**External auditory canal**: Normally pneumatized. The cartilaginous and osseous portions appear normal. The **tympanic membrane** is intact. The superior attachment (scutum) and the inferior attachment (tympanic annulus) appear normal. The superior portion (**pars flacida**) and the inferior portion (**pars tensa**) appear normal.

**Middle ear:** The **mesotympanum i**s normally pneumatized. There is no soft tissue mass to suggest a cholesteatoma.

The **ossicles** are intact and appropriately aligned. The relationship between the head of the **Malleus** and the body/short process of the **Incus** is normally maintained, demonstrating a normal “ice cream cone configuration”. The **Manubrum** of the **Malleus** appropriately articulates with the tympanic membrane. The **long process of the incus** appropriately articulates with the **Stapes**. The **two legs of the Stapes** appropriately attach to the **foot plate** at the **oval window** (at the **Vestibule** of the **Semicircular Canal**). Inferiorly, the **Round window/basal turn** of the cochlea appear normal.

The two muscles of the middle ear including the (1) **Tensor tympani muscle and tendon** at the anterior aspect of the middle ear associated with the **Eustachian tube** at the **Cochlear Promontory** makes a 90 degree turn and inserts on the **manubrium of the Malleus** and the (2) **Stapedius tendon** adjacent to the **Facial Nerve mastoid segment** exits the **Pyramidal Eminence** and attaches to the **Stapes**.

The **Epitympanic Space** including **(Prusak’s space)** is normally pneumatized. The **scutum** is intact. The head of the malleus appears normal. The **Adidtus Ad Antrum** and mastoid antrum are widely patent. The mastoid air cells are normally pneumatized.

**Inner ear/otic capsule:**  The **labyrintian structures** of the **otic cpsule** including the (1) **Chochlea** (2) **semicircular canals** and the (3) **Vestibule** at the base of the semicircular canal appear normal. The canal for the superior division of the vestibular nerve and the **Utricle** (of the **Vestibule**), the canal for the inferior division of the Vestibular nerve and the **Saccule** (of the **Vestibule**) and the **Foramen Singular** (canal for the posterior division) of the **Vestibular nerve** (most inferior) and the **Ampulla** of the posterior semicircular canal appear normal.

**Semicircular canals:** CORONAL The (1) **superior semicircular canal** and the **arcuate eminence** are intact without dehiscense. The (2) **lateral semicircular canal** and **tympanic segment of the facial nerve** at its inferior margin and the (3) AXIAL **posterior semicircular canal** and the **vestibular aqueduct/endolymphatic sac** appear normal.

**Fissula** (cleft) and the **Ante Fenestrum** (abterior to the oval wndow) are intact.

**Facial Nerve:** (1) **Cisteral segment** (Pontomedullary cistern), (2) **Cannalicular segment** (within the IAC), (3) **labyrinthian segment** (pierces otic capsule, IAC to geniculate ganglion) courses above the cochlea, (4) geniculate ganglion, (5) **tympanic segment** (270 degree turn, courses under the lateral semicircular canal) (6) mastoid segment (7) exits through the styloid mastoid foramen appear normal.

**Vascular structures:** Carotid canal, sigmoid sinus, and the jugular foramen including the (1) pars nervosa foramen (anterior/medial-CN IX glosopharangeal) and the (2) pars vacularis (posterior/lateral)-CN X and XI)

**Temporal mandibular joint** appears normal