



**PATIENT**

Angelo Carroll

**PRESENTING CLINICAL SIGNS**

Patient is experiencing frequent hacking coughs. No improvement on medication. Heart and lungs wnl on physical exam. Also frequently regurgitates food. R/O esophageal dx

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX**

Plain and post contrast studies available for review.

**BREED**

Puggle

**COMPUTED TOMOGRAPHIC FINDINGS**

The bony and surrounding soft tissue structures are within normal limits.

**SEX**

Male Neutered

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

**AGE**

8 Years

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

The lung parenchyma presents the expected architecture and attenuation behavior.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Mild dilation of the cervical and thoracic esophagus is seen with a mix of gas and fluid attenuating content.

Mild generalized wall thickening of the stomach accentuating the gastric fundus is noted.

**HOSPITAL NAME**

Animal Clinic of  
Queens

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild esophageal dilation with gastroesophageal reflux.
- Suspect gastritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Thomas

The mild dilation of the esophagus may well be due to the general anesthesia. Esophageal dilation and gastroesophageal reflux are common consequences associated with general anesthesia and typically transient. However, gastritis, esophagitis, and esophageal dysmotility / dysphagia cannot be ruled out entirely.

**INVOICE**

56360

At this time, there is no evidence of aspiration pneumonia or other structural lesions of the lung or bronchial tree.

Esophageal and gastroduodenal endoscopy could be considered for further definition if not performed already.

**DATE**

1-24-23



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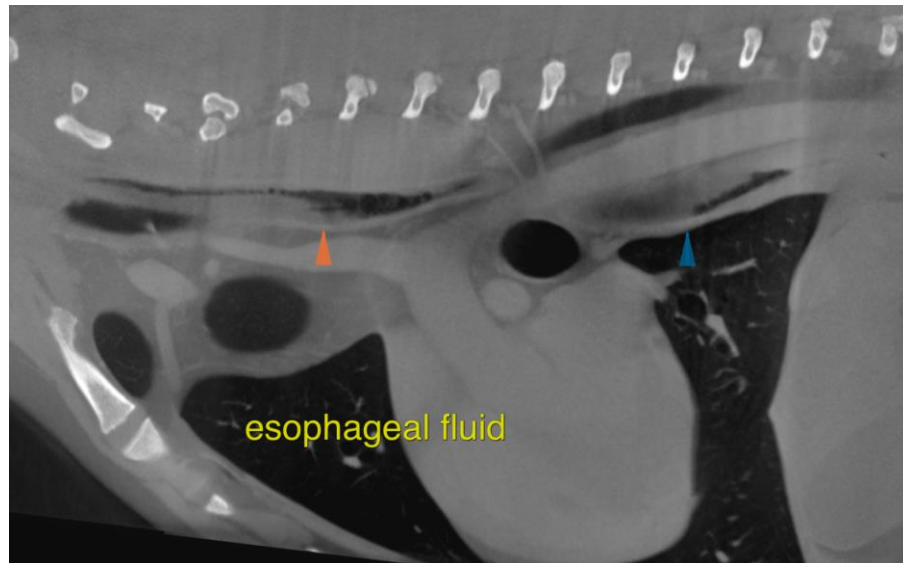
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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