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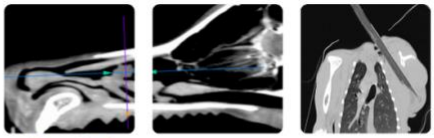


Teleradiology
Educational Teleconsultation Services™

PATIENT

Ellie Shostack

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

5 Years

WEIGHT

65 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Heron Lakes AH

REFERRING VET

Dr. Lera

INVOICE

36103

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Chronic Ear infections
- Pre-op for facial fold surgery

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 series of the head and thorax using a bone algorithm, and one post-contrast series using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The epithelial wall of the left external auditory canal (vertical and horizontal portions) is severely thickened, producing marked intraluminal soft tissue accumulation (mass effect) with complete luminal obstruction and expansion of the ear canal. The lesion extends toward the tympanic membrane region. Multiple linear mineral attenuating foci are observed circumferentially along the canal wall.

The right external auditory canal (vertical and horizontal portions) demonstrates moderate epithelial thickening and irregularity, resulting in luminal narrowing and tortuosity, with a small amount of intraluminal air present. Similar linear mineralization surrounding the canal wall is observed.

The tympanic cavity are air-filled and maintain normal osseous contours and wall thickness.

The nasal cavities, nasal conchae, and turbinates are within normal limits.

The cribriform plate is intact.

The frontal sinuses are within normal limits.

The soft palate is diffusely thickened and mildly elongated, resulting in narrowing of the nasopharyngeal lumen.

An aberrant turbinate is present within the right choana, considered incidental and compatible with brachycephalic conformation.

No intracranial mass effect, midline shift, or ventriculomegaly is identified.

The globes and retrobulbar spaces are within normal limits.

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

Triadan 308 and 311 are absent. Moderate focal alveolar bone resorption is noted adjacent to Triadan 310 root.

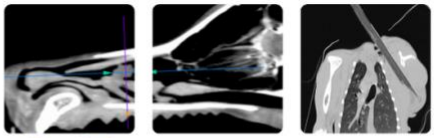
Mandibular prognathism is present, consistent with breed conformation.

The temporomandibular joints are mildly incongruent, with discrete subchondral microcystic changes.

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

The thyroid glands are within normal limits.

THORAX



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The trachea and main bronchi are within normal limits.

There is widening of the cranial mediastinum secondary to marked mediastinal fat accumulation.

One cranial mediastinal lymph node is enlarged and rounded, measuring approximately 2.3 × 1.9 cm.

The sternal and tracheobronchial lymph nodes are within normal limits.

There are mild peripheral gravity-dependent pulmonary consolidation areas, more pronounced in the caudal lung regions, compatible with dependent atelectasis. The remaining pulmonary parenchyma demonstrates normal attenuation, with no pulmonary nodules, micronodules, or masses identified.

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

The cardiac silhouette and pulmonary vessels are within normal limits.

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

Multiple thoracic vertebral hemivertebrae are present between T5 and T10, associated with kyphosis and scoliosis. Concurrent degenerative vertebral changes are present, including complete and incomplete bridging spondylosis deformans and vertebral endplate sclerosis.

The caudal thoracic esophagus is mildly dilated with intraluminal gas, likely related to anesthesia or transient esophageal dysmotility.

Bilateral elbow osteoarthrosis is present, likely associated with chronic medial coronoid compartment disease.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic otitis externa of the left ear, characterized by marked epithelial thickening, complete canal obstruction, canal expansion, and circumferential mineralization. Differential diagnosis concurrent inflammatory polypoid lesions, less likely neoplasia.
- Moderate chronic otitis externa of the right ear, with epithelial thickening, canal tortuosity, and mural mineralization.
- The tympanic bullae are air-filled with preserved osseous margins, with no CT evidence of otitis media.
- Diffuse soft palate thickening and elongation, with nasopharyngeal narrowing, consistent with brachycephalic airway conformation.
- The temporomandibular joints are mildly incongruent with discrete degenerative changes.
- Cranial mediastinal lymphadenomegaly (single enlarged lymph node), reactive lymphadenitis, no detected origin cause.
- Mild dependent pulmonary atelectasis.

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- Multiple thoracic hemivertebrae (T5–T10) associated with kyphoscoliosis, with concurrent multifocal spondylosis deformans.
- Mild caudal thoracic esophageal dilation, likely incidental.
- Bilateral elbow osteoarthrosis, likely secondary to chronic medial coronoid disease.
- Dental findings: absence of Triadan 308 and 311 with focal periodontal disease at Triadan 310.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate severe chronic proliferative otitis externa of the left ear, characterized by complete obstruction and mineralization of the external auditory canal, and moderate chronic otitis externa of the right ear. These changes are compatible with long-standing inflammatory ear disease. There is no evidence of otitis media, however an inflammatory involvement of the left tympanic membrane is not excluded.

Given the severity of the left ear canal changes, surgical management such as total ear canal ablation (TECA) may be considered, depending on clinical correlation and otoscopic findings.

The elongated and thickened soft palate, along with the presence of aberrant turbinates, is consistent with brachycephalic airway conformation and may contribute to upper airway obstruction.

The enlarged cranial mediastinal lymph node may represent reactive lymphadenopathy, although inflammatory or neoplastic causes cannot be entirely excluded. Monitoring is recommended.

Other findings include thoracic hemivertebrae with kyphosis and scoliosis, mild esophageal gas dilation, and bilateral elbow osteoarthrosis.

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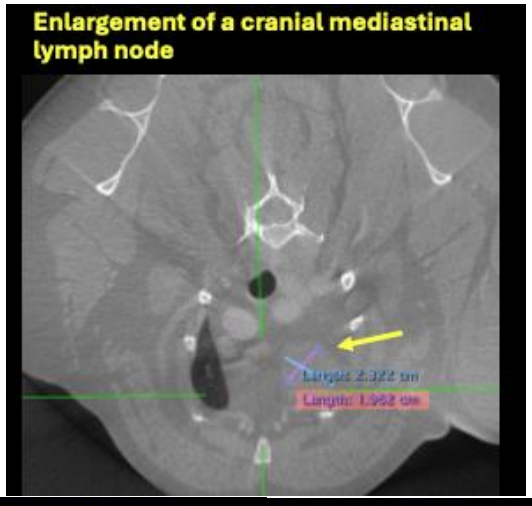

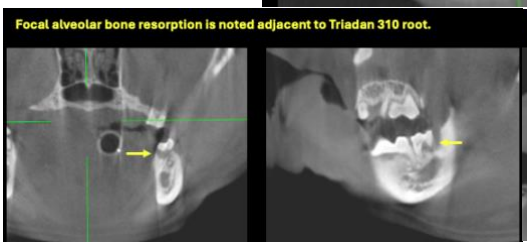

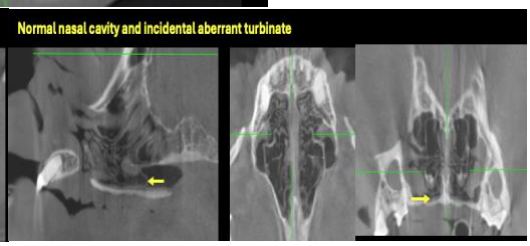

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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