



PATIENT

Cookie Curry

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

73619

DATE

2-4-26

PRESENTING CLINICAL SIGNS

History:

- About 1 week ago had an acute onset of falling over/wobbling while eating. Seems to have more strength over the last few days. Has a history of ear issues. He is still eating.

Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast computed tomographic examination of the head and thorax was provided for review, totaling 3 series. The study includes one pre-contrast series acquired using a bone algorithm. One post-contrast series of the head using a soft tissue algorithm. One post-contrast series of the thorax using a soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The left tympanic cavity contains a moderate-sized, multilobulated, partially marginated, contrast-enhancing soft tissue lesion located adjacent to the tympanic membrane, measuring approximately 4.5 × 7.0 mm. The left tympanic bulla is filled with hypoattenuating fluid material.

The left tympanic bulla wall and petrous portion of the temporal bone are intact, with no evidence of osteolysis or irregular sclerosis.

The right tympanic cavity and tympanic bulla are air-filled and have normal osseous contours.

The external auditory canals are within normal limits bilaterally.

The left medial retropharyngeal lymph node is mildly enlarged compared to the contralateral side.

The right medial retropharyngeal lymph node and mandibular lymph nodes are within normal limits.

The oropharynx, nasopharynx, and soft palate are unremarkable.

No evidence of intracranial mass effect, meningeal contrast enhancement, falx cerebri deviation, or ventriculomegaly.

The globes and retrobulbar spaces are within normal limits.

The temporomandibular joints are bilaterally congruent.

Dentition is within normal limits.

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

THORAX

The trachea and main bronchi are within normal limits.



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

Mild, gravity-dependent peripheral pulmonary opacities are present, consistent with incidental passive atelectasis. The remaining pulmonary parenchyma shows normal attenuation, with no evidence of pulmonary 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.

The pleural space, ribs, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left-sided tympanic cavity multilobulated enhanced soft tissue lesion with associated effusion of the left tympanic bulla, without evidence of bulla wall osteolysis or petrous temporal bone involvement. Differential diagnoses polypoid change or soft tissue inflammatory proliferation, concurrent otitis media and/or fluid accumulation.
- Mild enlargement of the left medial retropharyngeal lymph node, most consistent with reactive lymphadenitis.
- Incidental passive pulmonary atelectasis.
- Otherwise, unremarkable thoracic CT findings.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic findings demonstrate a left-sided tympanic cavity soft tissue lesion with contrast enhancement and associated tympanic bulla effusion, without evidence of osseous destruction of the tympanic bulla or involvement of the petrous portion of the temporal bone. These features are most consistent with a non-aggressive middle ear process, such as inflammatory or polypoid soft tissue proliferation, in association with otitis media and/or sterile or inflammatory fluid accumulation.

Correlation with otoscopic examination is recommended. Myringotomy with debulking, cytology, and culture may be considered. Histopathologic sampling of the tympanic cavity lesion is advised to definitive diagnosis.

Thoracic findings are limited to incidental passive pulmonary atelectasis, likely related to anesthesia or patient positioning, with no evidence of clinically significant thoracic disease.



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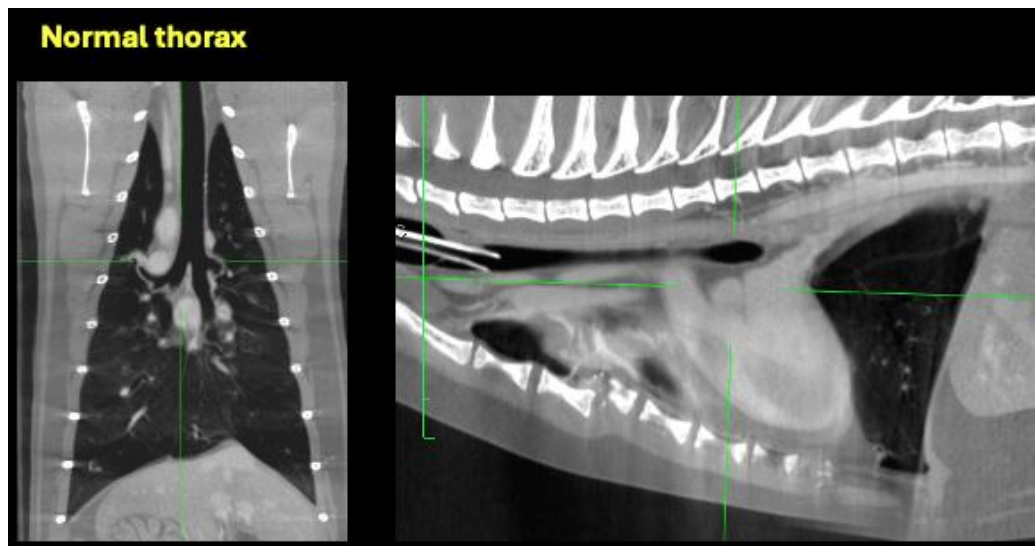
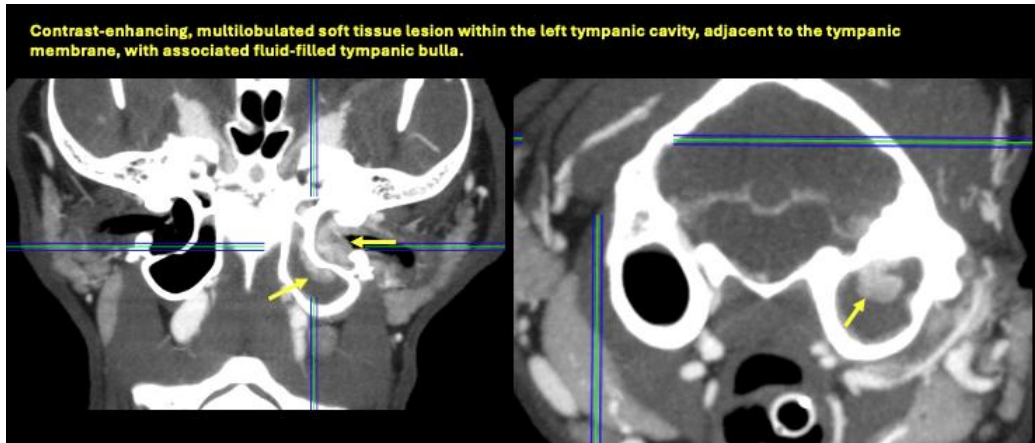
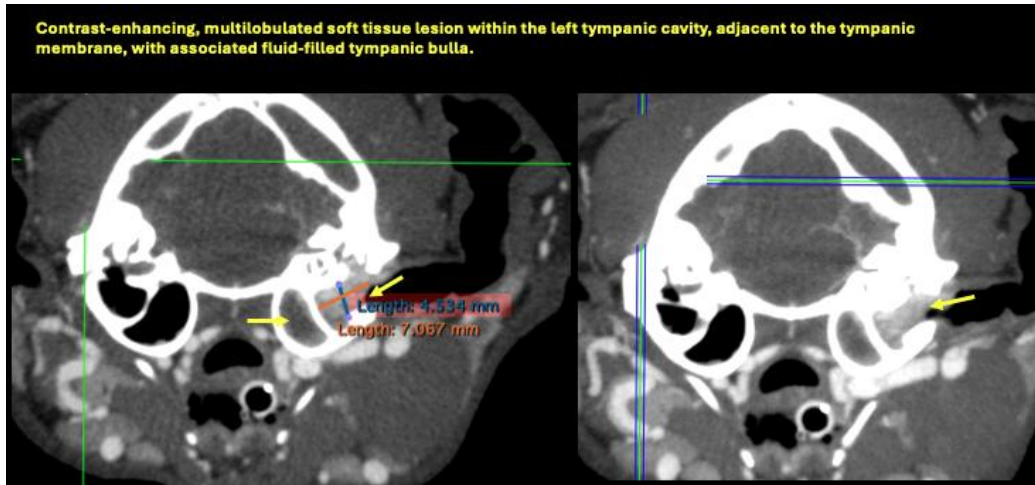
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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