



PATIENT

Wallace Adams

SPECIES

Feline

BREED

Maine Coon

SEX

Male Neutered

AGE

2Y, 2M

WEIGHT

6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

73705

DATE

2-11-26

PRESENTING CLINICAL SIGNS

- External referral.
- Chronic discharge R ear, ongoing treatment - non-responsive; suspected polyp

Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

A pre- and post-contrast computed tomographic examination of the head and neck was provided for review, totaling 2 series. The study includes one pre-contrast series acquired using a bone algorithm and one post-contrast series of the head using a soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

An amorphous, irregular, heterogeneously contrast-enhancing soft tissue mass is present within the right external ear canal, predominantly involving the horizontal canal. The lesion extends medially, protruding into the right tympanic bulla. The mass measures approximately 1.6 × 0.47 cm.

The right tympanic cavity is expanded, filled with hypoattenuating material, with peripheral contrast enhancement. The osseous margins of the right tympanic bulla are thickened, irregular, and hyperostotic. No evidence of osteolysis or cortical interruption is identified. The petrous portion of the temporal bone is unremarkable. The expanded tympanic cavity mildly projects into the ipsilateral parapharyngeal space, causing mild distortion of the nasopharyngeal limits. No nasopharyngeal polyp or mass effect is identified.

The left tympanic cavity and tympanic bulla are air-filled, with normal osseous contours. The left external auditory canal is within normal limits.

The right medial retropharyngeal lymph node is mildly enlarged compared to the contralateral side, measuring approximately 0.62 cm in thickness. The left medial retropharyngeal and mandibular lymph nodes are within normal limits.

No evidence of intracranial mass effect, abnormal meningeal enhancement, falx cerebri deviation, or ventriculomegaly is observed.

The globes and retrobulbar spaces are within normal limits.

The temporomandibular joints are bilaterally congruent.

A small supranumerary teeth are noted rostral to Triadan 307/407. The remaining dentition is within normal limits.

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

The thyroid glands are within normal limits.

The cervical trachea and esophagus are unremarkable.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

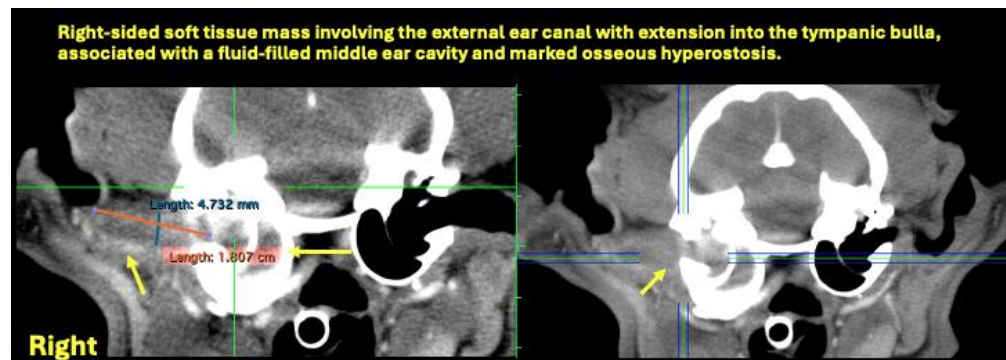
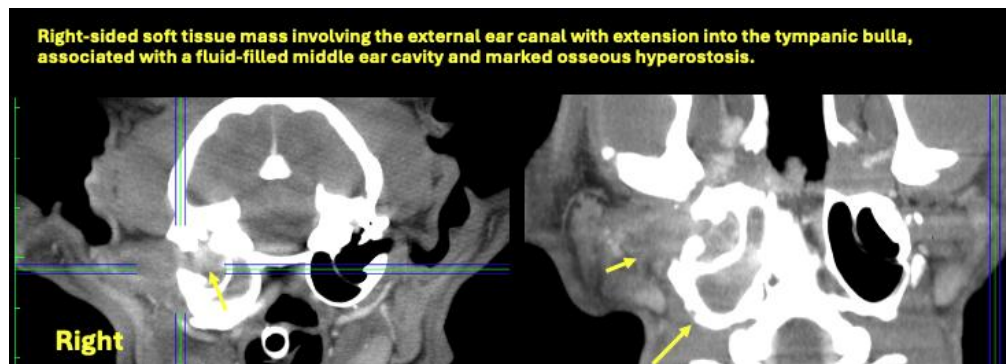
- Right-sided soft tissue mass involving the external ear canal with extension into the tympanic bulla, associated with fluid-filled middle ear cavity and marked osseous hyperostosis. Differential diagnoses include aural polyp or soft tissue inflammatory proliferation, less likely neoplasia (e.g., ceruminous gland adenoma). Concurrent chronic inflammatory otitis media with granulation tissue formation.
- Mild right medial retropharyngeal lymphadenomegaly, likely reactive.
- A small supranumerary teeth are noted rostral to Triadan 307/407.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal a right-sided soft tissue mass involving the external ear canal with extension into the tympanic bulla, associated with a fluid-filled middle ear cavity and marked osseous hyperostosis. Differential diagnoses include an aural polyp or inflammatory soft tissue proliferation; neoplasia (e.g., ceruminous gland adenoma) is considered less likely. Concurrent chronic inflammatory otitis media with granulation tissue formation is also suspected.

In a young feline patient with chronic unilateral otic discharge and lack of response to medical therapy, these findings are highly suggestive of an aural inflammatory polyp. Although the imaging characteristics favor an inflammatory etiology, neoplasia cannot be completely excluded based solely on CT findings.

Otoscopy under general anesthesia with traction avulsion and submission of the tissue for histopathological evaluation is recommended.





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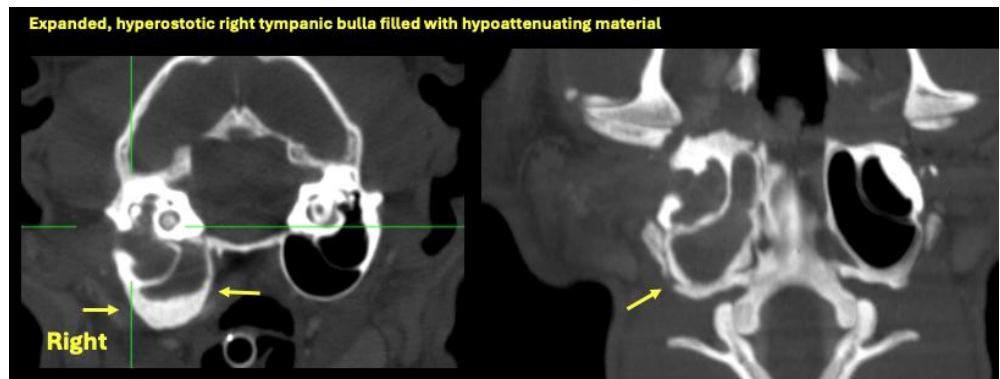
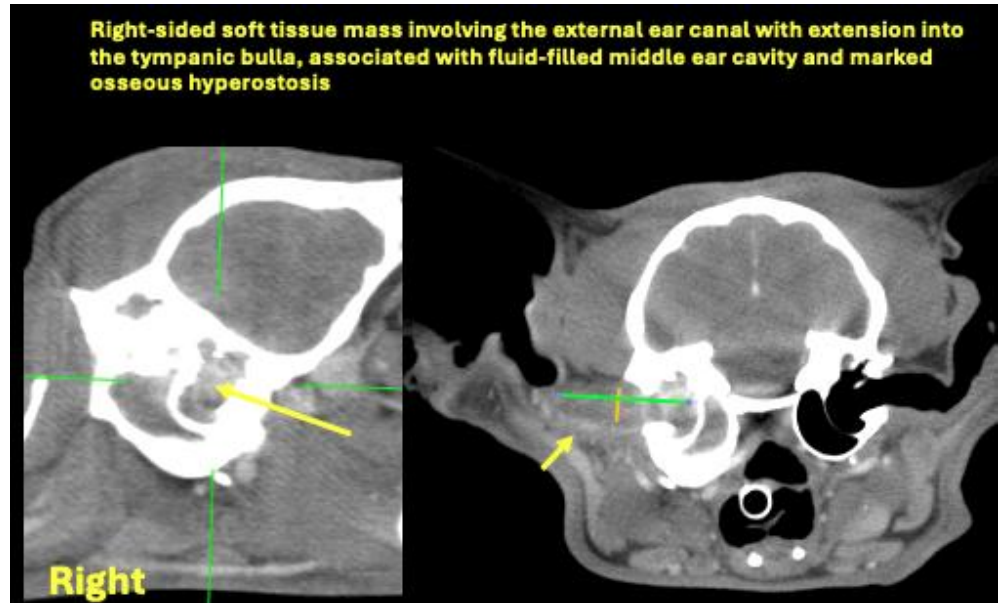
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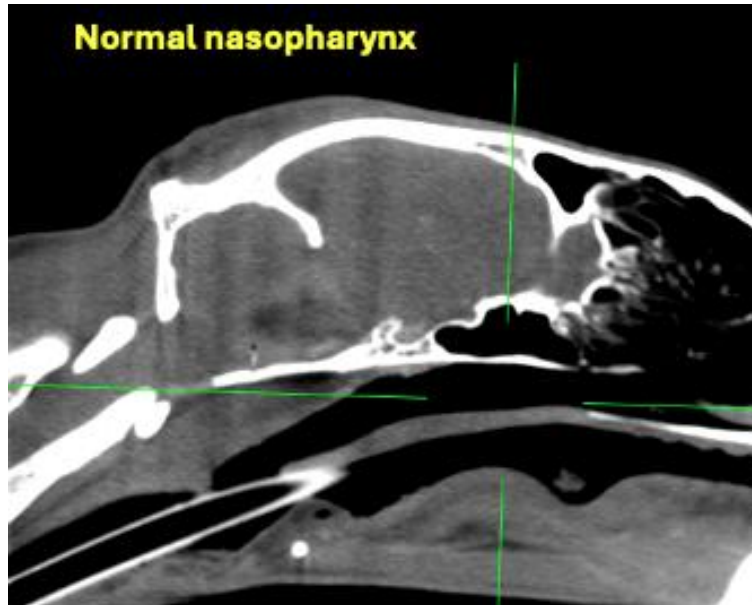
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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