



PATIENT

Calvin Akers-Herschner

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8Y

WEIGHT

12.24lbs

INTERPRETED BY

Dr. Tais Guimarães,
MV

IMAGING PERFORMED BY

Aly/Ally

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Derek Howell, DVM

INVOICE

74970

DATE

5-12-26

PRESENTING CLINICAL SIGNS

Head tilt for 7 weeks. Not responsive to antibiotics. Ear grossly clear and tympanic membrane clear, intact, and not bulging on otoscopy.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Survey and post I.V. contrast series are available.

COMPUTED TOMOGRAPHIC FINDINGS

The brain and pituitary gland are unremarkable with no evidence of intracranial mass, hemorrhage, or abnormal contrast enhancement.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Tympanic cavities are normal in size and air filled with mild irregular mucosal thickening in the right tympanic bulla. No wall lysis or osseous abnormalities are seen.

A small protruding nodule on the dorsal wall of the horizontal canal of the left external ear (0,3 x 0,2 x 0,3 cm size) is seen. The right external ear has no wall abnormalities.

The mandibular and medial retropharyngeal lymph nodes are symmetric, small, and elongated with a normal short-to-long-axis-ratio is < 0.5. The attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

Thyroid lobes are symmetric, normal shape, attenuation, and size.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No evidence of middle or inner ear disease. No evidence of intracranial disease. Normal brain.
- Small nodule on horizontal canal of left external ear. Polyp and adenoma can be considered.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The small external ear nodule can be associated with otitis externa. Clinical signs such as true vestibular signs can't be explained by the presence of mild otitis externa. No other significant abnormalities were seen on the head. CT has limited sensitivity for subtle intracranial parenchymal and inner ear lesions. MRI with CSF tap is recommended if neurologic signs persist or clinical suspicion remains high.



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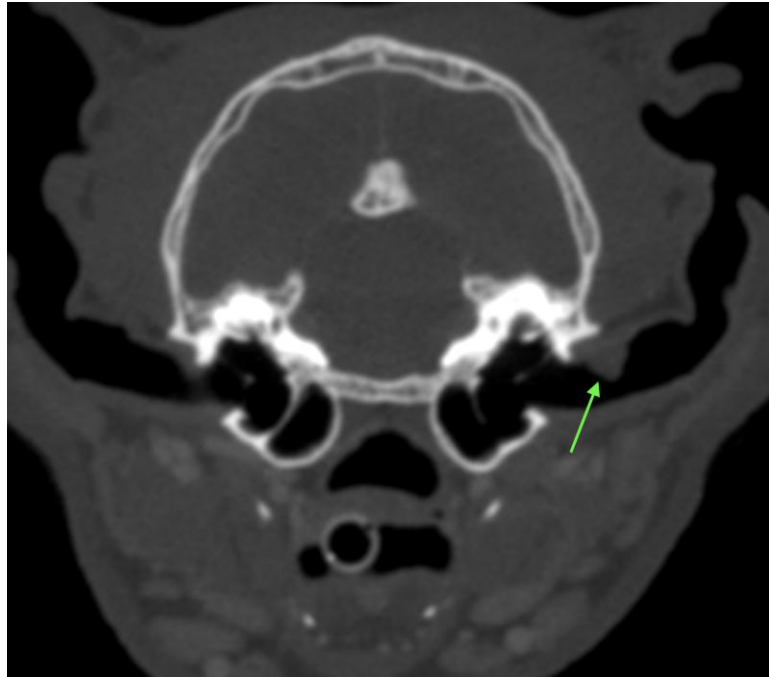
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Tais Guimarães, MV
info@sonopath.com