



PATIENT

Rocky Rodriguez

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

9Y, 8M

WEIGHT

56

INTERPRETED BY

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

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

75273

DATE

6-1-26

PRESENTING CLINICAL SIGNS

Presented with a history of acute onset of vomiting and horizontal nystagmus, loosing balane and severe twitch of the superciliary protuberance worse in right side.

Abnormal PE/Chem/CBC/UA Results: Unremarkable.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND ABDOMEN

A pre- and post-contrast CT study of the whole-body is provided for review totaling 2 series. One pre-contrast series of the whole-body (bone algorithm). One post-contrast series of the whole-body (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Marked expansion of the right tympanic bulla with severe irregular proliferative osseous remodeling of the bulla wall and multifocal wall discontinuity. The right tympanic cavity is completely filled by heterogeneous soft tissue attenuating material containing multifocal internal mineralized foci and exhibiting an expansile appearance, resulting in deformation/compression of the horizontal portion of the right external ear canal.

The vertical portion of the right external ear canal remains patent and preserved.

The left tympanic bulla and left external ear canal are normally aerated and unremarkable.

Focal osteolytic defect affecting the left squamous part of the frontal bone measuring approximately 1.0 cm in length. The frontal sinuses remain normally aerated without associated soft tissue attenuation.

No intracranial mass effect, midline shift, or abnormal intracranial attenuation identified on this study.

Nasal cavities, nasal turbinates, cribriform plate, frontal sinuses, nasopharynx, oropharynx, and larynx are unremarkable.

Globes and retrobulbar spaces are within normal limits.

Temporomandibular joints are congruent bilaterally.

Mandibular and medial retropharyngeal lymph nodes are within normal limits.

Salivary glands are unremarkable.

ABDOMEN

Mild gaseous distension of the stomach without evidence of a foreign body. Pyloric antrum and proximal duodenum are unremarkable.

Small intestinal loops are normally distributed and appropriately distended without evidence of mural mass lesions or mechanical obstruction.

Colon is empty and otherwise unremarkable.



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Liver, gallbladder, biliary tract, spleen, pancreas, adrenal glands, kidneys, ureters, abdominal lymph nodes, and visible mesenteric/serosal fat are within normal limits.

Urinary bladder and prostate gland are not included within the scanned field of view.

Included musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Markedly expansile and aggressive right middle ear lesion characterized by complete soft tissue filling of the tympanic bulla, internal mineralization, severe bulla expansion, osteolytic changes, and marked proliferative osseous remodeling of the bulla wall with secondary deformation of the horizontal external ear canal. Differential diagnoses include severe otitis media with marked reactive osseous proliferation (proliferative osteitis), a middle ear neoplasm (including ceruminous gland neoplasia cannot be excluded).
- Focal osteolytic lesion involving the left frontal squamous bone of uncertain etiology; differential considerations include a benign focal calvarial defect, previous trauma, inflammatory osteolysis, or less likely metastatic/neoplastic involvement.
- No CT evidence of an intracranial mass lesion or other intracranial abnormality detectable on this examination.
- No significant abdominal abnormalities identified within the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic findings of the head demonstrate a marked expansile and aggressive right middle ear lesion characterized by complete soft tissue filling of the tympanic bulla. Differential diagnoses include severe chronic otitis media with marked reactive osseous proliferation (proliferative osteitis); however, a middle ear neoplasm, including ceruminous gland neoplasia, cannot be excluded based on the imaging appearance.

The lesion provides a plausible explanation for the patient's vestibular signs, including horizontal nystagmus and loss of balance. Although there is no definitive CT evidence of extension into the inner ear structures, otitis interna cannot be completely excluded.

Correlation with otoscopic examination and sampling of the middle ear contents for cytology, culture and susceptibility testing is recommended. Given the severity and chronicity of the lesion, total ear canal ablation with lateral bulla osteotomy (TECA-LBO) is suggested for definitive treatment and histopathologic characterization.

The focal osteolytic lesion affecting the left squamous part of the frontal bone should be monitored and correlated with clinical findings.



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Fig. 1. Marked expansion of the right tympanic bulla with complete soft tissue filling, internal mineralization, and severe proliferative osseous remodeling.

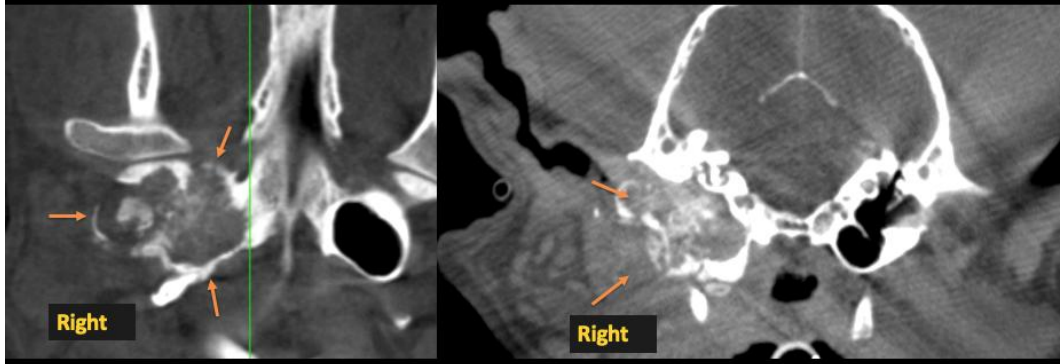
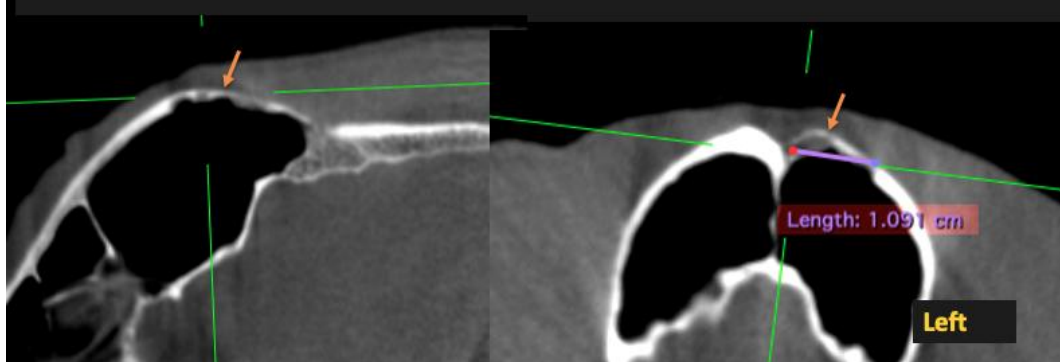


Fig. 3. Left frontal bone osteolysis



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