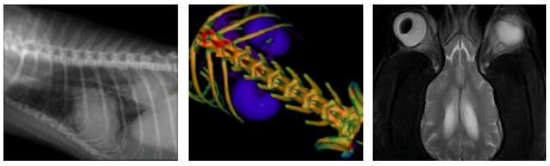
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Morris Mccawley

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Neutered

AGE

13 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Paradise Hospital

REFERRING VET

Dr. Mostafa Elshafie

INVOICE

49814

DATE

1-24-22

PRESENTING CLINICAL SIGNS

Pet has been lethargic, congested and wheezing for about 7 days. Eating normal, drinking a lot of water. Seems to be losing weight. no v/d.
Abnormal PE/Chem/CBC/UA Results: Diag- BUN 37.5, TP 8.5, Glob 5.5 CBC- HCT 20.2, HGB 6.5 FPL- Normal T4- 1.72

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Right/left lateral and ventrodorsal views of the thorax and right lateral and ventrodorsal views of the abdomen totaling 6 images available for review.

RADIOGRAPHIC FINDINGS

Thorax

Moderate generalized dilation of the esophagus with gas is seen throughout its cervical and thoracic course.

There is mild ventral deviation of the trachea and cardiac base.

The radiographic presentation of the cardiac silhouette is within normal limits.

A small soft tissue opaque nodular structure is superimposed onto the cranial lung field and ventral walls of the trachea and esophagus in both lateral views. This structure appears to be well delineated and measures 6mm in length and 4mm in diameter.

At this time, there is no evidence of aspiration pneumonia. The degree of pulmonary inflation is deep. The ribcage is expanded.

Abdomen

Marked gastrointestinal aerophagia is noted. The stomach is post-prandial.

Mild generalized dilation of the small intestine with gas is seen.

The colon contains a moderate amount of fecal material.

Multiple spondyloses are seen throughout the lumbar spine.

RADIOGRAPHIC DIAGNOSIS

- Megaesophagus.
- Aerophagia.
- Nodular structure in the cranial thorax of undetermined origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals megaesophagus. Consider idiopathic acquired megaesophagus versus neuromuscular disease such as dysautonomia, myositis, myasthenia, as well as esophagitis, toxic or endocrine disease. At this time, there is no evidence of aspiration pneumonia.

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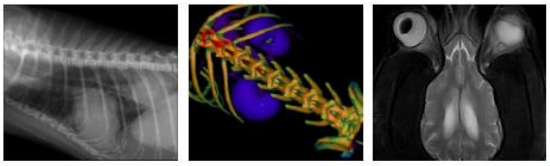

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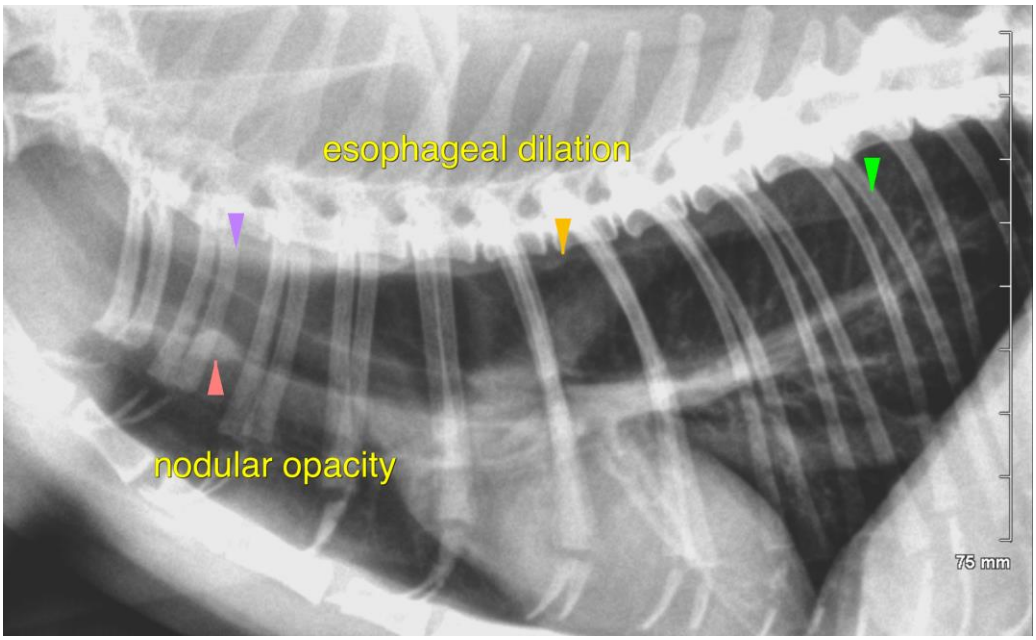
The gastrointestinal aerophagia may be secondary to the esophageal dilation; however, functional gastrointestinal ileus with neuromuscular disease is a potential as well.

The nodular structure within the cranial thorax is likely to situated within the cranial lung lobes. Its position cannot be ascertained on the orthogonal view. Consider soft tissue nodule such as fibrotic nodule, metastases, or other secondary neoplasia as well as granuloma, cyst, hematoma, and abscess potential differential diagnoses. CT may be required to ascertain the position of this nodule.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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