



PATIENT

Buddy Rossi

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

7

WEIGHT

33.2

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infernuso

INVOICE

74059

DATE

3-5-26

PRESENTING CLINICAL SIGNS

- AD draining tract
- AS severe stenosis and infection
- Teca AD 1 year ago
- AS severe chronic ear infection

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Single CT study of the head provided for review. Acquired in the transverse plane using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The horizontal portion of the right external auditory canal is not identified, compatible with prior surgical removal. The vertical canal (and pinna) is partially visible and contains air. In this portion wall appears diffusely and irregularly thickened.

No additional abnormal adjacent soft tissue mass or fluid accumulation is identified*.

The right tympanic cavity is air-filled with osseous sclerosis of the wall. No evidence of cortical disruption or intraluminal soft tissue material is observed.

The right parotid gland appears within normal limits.

Severe diffuse thickening of the epithelial lining of the left external auditory canal is observed, affecting both the vertical and horizontal portions. Marked intraluminal soft tissue attenuation results in complete obstruction of the canal lumen.

The lesion extends distally toward the region of the tympanic membrane. Multiple linear mineral-attenuating foci are present circumferentially along the canal wall.

The left tympanic bulla remains air-filled with osseous sclerosis of the wall. No evidence of cortical disruption or intraluminal soft tissue material is observed.

The mandibular lymph nodes are mildly enlarged. The medial retropharyngeal lymph nodes are within normal limits.

The globes, retrobulbar spaces, and zygomatic salivary glands are within normal limits.

The temporomandibular joints are unremarkable.

All teeth appear present and unremarkable; however, the rostral incisive maxilla is incompletely included in the scan field and cannot be fully evaluated.

The cribriform plate is intact.

No intracranial mass effect is identified.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic otitis externa of the left ear characterized by marked epithelial thickening and complete luminal obstruction of the external auditory canal, with circumferential mineralization of the canal walls. Differential diagnoses include end-stage chronic otitis externa with canal mineralization.
- Moderate sclerosis of both tympanic bullae without evidence of soft tissue accumulation within the lumen. Changes may represent chronic otitis media sequelae.
- Right ear changes are compatible with previous TECA surgery, characterized by absence of the horizontal ear canal. Concurrent irregular thickening of the residual vertical canal wall and pinna. Differential diagnoses include severe inflammation/infection of the pinna wall and/or possible otohematoma.
- Mild mandibular lymphadenomegaly, most consistent with reactive lymphadenitis secondary to chronic otic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with severe chronic inflammatory disease of the left external ear canal, resulting in complete luminal obstruction and mineralization of the canal wall. These findings represent advanced end-stage otitis externa.

Although both tympanic cavities remain air-filled, the wall sclerosis suggests chronic inflammatory changes, possibly related to previous or recurrent middle ear inflammation.

The right ear findings are compatible with the history of previous TECA surgery, and no evidence of postoperative complication or regional mass lesion is identified. However, there are lesions in the residual vertical canal and/or pinna.

Considering the severity of the left external ear canal obstruction and mineralization, surgical treatment (e.g., TECA-LBO) could be considered as a potential option, especially if clinical signs persist or are refractory to medical therapy.

TECHNICAL COMMENTS

The CT study exhibits low enhancement of the soft tissue structures, possibly related to delayed-phase post-contrast acquisition or a non-contrast study. Moderate artifacts are present, reducing the sensitivity of the examination for evaluation of soft tissue structural detail.





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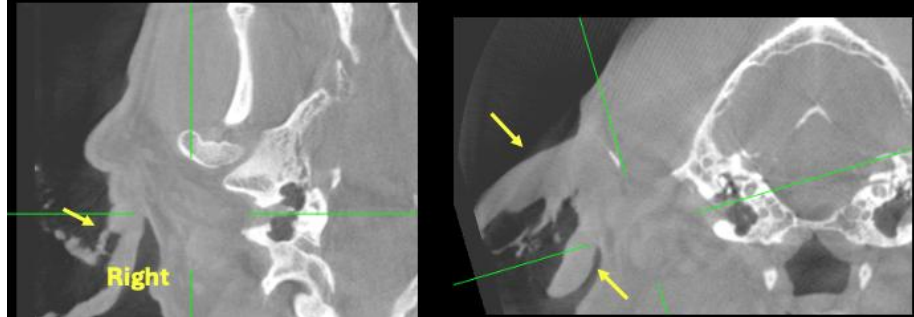
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Right Ear Following TECA Surgery. Irregular thickening of the residual vertical canal wall



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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