



PATIENT

Carter Liebowitz

PRESENTING CLINICAL SIGNS

Nasal pharyngeal congestion. HX atlanto-axial instability, Tracheal collapse. Low normal blood glucose.
Abnormal PE/Chem/CBC/UA Results: Fractious, moderate tartar, periodontal disease. Honking cough episodes.

SPECIES

Canine

CT STUDY OF THE HEAD, NECK, THORAX, ABDOMEN & FLUOROSCOPY OF THE TRACHEA

Plain and post contrast studies of the head and abdomen, post contrast study of the thorax, and fluoroscopy of the trachea available for review.

BREED

Yor

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

SEX

Male Neutered

Patient has a history of atlantoaxial subluxation and surgical stabilization due to hyperplasia of the odontoid peg.

AGE

10 Years

Moderate to severe medullary kinking is seen between the atlas and axis; however, the vertebral canal is relatively wide with mild bilateral narrowing and nearly 90 degree angulation. The four pins appear to be in situ.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Multifocal intervertebral disc space narrowing, and spondyloses are seen throughout the cervical spine at C3/4, C5/6, and C6/7.

Moderate faintly mineral attenuating extrusion is present at C5/6.

The patient is a brachycephalic head type.

HOSPITAL NAME

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Moderate bilateral lateral ventricular dilation of the brain is seen.

The soft palate is considered within normal limits for its length, position, and thickness.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining.

REFERRING VET

Meaux

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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Thorax

Moderate static collapse of the cervical trachea is seen during the CT study. The intrathoracic trachea presents no evidence of collapse. 50% collapse of the left mainstem bronchus is noted.

DATE

10-12-21

A mild generalized increase in bronchointerstitial attenuation is noted with even distribution throughout the lung.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion



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or peritonitis.

Carter Liebowitz

Small cortical renal cysts are seen in both kidneys.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Occasional small hyperenhancing nodules are present within the spleen.

Canine

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. There is no evidence of intra- or extra-hepatic portosystemic shunting.

BREED

Yor

The gallbladder is moderately distended and contains a moderate amount of suspended mineral attenuating debris.

SEX

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Male Neutered

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

AGE

10 Years

The bony and surrounding soft tissue structures reveal no abnormalities.

FLUOROSCOPIC FINDINGS

INTERPRETED BY

Trachea

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Severe cervical tracheal collapse is seen and accentuated during inspiration; however, it remains throughout the whole respiratory cycle even if less pronounced in expiration. The cervical tracheal collapse starts immediately caudal of the larynx and spans the entire length of the cervical trachea.

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The intrathoracic trachea present no evidence of collapse.

The collapse of the mainstem bronchus is mild and stable throughout the respiratory cycle.

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The position of the epiglottis and soft palate are considered within normal limits.

Aerophagia can be noted during the fluoroscopic study and appears to most pronounced in the sequences with the most severe collapse of the trachea.

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COMPUTED TOMOGRAPHIC & FLUOROSCOPIC DIAGNOSIS

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- Congenital odontoid peg hyperplasia with atlantoaxial subluxation and history of internal fixation with medullary kinking.
- Bilateral lateral ventriculomegaly of the brain - not necessarily of clinical significance; no evidence of high pressure signs.
- Severe cervical tracheal collapse.
- Mild left mainstem bronchus collapse.
- Presumably normal age related lung and bronchial tree.

**PATIENT**

Carter Liebowitz

- Multiple chronic intervertebral disc disease with moderate chronic extrusion C5/6.
- Structurally normal pancreas.
- No evidence of portosystemic shunt.
- Degenerative changes of both kidneys.
- Splenic nodules.
- Gallbladder sand.

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Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**BREED**

Yor

Severe cervical tracheal collapse is seen and largely stable throughout the respiratory cycle. Unfortunately, the area of collapse starts immediately caudal of the larynx which may render this patient unsuitable for tracheal stenting or impede the long term success of tracheal stenting. The bronchial collapse is mild and not necessarily considered significant. The intrathoracic trachea presents no evidence of collapse.

SEX

Male Neutered

The soft palate and laryngeal motion are considered within normal limits.

Aerophagia is noted during the most severe phases of upper airway restriction.

AGE

10 Years

Differential diagnosis for the splenic nodules include benign nodular hyperplasia and extramedullary hematopoiesis. Infiltrative pathology cannot be ruled out entirely but is thought unlikely.

The morphology of the pancreas was within normal limits in CT. Correlate with the laboratory values.

INTERPRETED BY

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The CT presentation of the liver was within normal limits. No evidence of portosystemic shunting was found; however, diffuse parenchymal disorders cannot be ruled out. Correlate with the laboratory values and consider biopsy as indicated.

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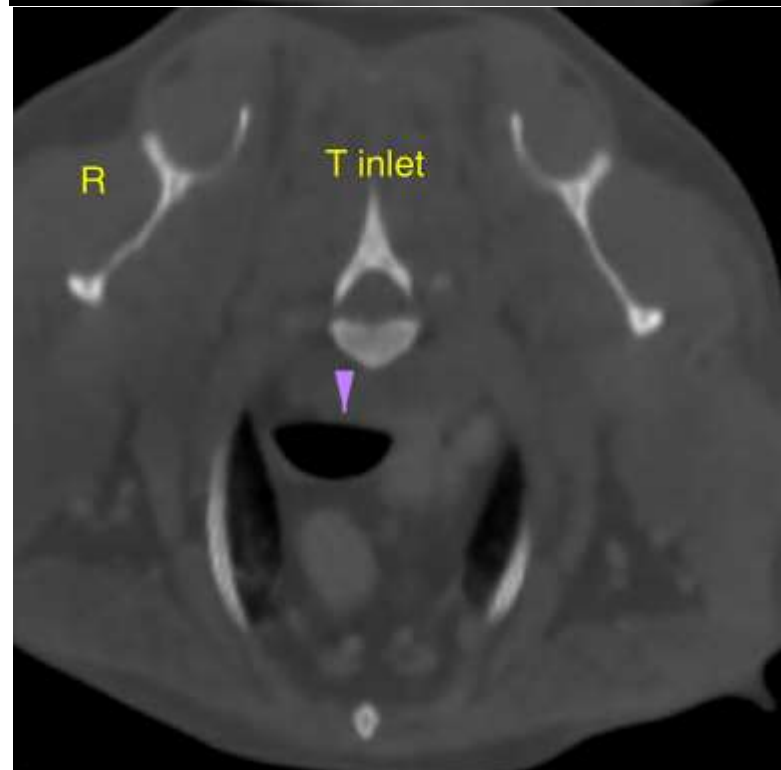
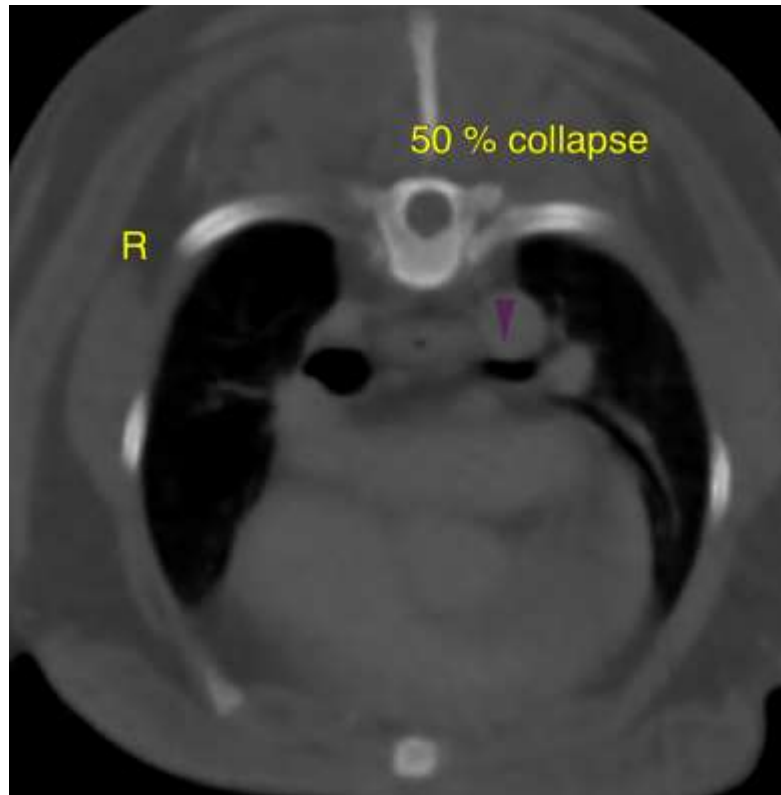
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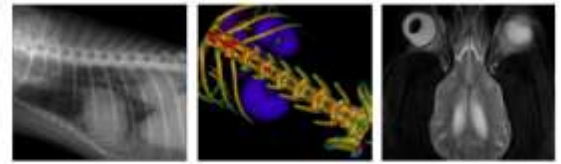
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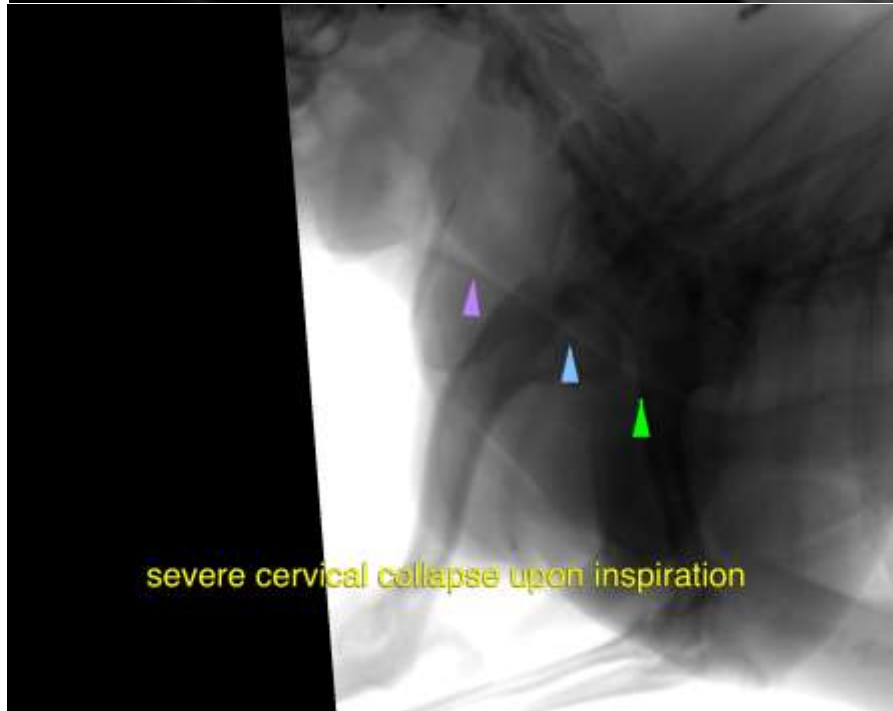
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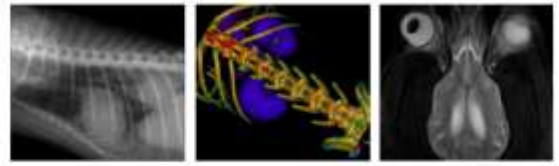
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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