



PATIENT

Lola Hawlader

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

10

WEIGHT

14.3lbs

INTERPRETED BY

Dr. Tais Guimarães,
MV

IMAGING PERFORMED BY

Dr. Michael O'Connor

HOSPITAL NAME

Holy Family Veterinary
Hospital

REFERRING VET

Dr. Eginton

INVOICE

75033

DATE

5-18-26

PRESENTING CLINICAL SIGNS

Bilateral end-stage otitis externa (external ear canal infection) with severe epithelial hyperplasia Left >Right

Beta-haemolytic streptococcus

Hx of dog bite on head when p was a puppy

Include thorax to check for mets

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post-contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

The frontal sinuses have abnormal and irregular contour filled by fluid with contrast enhancing margins. Large areas of frontal bone lysis are seen bilaterally in the frontal sinuses, orbital part of frontal bones. There is obvious hypoattenuation on both olfactory lobes of the brain with mass effect and midline shift to the right. No soft tissue masses are delineated.

The pituitary gland is unremarkable.

Orbits are symmetric. Eye globes are symmetric with normal size and shape. No retrobulbar masses seen.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining.

There is irregularity and remodeling of the nasal bone and right maxilla (consistent with history of chronic trauma).

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

The bilateral external ears have severe diffuse irregular wall thickening causing luminal stenosis. There is fluid filled cavities on the proximal aspect of the horizontal canal, measuring up to 2,0 cm on the left side and 2,3 cm on the right.

The left tympanic cavity is filled by fluid with lytic foci in the ventral aspect of the tympanic bulla. The right tympanic bulla is air filled.

Periodontal lysis is seen adjacent to 109 and 410 tooth roots.

The mandibular and medial retropharyngeal lymph nodes are enlarged, and the attenuation and contrast enhancement pattern is mildly heterogeneous.

The salivary glands present within normal limits.

Thorax

The sternal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits. Cranial mediastinal lymph nodes are enlarged with homogeneous enhancement (7mm wide).



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The cardiovascular structures including the pulmonary vasculature are within normal limits. The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected. The bronchial walls are thin and smooth.

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The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, except for a small increased opacity area on the left cranial lung lobe with volume reduction (atelectasis).

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The mediastinum presents within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

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- Bilateral aggressive sinusitis with brain invasion. Neoplastic disease less likely.
- Periodontal disease
- Reactive lymphadenopathy
- Bilateral otitis externa and left sided otitis media
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

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Aggressive rhinopathy can be associated with fungal rhinitis, however, bacterial is also possible. Neoplastic disease in the absence of a significant soft tissue component is less likely. There is infiltration into the brain with secondary vasogenic edema and mass effect leading to poor prognosis.

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Bilateral otitis externa and otitis media on the left side is seen.

Bilateral frontal sinus biopsies and culture are recommended. Surgical management for ear disease should also be considered (TECA).

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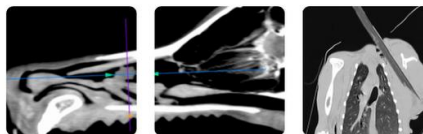
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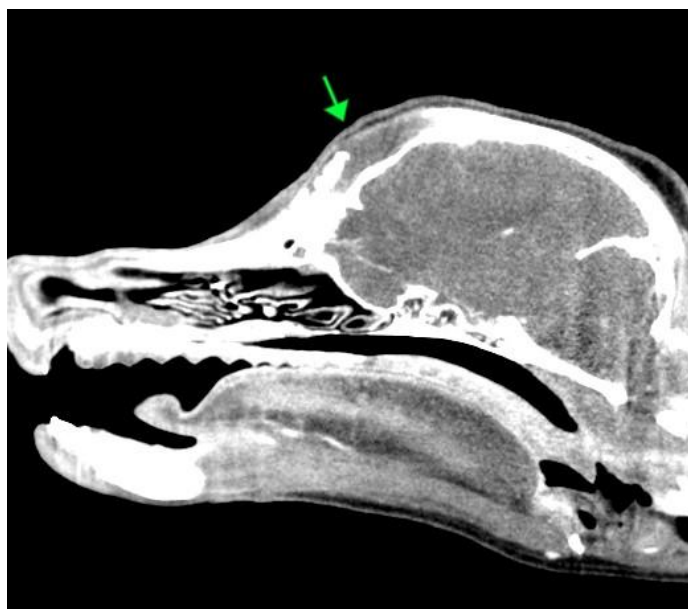
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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