



PATIENT

Sonny Gregory

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

2Y

WEIGHT

8.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Viktorija Gounari

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Viktorija Gounari

INVOICE

73614

DATE

2-4-26

PRESENTING CLINICAL SIGNS

History:

- History of itchy ear. Issue started a week ago, attended different vets given pred no topical given, thursday morning start nystagmus, since then lethargic, going off food, still itchy ear, started to cough, eye is running. Had another injection on thursday, O thinks steroid injection.
- O applied own drops at home yesterday
- Physical Examination/Findings:
- CE: QAR, sl depressed mentation, Nystagmus of the L eye, absent palpebral and menace, PLR intact. Epiphora and inflammation ++ -ve fluro. R eye all WNL.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

The left tympanic cavity and tympanic bulla are filled with organized hypoattenuating material. A thin contrast-enhancing soft tissue component associated with fluid accumulation is present within the left external auditory canal, near the acoustic pore. The epithelial wall of the left external auditory canal is more evident. The left tympanic bone 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, with normal osseous contours. The right external auditory canal is within normal limits, aside from mild narrowing of the acoustic pore, considered incidental and consistent with brachycephalic conformation.

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.

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

The globes and retrobulbar spaces are unremarkable.

The soft palate is mildly elongated. The nasopharynx is air-filled, with no evidence of mass effect or polypoid lesions.

The nasal cavities are within normal limits.

The frontal sinuses are rudimentary, considered an incidental finding.

The cribriform plate is intact.

The temporomandibular joints are bilaterally congruent.



PATIENT

Triadan 305, 311, 405, and 411 are absent.

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

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The thyroid cartilage and thyroid glands are unremarkable.

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The cervical esophagus and trachea are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- The left tympanic cavity and tympanic bulla are filled with organized hypoattenuating material. A thin contrast-enhancing soft tissue component associated with fluid accumulation is present within the left external auditory canal, near the acoustic pore. These findings are most consistent with left-sided otitis media, with mild concurrent otitis externa. A small inflammatory (polypoid) lesion cannot be excluded.
- There is bilateral narrowing of the acoustic pore, compatible with brachycephalic conformation.
- There is mild enlargement of the left medial retropharyngeal lymph node, most consistent with reactive lymphadenitis.
- The soft palate is mildly elongated, compatible with brachycephalic conformation.
- Triadan 305, 311, 405, and 411 are absent.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate left-sided otitis externa and otitis media, without evidence of tympanic bulla osteolysis or intracranial extension. There is bilateral narrowing of the acoustic pore, compatible with brachycephalic conformation. The mildly enlarged left medial retropharyngeal lymph node is most consistent with reactive lymphadenitis secondary to otic inflammation.

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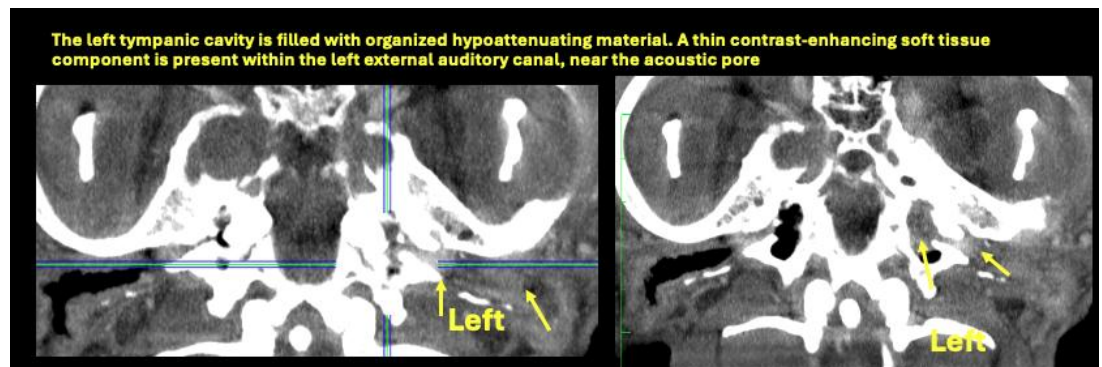
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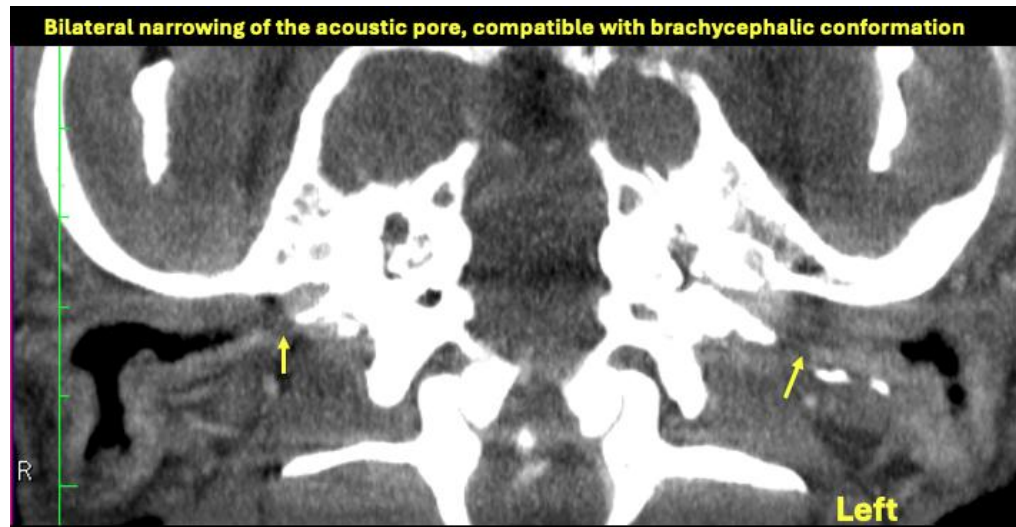
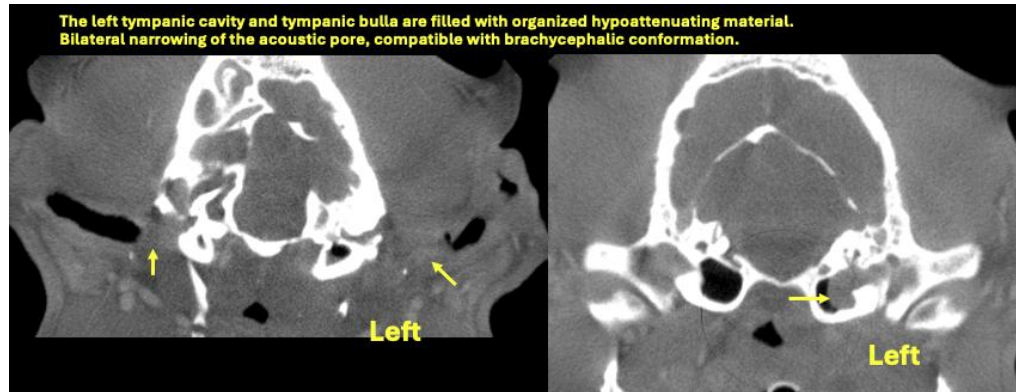
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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