



PATIENT

Mittens Hanna

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8M

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Dr. Laurie Huckle

INVOICE

74514

DATE

4-8-26

PRESENTING CLINICAL SIGNS

Polyp noted in left ear at time of neuter ~ 2 months ago, has had purulent discharge in left ear. Referring veterinarian recommending TECA, CT for surgical planning.

Abnormal PE/Chem/CBC/UA Results: CBC & Chemistry on 4/8/26 essentially within normal limits. Polyp noted in left ear takes up much of vertical & horizontal ear canal.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

An elongated, predominantly hypoattenuating soft tissue structure with a mildly contrast-enhancing margin is identified within the left external ear canal, causing near-complete obliteration of the horizontal canal. The lesion measures approximately 10.0 × 5.0 mm and is contiguous with the region of the tympanic membrane. Mild surrounding fluid attenuation material is present. The epithelial lining of the left external ear canal is contrast-enhancing.

The left tympanic cavity is completely filled with heterogeneous (mixed attenuation) material and appears expansile compared to the contralateral side. The osseous wall of the tympanic bulla is markedly thickened and sclerotic.

A tiny, well-defined nodular soft tissue structure is present within the right external ear canal at the level of the tympanic membrane, measuring approximately 2.8 × 2.9 mm. The remaining right external ear canal is unremarkable. The right tympanic cavity is air-filled, with normal wall thickness and morphology.

The left medial and lateral retropharyngeal lymph nodes are moderately enlarged but maintain normal shape and attenuation characteristics.

The right medial and lateral retropharyngeal lymph nodes, as well as mandibular lymph nodes, are within normal limits.

The nasal cavities and turbinates are within normal limits, with preserved architecture. The paranasal sinuses are unremarkable. The cribriform plate is intact.

The nasopharynx, oropharynx, and soft palate are unremarkable.

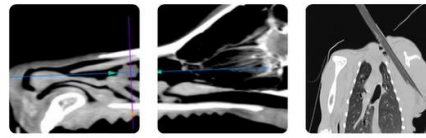
The brain parenchyma shows normal attenuation with no evidence of mass effect, midline shift, or ventriculomegaly.

The globes and retrobulbar spaces are unremarkable.

The salivary glands (mandibular, parotid, zygomatic) and thyroid glands are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left-sided obstructive soft tissue lesion within the external ear canal, contiguous with the tympanic membrane and associated with complete filling and expansile remodeling of the



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tympenic cavity, with marked bulla wall sclerosis. Findings are most consistent with an inflammatory aural polyp with concurrent chronic otitis media and externa.

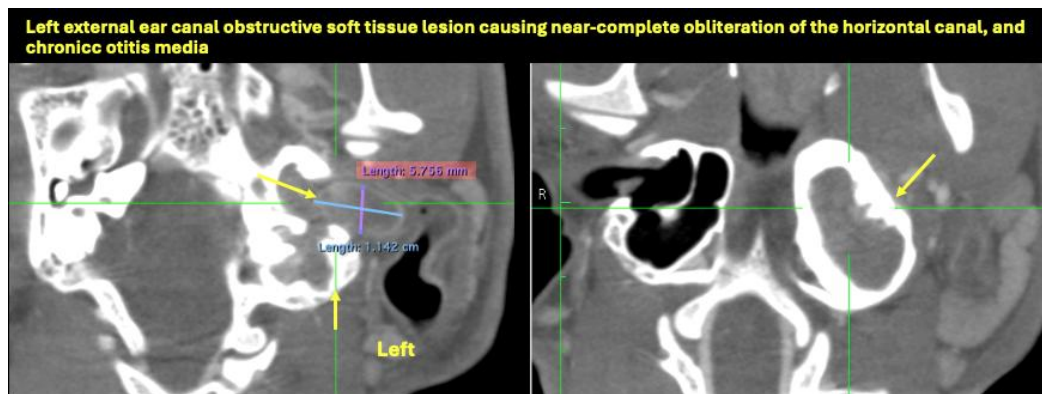
- Tiny nodular soft tissue lesion within the right external ear canal. Differential diagnoses include early inflammatory polyp or focal inflammatory debris.
- Moderate enlargement of the left medial and lateral retropharyngeal lymph nodes, most consistent with reactive lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings are consistent with a left-sided inflammatory aural polyp with concurrent chronic otitis media. The soft tissue lesion within the external ear canal is contiguous with the tympanic membrane and associated with complete attenuation and expansile remodeling of the tympanic cavity, along with marked sclerosis of the bulla wall, imaging features that reflect a chronic, progressive process involving the middle ear.

These findings support surgical management. Ventral bulla osteotomy (VBO) should be considered either in conjunction with or as an alternative to total ear canal ablation (TECA), at the surgeon's preference. Adjunct postoperative corticosteroid therapy is suggested given the presumed inflammatory etiology. Histopathological evaluation is recommended for definitive diagnosis.

Pre- and postoperative ophthalmic evaluation is also recommended.





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Tiny nodular soft tissue lesion in the right external ear canal (tympanic membrane level).



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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