



PATIENT

Millie Anglesey

PRESENTING CLINICAL SIGNS

Difficulty breathing - Gasps for breath which can be elicited palpating her laryngeal area ventral neck (she also sleeps better on her side). She will also randomly gasp for air once a week and awaken owner. Also snoring and reverse sneezing that she has done, but is getting progressively worse. No nasal discharge and no cough. No tracheal collapse. --Rule-out laryngeal collapse, elongated soft plate, and naso-pharyngeal disease --Sedated airway exam: The palate was found to be a little long but does not overlap the epiglottis and does not need surgery. No laryngeal collapse or laryngeal paralysis. --A bronchoscope was retroflexed behind the soft palate. The nasopharynx was normal. A foreign body was not present. A mass was not present.

SPECIES

Canine

BREED

Havanese

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Plain and post contrast studies available for review. Exposure is for the thorax more so than for the head.

SEX

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COMPUTED TOMOGRAPHIC FINDINGS

Head

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

AGE

6 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

A mild amount of fluid attenuating material is present within both nasal cavities, L>R. There is no evidence of turbinate destruction, foreign material, or a mass lesion. The frontal sinuses present within normal limits.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

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.

REFERRING VET

Melanie Thompson

The salivary glands present within normal limits.

No significant dental changes are seen.

INVOICE

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Neck

Course and width of the cervical trachea are considered within normal limits except for mild redundancy of the dorsal tracheal ligament.

DATE

11-17-22

Both lobes of the thyroid gland are seen and present within normal limits.

The cervical lymph nodes present within normal limits.



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Thorax

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

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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.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

BREED

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A moderate generalized increase in interstitial density is seen.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse interstitial increase in pulmonary density.
- Mild nonerosive rhinitis.
- Redundant dorsal tracheal ligament.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an overall increase in pulmonary density which suggest potential for interstitial lung disease such as fibrosis, pneumonitis, or interstitial pneumonia. Airway endoscopy with airway sampling could be considered for further definition as well as a cardiac echo in order to determine the potential presence of pulmonic hypertension.

Mild signs of nonerosive rhinitis are seen within both nasal cavities. Allergic rhinitis and infectious rhinitis such as viral or bacterial are potential underlying causes. The CT changes are mild. There is no evidence of a soft tissue mass, turbinate destruction, or foreign material.

Redundancy of the dorsal tracheal ligament is typically an incidental finding however it can be associated with dynamic tracheal disease. Correlate with the results of the endoscopy.

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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.

SPECIES

Canine

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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