



## PATIENT

Lady Valdez

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Female

## AGE

13

## WEIGHT

11

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Armando Sobrado

## HOSPITAL NAME

Miami Springs Animal  
Hospital

## REFERRING VET

Heber R. Carmenate

## INVOICE

74834

## DATE

4-30-26

## PRESENTING CLINICAL SIGNS

The pet is here today because she has a lot of foul-smelling discharge from her left ear. She previously had a polyp which was removed, but now it has grown back. The dog is shaking her head a lot and scratching her ear. No other concerns for the owner. The O' has been treatment w/ Posatex

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD.

One pre-contrast series of the head (bone algorithm). Two post-contrast series of the head (soft tissue algorithm).

## COMPUTED TOMOGRAPHIC FINDINGS

There is an elongated, mildly irregularly marginated soft tissue mass within the left external auditory canal, occupying both the vertical and horizontal portions. The lesion demonstrates heterogeneous contrast enhancement. It is surrounded by a mild amount of fluid material and results in mild expansile remodeling of the canal. Due to its elongated and tortuous configuration, precise measurement is limited; however, the lesion measures at least greater than 1.5 cm in length.

Additionally, discrete multifocal dystrophic mineralization foci are present along the wall of the left external auditory canal, horizontal portion.

The right external auditory canal is air-filled and unremarkable.

The tympanic cavities are bilaterally air-filled, with normal osseous contours.

No evidence of intracranial mass effect or deviation of the falx cerebri.

The calvarial and facial bones are preserved.

The oropharynx and nasopharynx are unremarkable.

The nasal cavities, globes, retrobulbar spaces, and salivary glands (mandibular, parotid, and zygomatic) are within normal limits.

The frontal sinuses are rudimentary (incidental finding).

The temporomandibular joints are congruent.

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

Multiple teeth are absent, including Triadan 101, 105, 106, 201, 205, 305, 306, 311, and 411. There is a possible fracture and/or dental resorptive change affecting Triadan 406 and 407.

There is diffuse alveolar bone resorption involving both the maxilla and mandible, more pronounced in the incisor regions. Additionally, there is more severe focal alveolar bone resorption adjacent to Triadan 109.



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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Expansile, heterogeneously enhancing soft tissue mass occupying the left external auditory canal (measuring >1.5 cm in length), associated with intraluminal fluid accumulation and focal dystrophic wall mineralization. Findings are most consistent with recurrent aural polyp.
- No CT evidence of otitis media.
- Advanced periodontal disease characterized by multiple missing teeth, diffuse alveolar bone resorption, and suspect dental fractures.

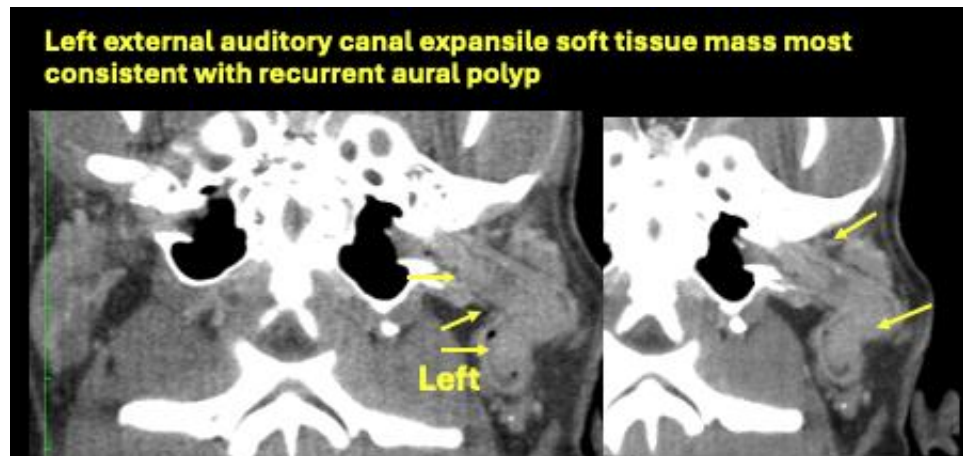
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT demonstrates a soft tissue mass within the left external auditory canal causing near-complete luminal obstruction and mild expansile remodeling, consistent with recurrence of the previously excised polypoid lesion. The heterogeneous contrast enhancement pattern raises the differential of chronic inflammatory polyp versus neoplasia.

Otoscopic examination and histopathological analysis of the mass (via biopsy or surgical excision) are recommended for definitive tissue diagnosis.

No CT evidence of middle ear or tympanic bulla involvement is identified. The disease process appears confined to the external auditory canal based on current imaging.

Advanced periodontal disease and suspected dental fractures are noted. Consider an odontologic evaluation.



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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