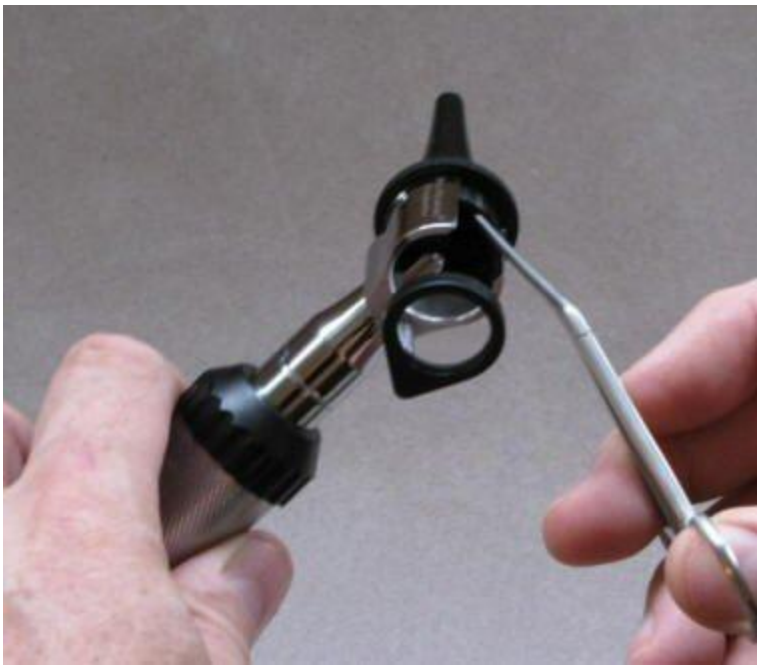
Diagnosis

Otoscopic examination:

- Changes in diameter
- Pathologic changes in the skin
- Quantity and type of exudates
- Parasites
- Foreign bodies
- Neoplasms
- Changes in the tympanic membrane – should be examined for evidence of disease or rupture.
- It is often not possible because the ear is painful, swollen, or filled with exudate; sedation is usually required. Swelling of the ear canal often makes it impossible to see the tympanic membrane.



Diagnostic Tests:

- Samples for ear diagnostic tests should be collected
- Skin cytology from the external and inner pinnae
- Cytology of any exudates present
- Hair trichograms and skin scrapings for*Demodex*
- Ear swab cytology with mineral oil in young and adult animals (especially cats, because feline demodicosis can present as pruritic otitis)
- Wood's lamp examinations need to be done with care, keeping in mind that the key colour is apple-green fluorescense and that sebum can glow yellow.
- Dermatophytosis affects the hair of the pinnae and hairs in the concave surface of the ear canal.

Microbial Cultures:

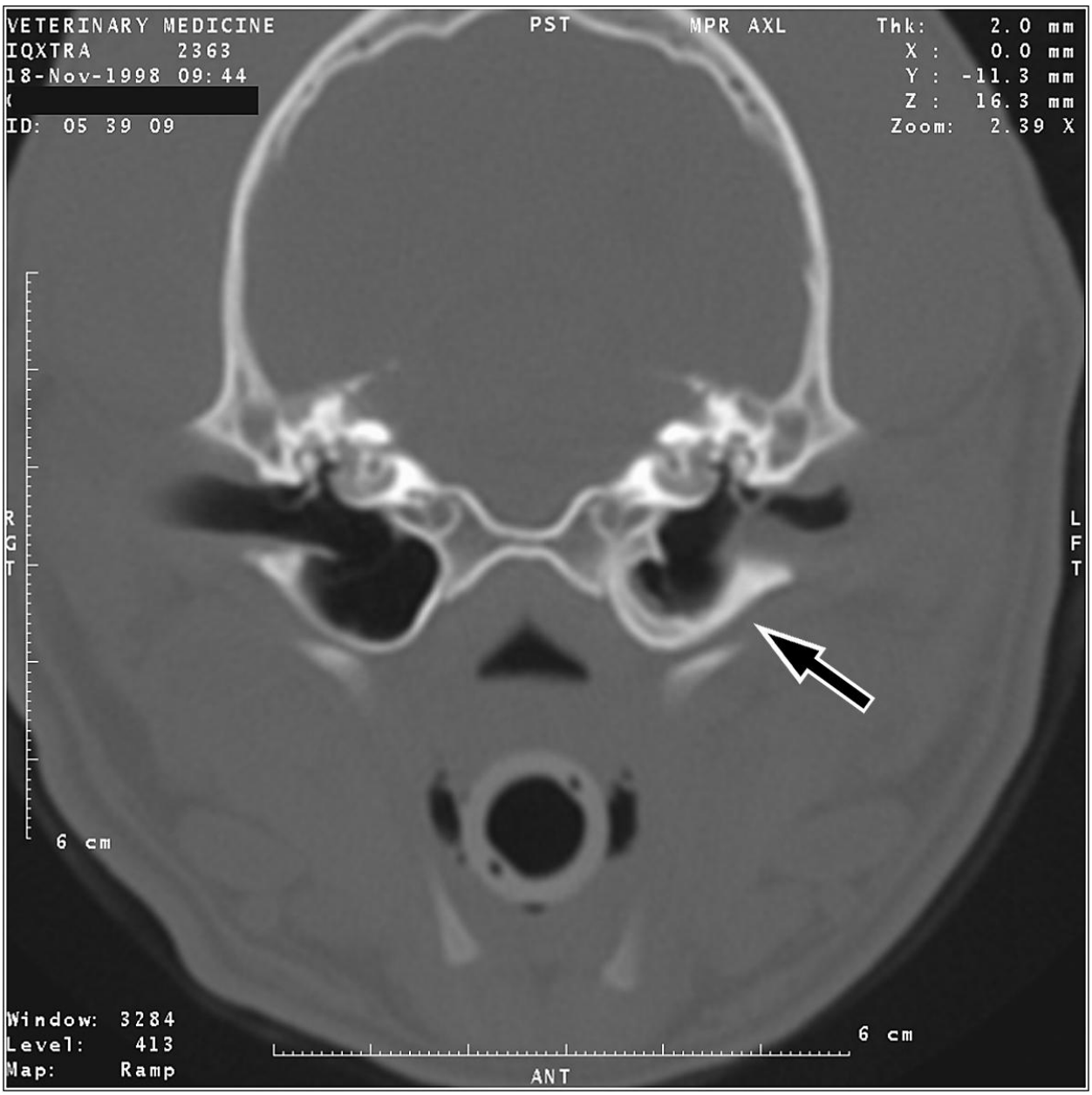
- Microbial cultures are taken before otoscopy is completed and before any cleaning is done.
- Samples for culture should be taken with a sterile culturette from the horizontal canal (the region where most infections arise) or from the middle ear in cases of tympanic rupture.
- A bacterial culture and antibiotic sensitivity and an antibiotic mean inhibitory concentration should be done.

Histopathology:

- Histopathologic changes associated with chronic otitis externa are often nonspecific.
- Histopathologic evidence of a hypersensitivity response may support a recommendation for intradermal allergy testing or for a hypoallergenic diet trial.
- Biopsies from animals with chronic, obstructive, unilateral otitis externa may reveal whether neoplastic changes are present.

Radiographic Diagnostics:

- Radiography of the osseous bullae is indicated when proliferative tissues prevent adequate visualization of the tympanic membrane, when otitis media is suspected as a cause of relapsing bacterial otitis externa, and when neurologic signs accompany otitis externa.
- Fluid densities and proliferative or lytic osseous changes provide evidence of middle ear involvement.
- Unfortunately, radiographs are normal in many otitis media cases.
- CT or MRI, if available, should be performed for cases of severe, chronic otitis


VETERINARY MEDICINE
IQXTRA 2363
18-Nov-1998 09:44
ID: 05 39 09
PST
MPR AXL
Thk: 2.0 mm
X : 0.0 mm
Y : -11.3 mm
Z : 16.3 mm
Zoom: 2.39 X
RGT
LFT
6 cm
Window: 3284
Level: 413
Map: Ramp
6 cm
ANT