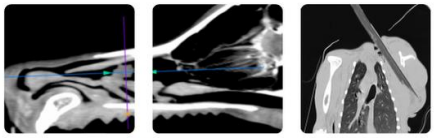



**PATIENT**

Tigger Robinson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14Y, 7M

**WEIGHT**

18

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lacey and Bailey

**HOSPITAL NAME**

Casselton Vet Service

**REFERRING VET**

Brad Bartholomay

**INVOICE**

75037

**DATE**

5-19-26

## PRESENTING CLINICAL SIGNS

Aural mass/polyp present in left ear for about 1 month.
Abnormal PE/Chem/CBC/UA Results: Chem 17 and CBC WNL

## 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, irregularly marginated soft tissue mass with moderate contrast enhancement occupies the lumen of the left external ear canal, causing near-complete obliteration of the horizontal portion. It measures at least 2.2 cm in length and abuts the tympanic membrane region.

The left tympanic cavity is completely filled with mixed predominantly hypoattenuating material with peripheral contrast enhancement. The osseous wall of the left tympanic bulla is intact and within normal limits.

The right external ear canal is air-filled and within normal limits. The right tympanic cavity is completely filled with mixed predominantly hypoattenuating material with peripheral contrast enhancement.

The medial retropharyngeal lymph nodes are moderately enlarged bilaterally, more pronounced on the left side, with preserved shape and homogeneous attenuation. The mandibular lymph nodes are unremarkable.

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

There is mild fluid retention within the left frontal sinus. The right frontal sinus is unremarkable.

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.

Complete evaluation of all teeth is limited by collimation. A focal resorptive alveolar bone lesion is present at the root of Triadan 309.

The thyroid glands are partially included within the field of view and subjectively appear mildly enlarged.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Elongated, contrast-enhancing intraluminal soft tissue mass within the left external ear canal, resulting in near-complete obliteration of the horizontal canal and abutting the tympanic

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membrane. Differential diagnoses include inflammatory polyp/granulation tissue; neoplasia is considered less likely. No expansile remodeling of the ear canal walls is identified.

- Bilateral otitis media with complete soft tissue/fluid attenuation filling with peripherical enhancement (concurrent inflammation tissue).
- Moderate bilateral medial retropharyngeal lymphadenomegaly, likely reactive.
- Focal alveolar bone resorption associated with the root of Triadan 309, focal periodontal disease.
- Mild left frontal sinus fluid retention, possible unilateral sinusitis.
- Subjective mild enlargement of the thyroid glands, incompletely characterized due to partial field of view inclusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings support bilateral middle ear inflammatory disease, associated with a contrast-enhancing intraluminal soft tissue lesion within the left external ear canal resulting in near-complete luminal obstruction. The primary differential diagnoses include inflammatory polyp/granulation tissue; neoplasia is considered less likely.

The regional lymphadenomegaly is most consistent with reactive inflammatory change secondary to chronic otic disease.

Otoscopic evaluation with cytologic and/or histopathologic sampling of the left ear canal lesion is recommended for definitive diagnosis. Consider surgical management of the left ear canal lesion.

Additional endocrine and cervical ultrasonography assessment may be considered if clinically indicated regarding the subjective thyroid enlargement.

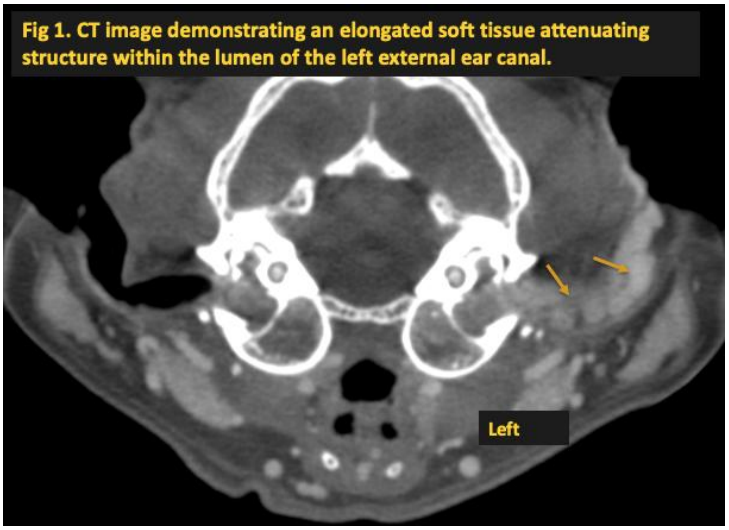


Fig 1. CT image demonstrating an elongated soft tissue attenuating structure within the lumen of the left external ear canal.

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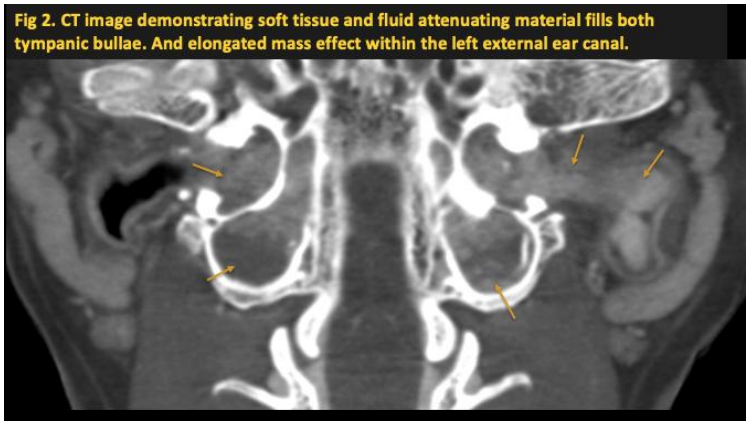

Fig 2. CT image demonstrating soft tissue and fluid attenuating material fills both tympanic bullae. And elongated mass effect within the left external ear canal.

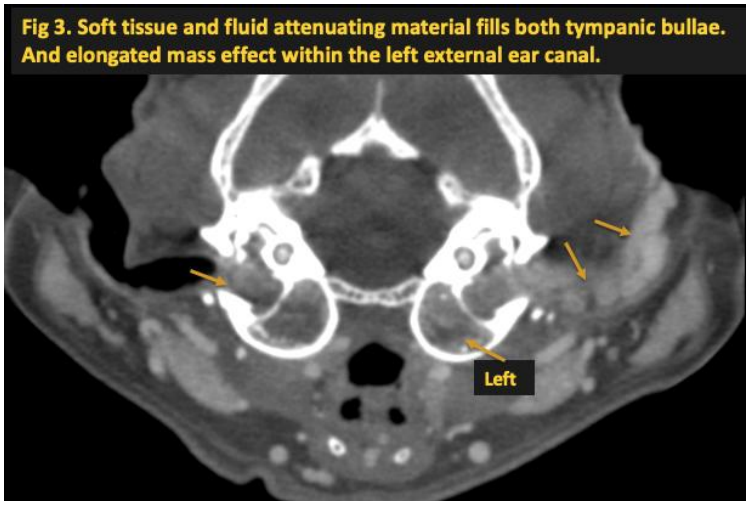


Fig 3. Soft tissue and fluid attenuating material fills both tympanic bullae. And elongated mass effect within the left external ear canal.

**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
info@sonopath.com