



PATIENT

Sophie Masin

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

REFERRING VET

Dr. Young

INVOICE

56651

DATE

2-8-23

PRESENTING CLINICAL SIGNS

Sophie is being evaluated for gulping and some incidents of gastric reflux. She has been previously assessed and determined to have megaesophagus and treated accordingly with sildenafil and antacids. The megaesophagus seen initially on radiographs was later noted to be resolved. She tested negative for myasthenia gravis and thyroid panel was normal. She is taking omeprazole.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

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.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Mild generalized dilation of the esophagus is seen starting from the upper though the lower esophageal sphincter. There are no wall abnormalities of the esophagus noted and no abnormal content is seen. At the time of the examination, there was no gastroesophageal reflux present. The esophageal content is represented by gas only. There is no evidence of aspiration pneumonia.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild generalized esophageal dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dilation may be caused or enhanced by the general anesthesia. Nevertheless, megaesophagus and esophageal dysmotility remain a potential with the underlying causes of idiopathic, endocrine, neuromuscular, as well as esophagitis. No evidence of aspiration pneumonia was seen at the time of the examination.



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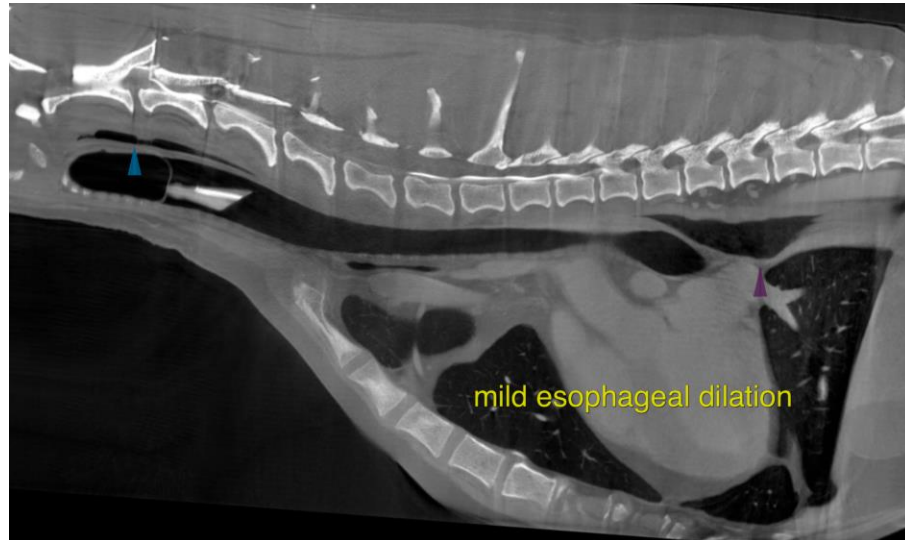
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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