



PATIENT

Frankie Welch

PRESENTING CLINICAL SIGNS

2 DAY HISTORY VOMITING AND DIARRHEA RADIOGRAPHS SUSPECT HIATAL HERNIA. ENDOSCOPIC EXAM SHOWED ESOPHAGITIS

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

BREED

French Bulldog

COMPUTED TOMOGRAPHIC FINDINGS

There are multiple mid thoracic hemivertebrae from T5 - T7 with ventrally bridging spondyloses. A butterfly vertebra is seen at T3.

SEX

NM

The caudal mediastinum is widened by a soft tissue attenuating structure representing the lower esophageal sphincter and part of the gastric fundus with rugal folds being seen in the caudal mediastinum.

AGE

5.9 Years

Mild dilation of the cranial and mid thoracic esophagus with gas is seen.

The CT presentation of the lung is within normal limits. No evidence of aspiration pneumonia is seen.

Mild generalized tracheal hypoplasia is seen as typical in this breed.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The gastric body and pyloric antrum are in their anticipated position.

Mild generalized enlargement of the pancreas appears to be present with mild epigastric lymphadenomegaly. No evidence of regional mesenteritis is seen.

HOSPITAL NAME

Aloha Pet & Bird
Hospital

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hiatal hernia with protrusion of the gastric fundus and lower esophageal sphincter into the caudodorsal mediastinum.
- Mild esophageal dilation.
- No evidence of aspiration pneumonia.
- Suspect pancreatitis with regional lymphadenitis.
- Congenital vertebral malformation in the mid thoracic spine with spondyloses.

REFERRING VET

Dr. Daniel Pepen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

49824

The CT study confirms the presence of hiatal hernia. Part of the gastric fundus and lower esophageal sphincter are seen within the caudodorsal mediastinum.

Esophageal dilation is noted which is likely to be a consequence of the caudal esophageal obstruction.

DATE

1-25-22

No evidence of aspiration pneumonia is seen at this point.

The possibility of concurrent pancreatitis with reactive lymphadenitis should be considered.



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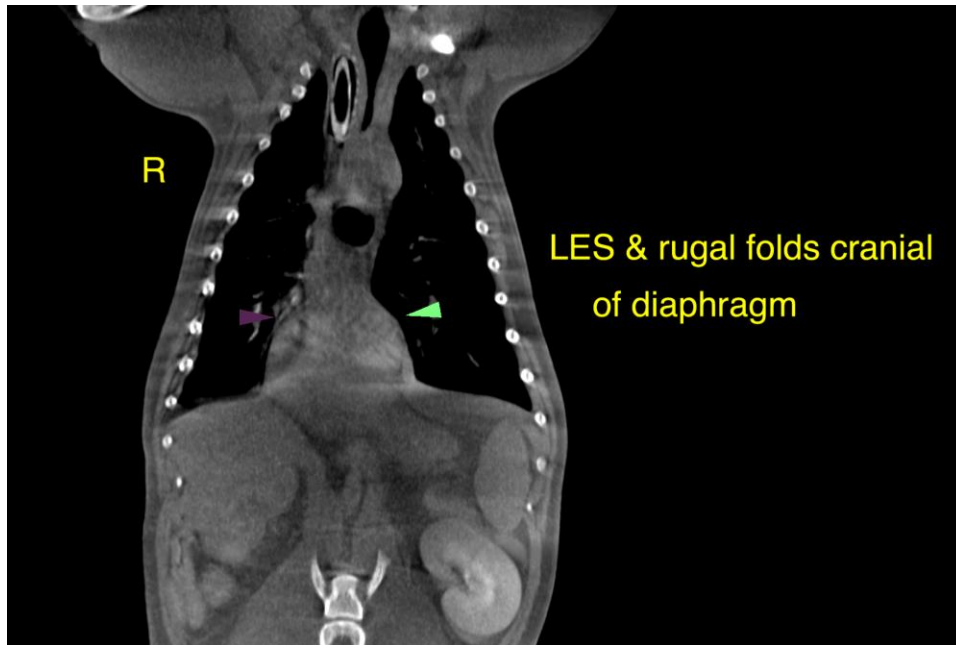
Dr. Daniel Pepen

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DATE

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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.

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