



PATIENT PRESENTING CLINICAL SIGNS

Grizz Whiting

Grizz presented with a 1 year history of coughing and ocular discharge. He has been treated for chronic allergies. Two weeks ago, he presented for two dermal mass removals (all benign). He could not be intubated due to difficult visualization of the larynx. One year ago Grizz had a dental cleaning and the owner was under the impression everything went well. Previous diagnosis: Luxating patellas, chronic allergies Coughing/ hacking: Coughing off and on chronically Sneezing/ reverse sneezing: Some sneezing and reverse sneezing when excited. Difficulty breathing: Owner has reported a history of breathing concerns but she paying better attention now. He has snored since a pup but may have been worse the last 3 months. Breathing when asleep: Normal Exercise intolerance: He is active, but may sometimes reverse sneeze. Does not exacerbate coughing. Therapies tried and response: Apoquel and CBD. CBD helps his joints. Apoquel better for allergies than Benadryl. Current medication: Apoquel and CBD oil. Current symptoms: Stridorous breathing sounds, coughing, reverse sneezing General health status: Eating and drinking well. No vomiting or diarrhea. Energy normal.

SPECIES

Canine

BREED

Yorkie

SEX

CM

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

Abnormal PE/Chem/CBC/UA Results: PE: There is mild expiratory dyspnea, more pronounced under anesthesia. SPO2 = 93%. Lab: Bloodwork is dated 12/1/2021. CBC - PCV = 60.7%, WBC = 5570, neutrophils = 4430, lymphocytes = 690, monocytes = 360. Reticulocytes = 126,500. Platelets = 368,000. Chemistry - BUN = 44, all else normal. Urinalysis not provided. Bronchoscopy Findings: The lower respiratory tract is imaged using a 5 mm flexible video bronchoscope under light sedation. The bronchoscope is cleanly passed through the larynx into the trachea. Tracheal mucosa is smooth and light pink. Tracheal discharge is not present. The dorsal tracheal membrane is tight and tracheal cartilages are round. There is no evidence of tracheal collapse. The carina and bronchial bifurcations are sharp. Mainstem bronchi are open and clean. There is generalized moderate to severe bronchial collapse beginning in secondary bronchi and continuing distally. There is very little bronchial discharge. Bronchoalveolar lavage is performed in the right middle lung lobe using a suction trap and a sterile aspiration catheter. Material is prepared for cytology and culture. The larynx is carefully examined under light sedation and IV Dopram. Normal abduction of arytenoid cartilages is observed during inspiration. Laryngopharyngeal structures are normal. The epiglottis is dome shaped, rigid and mineralized. It is not thickened and there is no mass tissue. The dorsal deviation of the epiglottis makes visualization of the larynx difficult. The soft palate is not elongated. Laryngeal sacculles are slightly everted and are non obstructive. There is no evidence of epiglottic retroversion.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN

REFERRING VET

Kim Ingraham

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

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

DATE

12-16-21

Multiple small mineral attenuating structures are seen within the renal diverticuli and renal pelvis of both kidneys without evidence of pyelectasia or hydroureter. Multiple cortical renal cysts are seen.

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



PATIENT The spleen presents occasional iso- to hyper- attenuating nodules associated with its hilus region.

Grizz Whiting Moderate generalized enlargement of the liver with slightly heterogeneous contrast enhancement is seen. A small parenchymal cyst is seen in the central division of the liver. The gallbladder is severely distended. Multiple smoothly delineated round mineral opaque calculi of up to 7mm diameter are seen within the gallbladder. There is no evidence of extrahepatic biliary duct or common bile duct dilation.

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

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

There is an asymmetric lumbosacral transitional vertebra.

SEX

CM

Both stifle joints present moderate osteoarthritic changes.

Thorax

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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.

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Dr. med. Vet. DipECVDF

Flattening of the dorsal tracheal ligament is seen throughout the cervical trachea except for the regions where the endotracheal tube's cuff is situated.

The lungs are deeply inflated. Generalized dilation of the 1st, 2nd, and 3rd order bronchi is seen which may be due to positive pressure breath hold. No evidence of bronchial collapse is seen which also may be due to the breath hold technique. Mild dorsally peripheral atelectasis is seen in the dependent portions of the caudal lung lobes and considered a consequence of positional atelectasis under general anesthesia.

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

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Neck

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

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Mild intervertebral disc space collapse, mild spondylosis deformans, and mild intervertebral disc protrusion are seen at C6/7 within the deep cervical spine.

Head

DATE

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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.

**PATIENT**

Grizz Whiting

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

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. Moderate irregular thickening of the epithelial lining is seen within both external auditory meatuses; right more than left. There is a mild amount of hypoattenuating material within the horizontal parts of the auditory meatuses.

BREED

Yorkie

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.

SEX

CM

The salivary glands present within normal limits.

The dentition is incomplete with multiple absent tooth elements. The remaining teeth present mild to moderate periodontal changes accentuating the right mandibular premolar and molar teeth.

AGE

11 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatopathy with hepatomegaly and diffuse heterogeneous enhancement.
- Splenic nodules compatible with benign nodular hyperplasia/extramedullary hematopoiesis.
- Multiple gallbladder calculi without evidence of obstruction.
- Bilateral hypercalcemic nephropathy with presumed degenerative changes.
- Incomplete dentition with periodontal disease accentuating the right mandibular premolar and molar teeth.
- Bilateral otitis externa - right more than left.
- Bilateral stifle osteoarthritis.
- Chronic intervertebral disc disease with mild protrusion C6/7.
- Asymmetric lumbosacral transitional vertebra.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Kim Ingraham

The CT findings suggest presence of diffuse parenchymal liver disease. Metabolic/endocrine hepatopathy is a potential. Diffuse inflammatory or neoplastic infiltrate is thought less likely but cannot be ruled out entirely. Correlate with the laboratory values and consider parenchymal sampling as indicated.

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The bronchial changes may be masked by the positive pressure breath hold at the time of the CT. No evidence of bronchial collapse is noted. There is no evidence of interstitial pulmonary disease.

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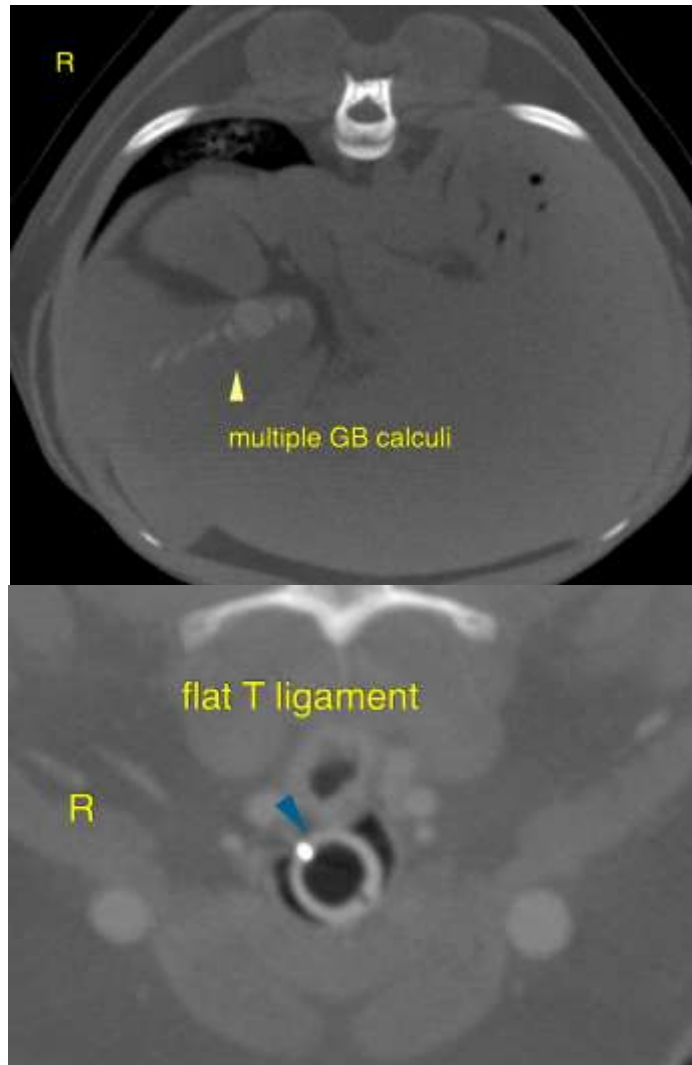
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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