

## **CASE STUDY: SURGICAL MANAGEMENT OF AURAL HEMATOMA IN A 7-YEAR-OLD MIXED BREED DOG**

### **Studi Kasus: Penanganan Bedah Aural Hematoma pada Anjing Ras Campuran Usia 7 Tahun**

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### **Abstract**

Aural hematoma is an ear disorder characterized by fluctuant, fluid-filled swelling on the surface of the auricle (pinna), which can occur in both dogs and cats. This case involves a 7-year-old, 13 kg, female mixed-breed dog presented with swelling on the left auricular pinna. Physical examination revealed normal vital signs: body temperature 39.2°C, pulse 124 beats/min, respiration rate 22 breaths/min, capillary refill time (CRT) <2 seconds, and skin turgor <2 seconds. Hematological results showed values for granulocytes, hematocrit (HCT), low platelets, and high lymphocytes, but these were not clinically significant. The treatment performed was a surgical method using an incision technique with open drainage on the left pinna auricula. The suture pattern used was simple interrupted sutures with 3-0 non-absorbable silk thread. Postoperatively, the dog received cefotaxime antibiotics via intramuscular (IM) injection, oral amoxicillin, the anti-inflammatory meloxicam, and topical gentamicin. By day 12, the wound had begun to dry and heal, and the dog was in normal condition. To prevent aural hematoma, the dog's ear area and cage should always be kept clean to avoid ectoparasite infestations.

**Keywords:** aural hematoma, pinna auricular, simple interrupted suture

### **Abstrak**

Hematoma aural adalah kelainan telinga yang ditandai dengan pembengkakan berisi cairan yang berfluktuasi pada permukaan daun telinga (pinna), yang dapat terjadi pada anjing dan kucing. Kasus ini melibatkan seekor anjing betina ras campuran berusia 7 tahun, berat 13 kg, yang menunjukkan pembengkakan pada daun telinga kiri. Pemeriksaan fisik menunjukkan

tanda-tanda vital normal: suhu tubuh 39,2°C, denyut nadi 124 denyut/menit, laju pernapasan 22 napas/menit, waktu pengisian kapiler (CRT) <2 detik, dan turgor kulit <2 detik. Hasil hematologi menunjukkan nilai granulosit, hematokrit (HCT), trombosit rendah, dan limfosit tinggi, tetapi ini tidak signifikan secara klinis. Penanganan pada pasien dilakukan dengan tindakan pembedahan menggunakan teknik insisi dengan drainase terbuka pada daun telinga kiri. Pola jahitan yang digunakan adalah jahitan terputus sederhana dengan benang sutra non-absorbable 3-0. Pasca operasi, anjing tersebut menerima antibiotik cefotaxime melalui suntikan intramuskular (IM), amoksisilin oral, meloxicam antiinflamasi, dan gentamisin topikal. Pada hari ke-12, luka mulai mengering dan sembuh, dan anjing tersebut dalam kondisi normal. Untuk mencegah hematoma telinga, area telinga dan kandang anjing harus selalu dijaga kebersihannya untuk menghindari infestasi ektoparasit.

Keywords: aural hematoma, pinna auricular, pola simple interrupted

## INTRODUCTION

The ear is one of the most important organs in dogs, serving as their hearing organ. The incidence of ear diseases is estimated to range from 7 to 16% in veterinary hospitals and clinics, with a variety of clinical signs and degrees of severity. Ear diseases in dogs can occur at any age and are caused by several factors (Friedeck, 2023).

An aural hematoma is an ear condition characterized by abnormal swelling accompanied by fluid accumulation on the surface of the outer ear (pinna auricula), which can occur in dogs and cats of all ages. Aural hematomas in dogs typically result from trauma that causes blood to accumulate and spread in the external facial region due to the rupture of blood vessels between the cartilage and the skin of the ear (Islami *et al.*, 2018). Another cause of aural hematomas can be a dog's habit of scratching its ears due to pain or irritation resulting from otitis externa.

Injuries or lacerations to the ear resulting from fights sometimes cause superficial skin wounds on one or both surfaces of the ear and may even perforate the cartilage. The wound healing process may occur spontaneously or may require suturing, depending on the severity of the injury. In cases of dog fights, although rare, the high severity of injuries can cause part of the ear to tear and detach, resulting in ear deformity (Rojas *et al.*, 2022).

An initial examination of an aural hematoma using inspection and palpation will reveal a swollen, red, and warm pinna. The animal may also exhibit signs of discomfort due to the resulting pain (Hewitt and Bajwa, 2020).

A common predisposing factor for aural hematoma in dogs is otitis externa. This condition can affect dogs of all ages and breeds, particularly those with floppy ears, such as Beagles. Chronic infections caused by parasites and fungi can also lead to destructive ear scratching, which in turn triggers the development of aural hematoma (Irhas *et al.*, 2019).

Management of aural hematoma cases can be performed through medical management—such as needle drainage and the administration of anti-inflammatory drugs like methylprednisolone, triamcinolone, and dexamethasone—as well as surgical intervention (Hewitt and Bajwa, 2020). The purpose of this case report is to describe the surgical management of an aural hematoma in a dog and to evaluate the postoperative healing process based on changes in the clinical condition of the pinna auricula.

## RESEARCH METHODS

### Clinical Signs and Anamnesis

The case dog is a 7-year-old female brown mixed-breed dog named Duduk. She has been spayed and weighs 13 kg. Swelling was observed on the left auricle, as shown in Figure 1.

According to the owner, the swelling began 3 weeks after the dog got into a fight with a cat near the owner's home. According to the owner, after the fight, the dog began to shake her head intensely to the left. The dog was rescued from a landfill and was kept as a free-roaming pet in the area around the owner's home. The dog was very sensitive when her ear was touched. Her appetite and thirst were normal, as were her bowel movements and urination.

### **Physical Examination**

The present status of the case dog, as shown in Table 1, indicates normal findings in all examination components, including: temperature 39.2°C, pulse 124 beats/minute, respiratory rate 22 breaths/minute, heart rate 124 beats/minute, capillary refill time (CRT) <2 seconds, and skin turgor <2 seconds. On examination of the oral mucosa, it appeared pink. Cardiovascular and respiratory examinations also revealed no signs of abnormality. An examination was also performed on the ear area, which clearly showed swelling accompanied by redness.

### **Auxiliary Tests**

The results of the dog's blood tests are presented in Table 2, showing several low and high values, including low granulocytes, high lymphocytes, low hemoglobin, low HCT, and low platelets. The surgery was performed 2 days after the blood tests with the approval of the attending veterinarian.

## **RESULT AND DISCUSSION**

### **Result**

#### **Diagnosis and Prognosis**

Based on the medical history, clinical findings, and results of supportive tests, the dog was diagnosed with an aural hematoma in the left pinna, with a favorable prognosis.

#### **Treatment**

Management of the aural hematoma in this dog involved surgery using the open incision and drainage method. This method is used to promote healing and prevent postoperative infection. Preoperative procedures are performed prior to surgery.

Preoperative procedures begin with the preparation of the operating room, as well as the instruments and supplies. The operating room, instruments, and supplies used in the surgery must be sterile. The operating table is cleaned with 70% alcohol, and the instruments and supplies are sterilized using an autoclave. The patient must also undergo preparation before surgery, which includes a medical history and physical examination, as well as supportive blood tests. After all examinations are completed, the animal scheduled for surgery is fasted from food for 12 hours and from water for 8 hours. Cleaning the surgical site and inserting an IV line are also part of the preoperative procedure.

The surgical procedure began with the administration of a premedication injection of 0.02 mg/kg of atropine sulfate subcutaneously. A 10-minute wait period followed premedication, after which combined anesthesia was administered with 2 mg/kg of xylazine (Xyla®, Interchemie Werken "De Adelaar" B.V., Netherlands) and 10 µg/kg of ketamine hydrochloride (Ket-A-100®, Agroveter Market S.A., Peru) (Allerton, 2020). Once premedication and anesthesia were administered, surgery proceeded after the dog in the case exhibited a decrease in consciousness. Anesthesia was considered successful if the dog's pupillary response was slow, the dog did not resist, and its body was limp.

Before surgery, the dog is first positioned in lateral recumbency on the operating table. The area of the auricular pinna to be operated on is first cleaned with NaCl and alcohol to remove

debris. The surgical procedure begins with a longitudinal incision from distal to proximal on the medial surface of the pinna auricula affected by the hematoma. The incision is made in the skin to avoid cutting the auricular cartilage, which could certainly affect the healing process. Clotted blood is removed using sterile gauze with the aid of forceps. The area of the ear affected by the hematoma is cleaned with saline and treated with the antibiotic penstrep to prevent secondary infection. After the clotted blood is removed and the hematoma area is cleaned, the edges of the incision are sutured using the simple interrupted suture technique. Suturing begins at the medial part of the pinna, penetrating the cartilage and extending laterally to avoid dead space, thereby preventing blood from accumulating in the hematoma area. Non-absorbable 3-0 silk sutures were used. The sutures were applied with a slightly loose tension to prevent tissue necrosis. After the surgery, the dog's ear was cleaned of surgical debris and bandaged. Betadine and gentamicin ointment were applied to the ear, and an e-collar was placed on the dog.

Postoperative care includes the administration of antibiotics and anti-inflammatory medications aimed at preventing infection and controlling excessive inflammatory responses, thereby reducing pain and edema without hindering the wound healing process. Postoperative administration of cefotaxime sodium (Cefotaxime®, PT Kimia Farma Tbk., Indonesia) is given at the recommended dose of 25 mg/kg (twice daily; q12 IM). Cefotaxime sodium injection is administered intramuscularly for 3 days, after which it is switched to oral amoxicillin at the recommended dose of 10 mg/kg (twice daily; q12h PO) for 5 days. The anti-inflammatory agent meloxicam is administered orally at the recommended dose of 0.2 mg/kg (once daily; q24h). The postoperative incision site is cleaned using the wound cleansing method with a 0.9% sodium chloride (NaCl) solution, followed by the application of the topical antibiotic gentamicin as prophylaxis against bacterial infection of the surgical wound.

## Discussion

The dog in this case was diagnosed with an aural hematoma based on the results of the medical history, physical examination, and diagnostic tests. Treatment was performed through surgery to accelerate healing and restore the condition of the right pinna. Surgical preparation included preparing the operating room, instruments and supplies, the animal, and the surgeon. Preparation of the animal began with shaving the area of the ear to be operated on to facilitate the procedure and reduce the risk of contamination, followed by disinfection using 70% alcohol and povidone-iodine. The combination of 70% alcohol and povidone is effective in reducing microorganisms in the surgical area (Riyanto *et al.*, 2022). Once preparations are complete, premedication is administered subcutaneously with 0.02 mg/kg of atropine sulfate, followed by combined anesthesia with 2 mg/kg of xylazine and 10 µg/kg of ketamine administered intramuscularly. The combination of xylazine and ketamine is commonly used in veterinary anesthesia because it provides good sedation, analgesia, and muscle relaxation, and has a wide safety margin (Pemayun *et al.*, 2018).

The surgical procedure for this case involved an open incision and drainage technique. The first step was to make an incision on the concave surface of the swollen ear. After the incision was made, the right auricle was explored from one end to the other, and blood clots were removed. Once the blood clots were completely removed, irrigation with physiological saline was performed to cleanse any remaining blood from the auricular pinna. Following irrigation, the antibiotic Penstrep-400® (Penstrep-400®, Interchemie Werken “De Adelaar” B.V., Netherlands) was administered to prevent secondary infection. Suturing was performed around the incision site to reattach the cartilage to the skin surface of the convex left auricular pinna. The incision was left open to allow continued drainage of fluid and prevent fluid accumulation. A simple interrupted suture pattern was used with 3-0 non-absorbable silk suture. According to Fossa *et al.*, 2013, the skin surfaces on both sides surrounding the incision can be sutured

using a simple interrupted suture; alternatively, a vertical mattress suture can be used on one side and a simple interrupted suture on the other to attach the skin surface of the convex left auricular pinna to the cartilage. After the suturing process, the sutured wound and open drainage site were cleaned with physiological saline, and topical povidone-iodine and gentamicin were applied to prevent secondary infection.

Postoperative wound healing was managed by administering cefotaxime injections intramuscularly at a dose of 25 mg/kg every 12 hours for 3 days, followed by oral amoxicillin at the recommended dose of 10 mg/kg every 12 hours for 5 days. The anti-inflammatory medication used is oral meloxicam at the recommended dose of 0.2 mg/kg every 24 hours. Wound hygiene in the ear area is also maintained to prevent bacterial infection from entering the wound by applying gentamicin antibiotic ointment.

Cefotaxime is a bactericidal antibiotic belonging to the third-generation cephalosporin class of  $\beta$ -lactam antibiotics. Antibiotics in the  $\beta$ -lactam class work by interfering with bacterial cell wall synthesis. Cefotaxime inhibits peptidoglycan synthesis and also stimulates the activity of autolytic enzymes in the bacterial cell wall (Dewanti *et al.*, 2023). Amoxicillin is a broad-spectrum antibiotic with bactericidal properties—that is, it can kill bacteria. Amoxicillin works by inhibiting the formation of the bacterial cell membrane, causing the genetic material within the bacterial cell to break down and leading to bacterial death. Amoxicillin is very well absorbed by the digestive tract, making oral administration highly effective (Marliani *et al.*, 2018).

Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) that has analgesic and anti-inflammatory properties by inhibiting prostaglandin synthesis. This process involves the inhibition of the cyclo-oxygenase (COX) enzyme. COX is an enzyme that is divided into two types: COX-1 and COX-2. COX-1 plays a role in the synthesis of prostaglandins, which are important for maintaining the health of the gastrointestinal tract, kidney function, platelet function, and other bodily functions. Meanwhile, COX-2 plays a role in mediating pain, inflammation, and fever (Dewi *et al.*, 2019). The topical antibiotic gentamicin contains the active ingredient gentamicin sulfate, an aminoglycoside antibiotic effective in inhibiting bacteria that cause skin infections, such as *Staphylococcus aureus* and *Escherichia coli* (Laguliga *et al.*, 2021).

Wound healing in the case dog took approximately two weeks. Postoperatively, the case dog frequently shook its head and scratched its ear, necessitating the use of an Elizabethan collar. There are few reported cases of aural hematoma healing in animals older than 3 months. The healing timeframe is influenced by several factors, including controlled bleeding management, the owner's diligence in caring for the dog post-surgery, the dog's healthy lifestyle, kennel hygiene, and the dog's overall health status (Islami *et al.*, 2018).

The wound healing process consists of three phases: the inflammatory phase, the proliferative phase, and the maturation or remodeling phase. During the inflammatory phase, an inflammatory response occurs involving the body's defense cells; during the proliferative phase, angiogenesis, epithelialization, and the formation of granulation tissue take place; and during the maturation phase, cellular connective collagen tissue forms and the new epithelium is strengthened (Irhas *et al.*, 2019). Days 1–3 correspond to the inflammatory phase, which is characterized by five classic signs: redness (rubor), heat (calor), pain (dolor), swelling (tumor), and loss of function (functio laesa). From days 1 to 3, the healing process in the study dogs exhibited all five characteristic signs of inflammation (Risky *et al.*, 2020). The proliferation phase, shown in Figure 2, occurs from days 4 to 11 and is marked by a steadily increasing number of fibroblasts throughout this phase. Fibroblasts are the primary factors driving wound

healing and serve as the framework or structural foundation for collagen production (Laut *et al.*, 2019). The maturation phase—the longest phase in the wound healing process—involves dynamic processes such as collagen remodeling, wound contraction, and scar tissue maturation. Collagen synthesis and degradation activities continuously adapt to the condition of the wound. At the end of this healing process, mature scar tissue is formed. The maturation phase occurs from days 12 to 21, as shown in Figure 3 (Haris *et al.*, 2019).

## CONCLUSIONS AND SUGGESTIONS

### Conclusion

Based on the results of the medical history, clinical examination, and ancillary tests performed on a 7-year-old mixed-breed dog, the dog was diagnosed with an aural hematoma of the left auricle. The prognosis for this condition is favorable with the treatment administered, which consisted of surgery using the open incision and drainage method. Wound closure was performed using the simple interrupted suture technique with 3-0 non-absorbable silk suture. Postoperatively, the dog was administered the antibiotics amoxicillin, cefotaxime, and gentamicin—orally, via injection, and topically—as well as meloxicam as an anti-inflammatory. Wound healing in this case was observed by day 12, when the wound had closed or fused and the sutures were removed.

### Suggestions

In cases of aural hematoma, a thorough examination of the primary causes—such as otitis externa, ectoparasite infestation, or trauma—is necessary to minimize the risk of recurrence. Pet owners are advised to follow all postoperative care instructions, including administering prescribed medications, using an Elizabethan collar, maintaining surgical wound hygiene, and attending follow-up appointments on time. Additionally, both short-term and long-term monitoring are necessary to evaluate the healing process and detect potential complications or recurrences early on.

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## Tables

Table 1. Results of the physical examination of the dog in this case

| Examination                        | Result       | Reference range* | Remarks |
|------------------------------------|--------------|------------------|---------|
| Temperature                        | 39,2°C       | 37,8-39,2°C      | Normal  |
| Pulse                              | 124 x/minute | 110-130 x/minute | Normal  |
| Respiration                        | 22 x/minute  | 20-30 x/minute   | Normal  |
| Heart rate                         | 124 x/minute | 110-130 x/minute | Normal  |
| <i>Capillari Refill Time (CRT)</i> | <2 second    | <2 second        | Normal  |
| Turgor                             | <2 second    | <2 second        | Normal  |

\*Source: Abdisa (2017)

Table 2. Complete Blood Count Results

| No | Parameters     | Result                     | References  | Note   |
|----|----------------|----------------------------|-------------|--------|
| 1  | WBC            | $6,5 \times 10^3 / \mu L$  | 6-17        | Normal |
| 2  | Lymphosit#     | $2,3 \times 10^3 / \mu L$  | 0,8-5,1     | Normal |
| 3  | Monosit#       | $0,3 \times 10^3 / \mu L$  | 0-1,8       | Normal |
| 4  | Granulosit#    | $3,9 \times 10^3 / \mu L$  | 4-12,6      | Rendah |
| 5  | Lymphosit%     | 35,8%                      | 12-30       | Tinggi |
| 6  | Monosit%       | 4,8%                       | 2-9         | Normal |
| 7  | Granulosit%    | 59,4%                      | 60-83       | Rendah |
| 8  | Red blood cell | $5,72 \times 10^6 / \mu L$ | 5,5-8,5     | Normal |
| 9  | Haemoglobin    | 11,5 g/dL                  | 12-18       | Rendah |
| 10 | HCT            | 35,5%                      | 37-55       | Rendah |
| 11 | MCV            | 62,2 fL                    | 62-72       | Normal |
| 12 | MCH            | 20,1 Pg                    | 20-25       | Normal |
| 13 | MCHC           | 32,3 g/dL                  | 30-38       | Normal |
| 14 | RDW            | 14,4%                      | 11-15,5     | Normal |
| 15 | Platelet       | $128 \times 10^3 / \mu L$  | 200-500     | Rendah |
| 16 | MPV            | 8,2 fL                     | 7-12,9      | Normal |
| 17 | PDW            | 16,1 fL                    | 10-18       | Normal |
| 18 | PCT            | 0,104%                     | 0,100-0,500 | Normal |
| 19 | Eos%           | 5,8%                       |             |        |

Abbreviations: WBC (White Blood Cell), HCT (Hematocrit), MCV (Mean Corpuscular Volume), MCH (Mean Corpuscular Hemoglobin), serta MCHC (Mean Corpuscular Hemoglobin Concentration), RDW (Red Cell Distribution Width Test), MPV (Mean Platelet Volume), PDW (Platelet Distribution Width), PCT (Procalcitonin Test. \*Source: Auto Hematology Analyzer BC-3200

## Figures



Figure 1. Condition of the case dog exhibiting swelling of the left auricle.

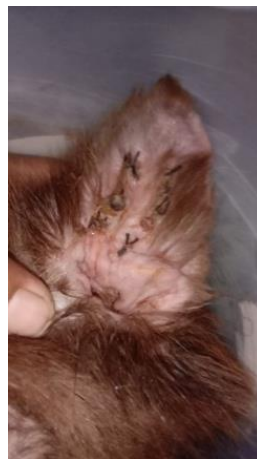


Figure 2. On the 10th day, the wound at the incision site had begun to heal and dry. The dog was moving around actively and eating and drinking normally.



Figure 3. The stitches have been removed. After removal, the dog feels no pain, and the wound in the sutured area has healed. The dog is active and is eating and drinking normally.