



## PATIENT

Bjorn Minahan

## SPECIES

Feline

## BREED

Rex

## SEX

M

## AGE

1.5Y

## WEIGHT

3.75kg

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

EH

## HOSPITAL NAME

Crown Veterinary  
Specialists and Associates

## REFERRING VET

Elena Fromzel

## INVOICE

73195

## DATE

1-6-26

## PRESENTING CLINICAL SIGNS

Hx: • Recently imported from China (2months ago) • Resp stertor since imported • 12/24/25 ER for increased RE, v+, anorexia, CXR 12/24/25 cranial esophageal dilation (concern for PRAA), evidence of asthma CXR 12/22/25 VHS 8, prominent cardiac silhouette

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

**Images appear R/L flipped which may reduce reliability for evaluating vascular anomalies. Review of Dicom orientation is recommended.**

## COMPUTED TOMOGRAPHIC FINDINGS

The heart is prominent consistent with prior radiographs. The aortic arch is seen to the right of the trachea and esophagus compatible with vascular ring anomaly (Persistent Right Aortic Arch) PRAA. Marked cranial esophageal dilation with fluid and gas is seen cranial to the heart base. The esophagus narrows at the level of the aortic arch with only mild caudal dilation.

Alveolar infiltrates of the lung are not seen at this point, however, mild interstitial bands are noted potentially secondary to prior aspiration or mild inflammatory change.

A thymic remnant is seen in the cranial mediastinum.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- PRAA with cranial esophageal dilation and milder caudal esophageal dilation.
- Mild right sided ventral interstitial pulmonary bands.
- Attention: suspect right/left image flip.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a vascular ring anomaly: PRAA. The cranial esophageal dilation is compatible with diverticulum formation. The milder caudal esophageal dilation suggests generalized secondary esophageal dysmotility.

The mild ventral interstitial pulmonary bands may reflect prior aspiration.

I recommend to confirm Dicom orientation prior to surgical planning. Surgical consultation for correction of PRAA is recommended and monitoring for aspiration pneumonia should be considered in the meantime. Note the ligamentum arteriosum can remain perfused in some cases (persistent PDA) even if not clearly seen on CT.



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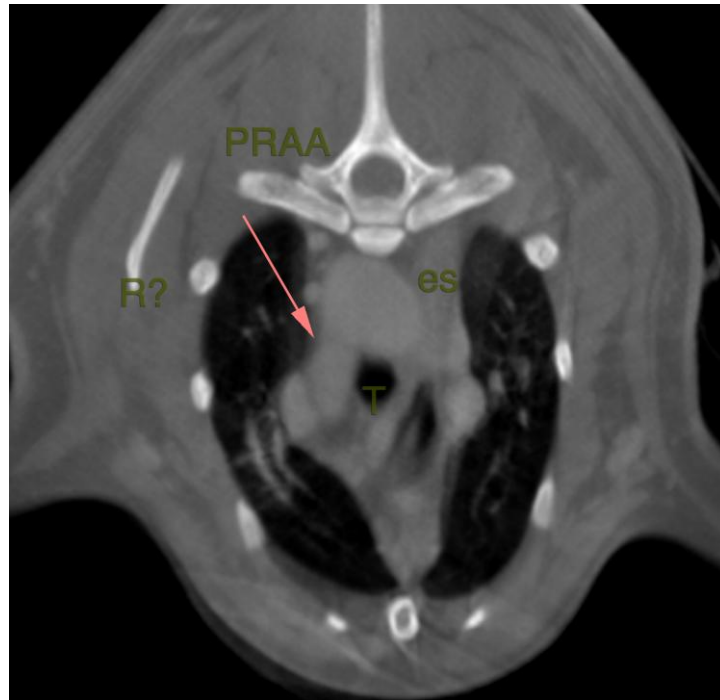
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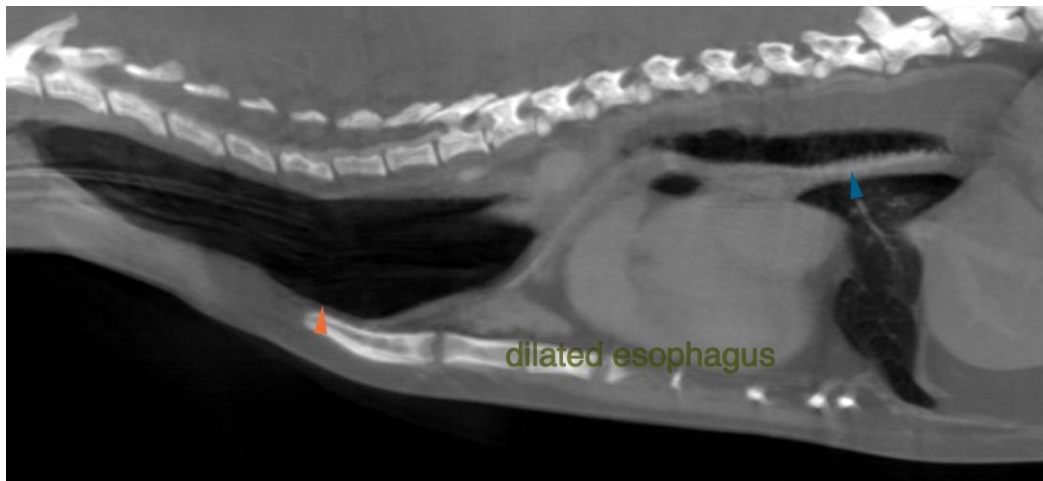
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
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