enlarged.

Right medial retropharyngeal and mandibular lymph nodes are within normal limits.

The nasal cavities and turbinates are unremarkable

The frontal sinuses are unremarkable

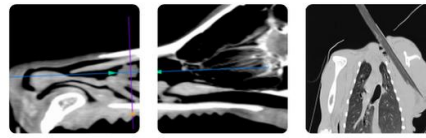
No intracranial mass effect or falx cerebri shift.

The globes and retrobulbar regions are within normal limits

All teeth present and normal

Temporomandibular joints are bilaterally congruent

The mandibular, parotid and zygomatic salivary glands are unremarkable.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, irregular, heterogeneously enhancing mass within the left external ear canal, with canal wall interruption and associated ventral extra-auricular hypoattenuating fluid accumulation. Differential diagnoses include recurrence of auricular polypoid lesion, with expansive mass effect, possible neoplastic processes (e.g., ceruminous gland adenoma, ceruminous gland adenocarcinoma, squamous cell carcinoma), concurrent parapharyngeal abscess formation, or fluid content.
- Left tympanic cavity effusion with peripheral enhancement—compatible with otitis media, or fluid retention.
- Right external ear canal with multiple small polypoid projections, consistent with inflammatory polyps though neoplastic change cannot be excluded, less likely.
- Moderate enlargement of the left medial retropharyngeal, lateral retropharyngeal, and superficial cervical lymph nodes, compatible with reactive lymphadenitis or less likely metastatic involvement.

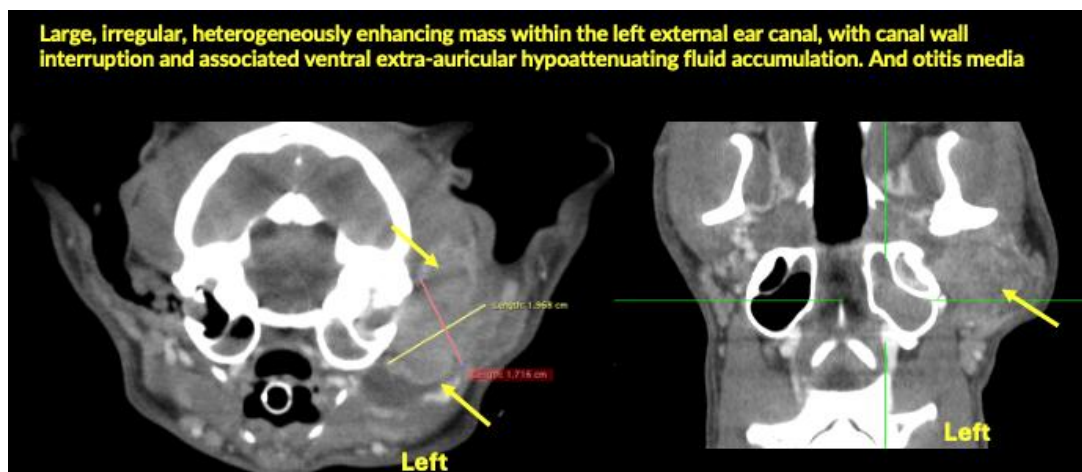
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a large, expansile, infiltrative mass centered in the left horizontal ear canal, with canal wall disruption, adjacent soft-tissue fluid accumulation, and concurrent otitis media. The lesion's characteristics raise concern for a neoplastic process, although advanced recurrent polypoid lesion, infectious/inflammatory disease with abscess formation remains a differential.

Cytologic or histopathologic sampling (FNA or biopsy) of the left ear canal mass is recommended. Culture and sensitivity testing should be also performed. For treatment, a more invasive approach—such as total ear canal ablation—may be necessary.

Otoscopy is advised to evaluate the right-sided polypoid lesions and determine the full extent of disease.

If neoplasia is confirmed, CT of the thorax is recommended for staging.





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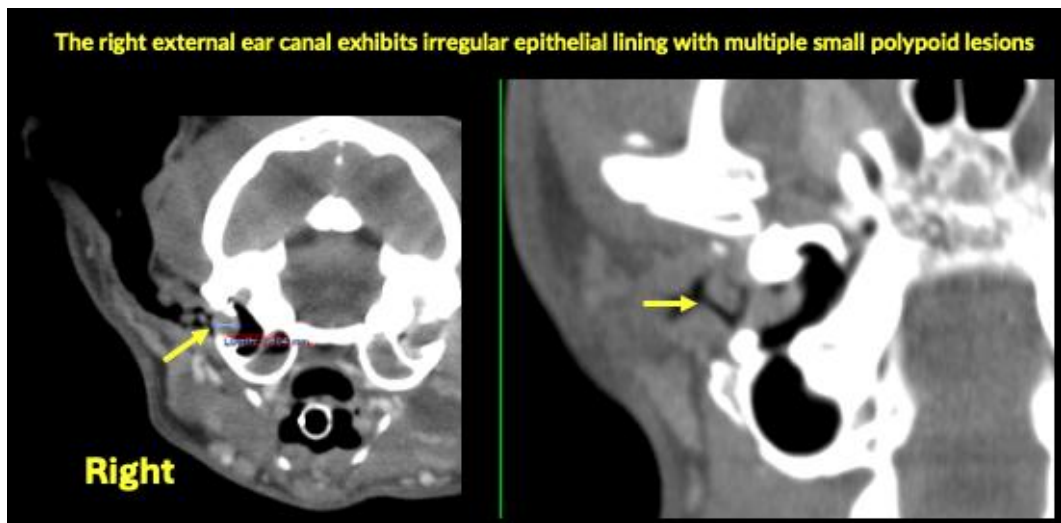
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Large, irregular, heterogeneously enhancing mass within the left external ear canal, with canal wall interruption and associated ventral extra-auricular hypoattenuating fluid accumulation



The right external ear canal exhibits irregular epithelial lining with multiple small polypoid lesions





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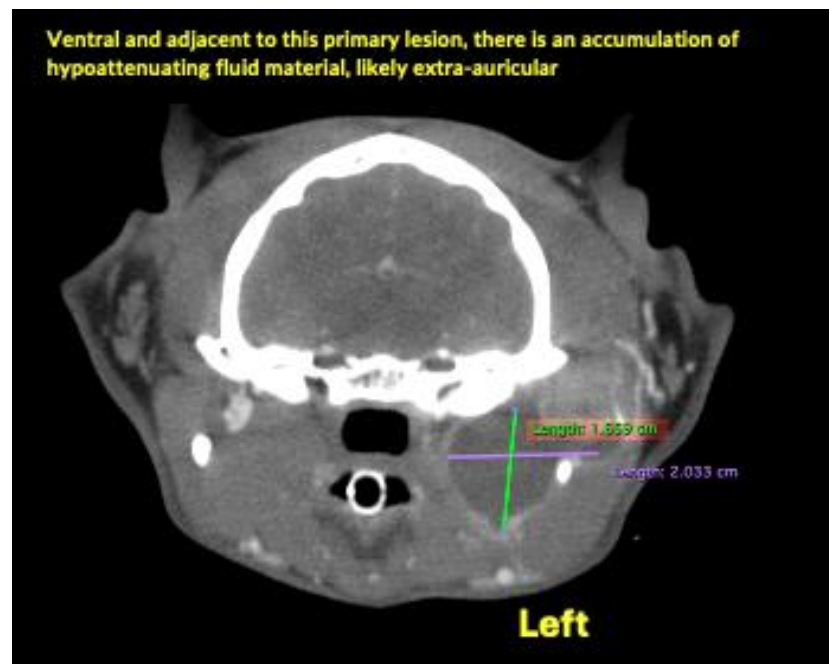
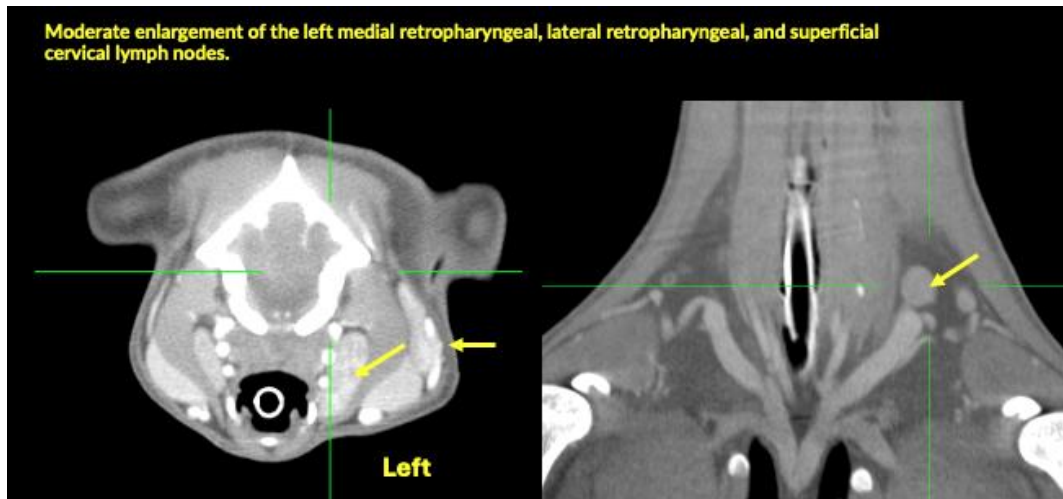
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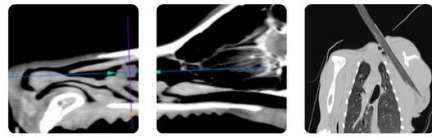
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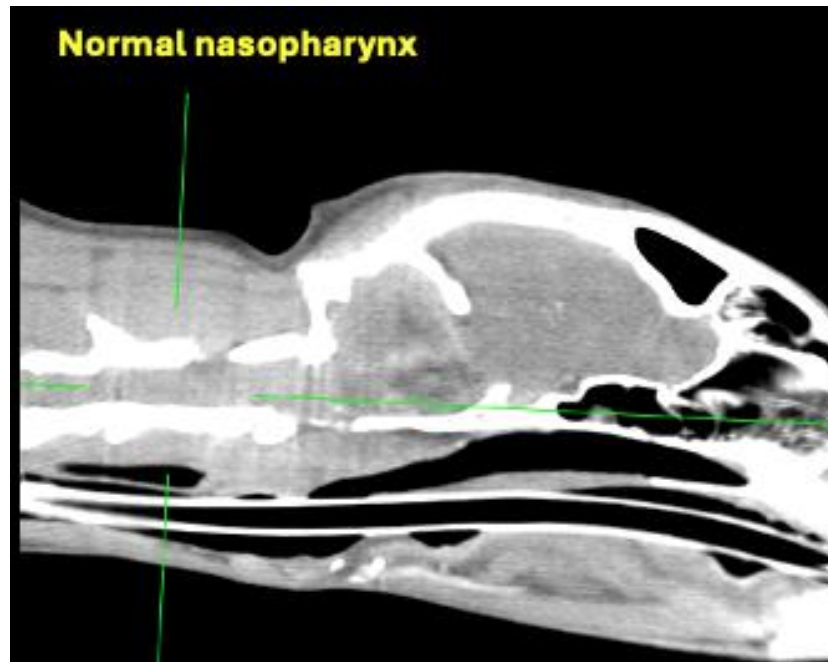
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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