



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Shanti Salem
SPECIES Canine
BREED Tibetan Spaniel

P was treated for suspect aspiration Pneumonia 2-3 weeks ago, rechecked xrays- had improved Last week showed resolution of pneumonia per records (do not have radiographs). Yesterday V white foam, bile. O says that after barking P has a squeek sound. Vet had discussed CT because nothing was seen on xrays. O says RR resting last night was 40- working hard to breathe on and off. Sunday was V foam as well- resolved. Ate dinner last night and then had bout of V. O would like CT. Lethargic, Not eating or drinking today. BM this AM- soft _ MR O thinks noise of breathing is really from the throat and her breath smells bad. O did not finish the antibiotics she was on since everytime she gave them it caused her to go into respiratory distress.
 Abnormal PE/Chem/CBC/UA Results: WBC slightly elevated at 21.6k ALP slightly elevated at 220

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

SEX Post-contrast study available for review.

FS COMPUTED TOMOGRAPHIC FINDINGS

The patient is intubated.

AGE Course and width of the trachea are considered within normal limits.

8 Mild generalized dilation of the esophagus with gas is seen.

INTERPRETED BY There is a mild multifocal ventrally accentuated peribronchial interstitial increase in attenuation in combination with volume loss. No evidence of an alveolar infiltrate, pulmonary masses, or nodules is seen.

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The mediastinal structures present within normal limits.

HOSPITAL NAME The thoracic boundaries present within normal limits.

Wilvet Salem

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect peripheral pulmonary atelectasis.
- Anesthesia related esophageal dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are suggestive for positional atelectasis under general anesthesia. An inflammatory/infectious infiltrate cannot be ruled out entirely, however, is considered unlikely based on the CT findings.

Dr. Brittany Gardner,
 DVM

INVOICE

50027 The dilation of the esophagus is presumed to be a consequence of the general anesthesia as well. Megaesophagus is considered unlikely but cannot be ruled out entirely.

DATE

2-2-22 Thoracic radiographs with a non-sedated patient could be considered in order to check for the potential persistence of the esophageal dilation and pulmonary infiltrate should megaesophagus or esophageal dysmotility be primary differential diagnoses from a clinical perspective.



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SPECIES

Canine

BREED

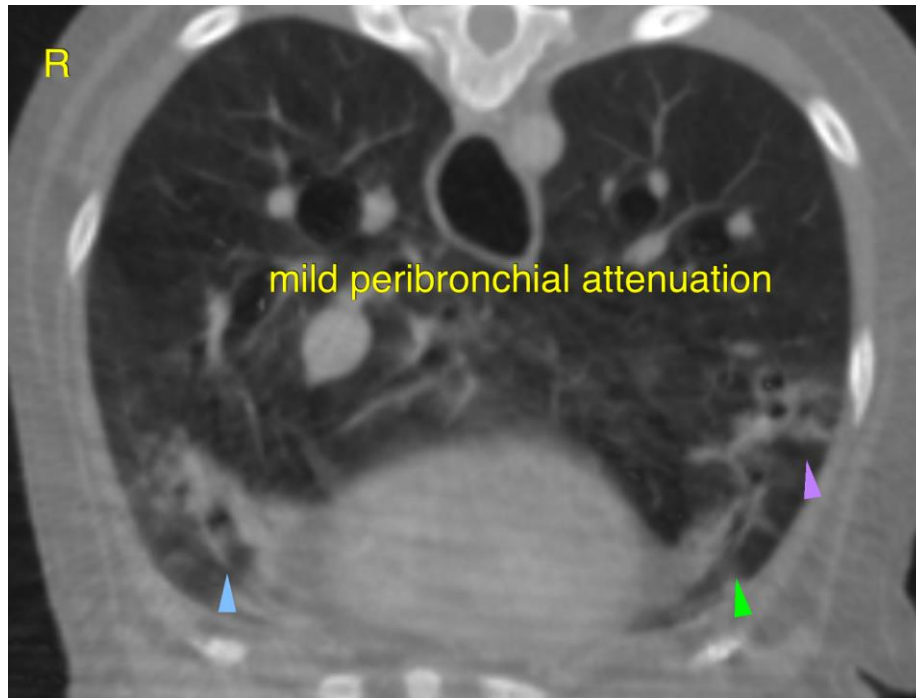
Tibetan Spaniel

SEX

FS

AGE

8



INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

HOSPITAL NAME

Wilvet Salem

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.

REFERRING VET

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DVM

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