



PATIENT

Luna Crawford

SPECIES

Canine

BREED

DSH

SEX

Female Spayed

AGE

4Y, 6M

WEIGHT

4.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mountain West
Veterinary Specialists

HOSPITAL NAME

Mountain West
Veterinary Specialists

REFERRING VET

Melanie Thompson

INVOICE

73972

DATE

2-26-26

PRESENTING CLINICAL SIGNS

- Luna experienced a severe illness, suspected to be calicivirus, in August with severe oral ulcerations. This required hospitalization and the placement of two sequential esophagostomy feeding tubes on August 16th and August 25th due to tube falling out.
- The current clinical signs began during that time after the first e-tube placement.
- Breathing: The owner reports loud breathing that started around the time the feeding tube was placed. The sound is constant but becomes significantly louder when Luna is eating or purring. Purring can sometimes induce a non-productive cough.
- E-tube Site: Luna persistently scratches at the healed esophagostomy tube scar on her neck. The owner uses a collar to prevent self-trauma, but Luna will scratch the area raw, creating a dime-sized lesion. The site heals and the hair regrows, but the behavior repeats.
- When intubated for CT scan tonsils were out, laryngeal tissues were swollen. Arytenoids also swollen and difficult to intubate.
- Rule out laryngeal/pharyngeal swelling, mass, e-tube site which is when symptoms started.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

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

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 visible dentition is within normal limits.

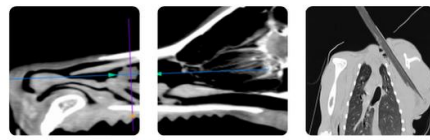
Mild diffuse soft tissue swelling of the laryngeal tissues is seen including the arytenoid regions. There is no evidence of a laryngopharyngeal mass.

The tonsils present mild bilateral symmetric enlargement without evidence of abscessation or mass formation.

The esophagostomy tube site presents mild dermal thickening prior to entrance.

A 40 x 5mm sized linear band of soft tissue thickening extends from the skin surface towards the retropharyngeal tissues. There is no evidence of fluid collection, contrast enhancement, or surrounding fat stranding. Appearance is consistent with inert mature fibrous or scar tissue. No reactive signs of inflammation or infection are seen.

The esophagus presents mild generalized dilation likely anesthesia related and transient.



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The thyroid glands present within normal limits.

The bilateral retropharyngeal and cervical lymph nodes which are in proximity of the esophagostomy site are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

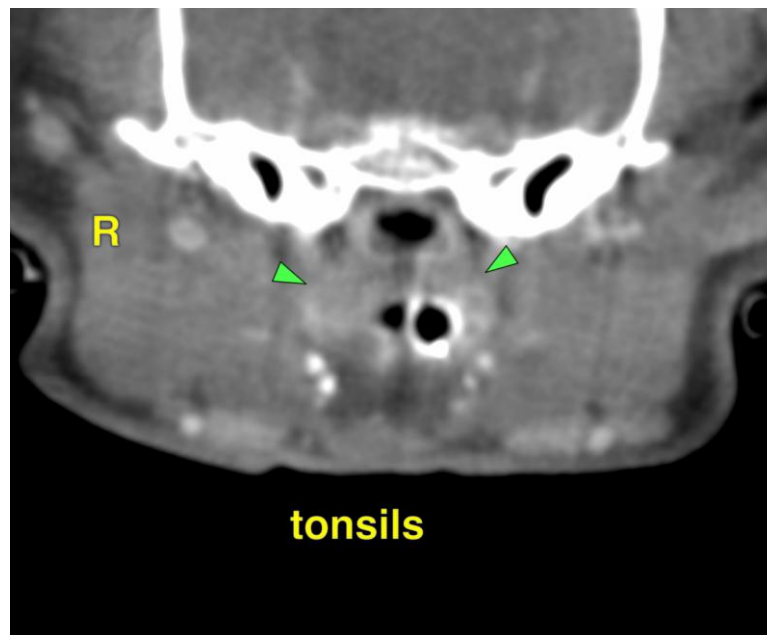
- Mild diffuse laryngeal swelling without discrete mass effect.
- Post-surgical fibrosis along the previous esophagostomy tract without evidence of infection, abscessation, or foreign material.
- Signs of mild bilateral tonsillitis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Post-infectious or inflammatory laryngitis/pharyngitis is considered likely with concomitant tonsillitis. There is no evidence of a mass in the laryngeal region. The regional lymph nodes present within normal limits.

The tissue in the prior esophagostomy site is inert without evidence of current infection or inflammation.

Monitor clinically. Repeat imaging is only recommended if signs progress or reoccur.





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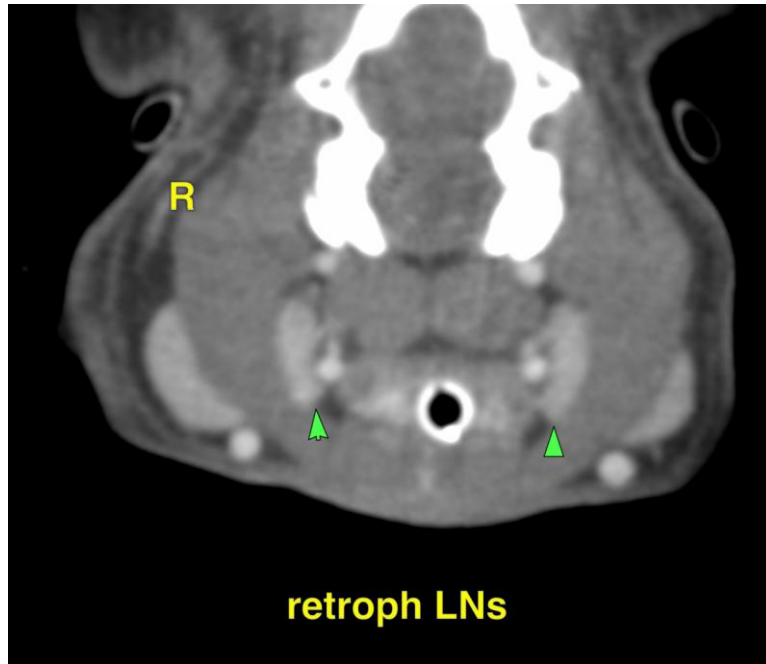
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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