



**PATIENT**

Toby Verazin

**PRESENTING CLINICAL SIGNS**

Presented for loss of bark and coughing. Radiographs on 3/9 showed bronchopneumonia, common pharyngeal lumen distension, potential diffuse laryngeal soft tissue swelling and compression of laryngeal saccules Prior to CT to ct obtained aspirates of both submandibular swellings and a punch biopsy of the left. On intubation the larynx had minimal motion, bled easily on contact, and appeared swollen.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Normal

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

**BREED**

Westie

Plain and post contrast studies available for review. Plain study of the abdomen is incomplete on the server. Motion artifacts are present in the thoracic and abdominal studies.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

MN

**Abdomen**

A 10mm sized cyst is seen in the ventral aspect of the left lateral liver lobe.

One of the splenic lymph nodes is mildly enlarged and measures 10mm in diameter.

**AGE**

15

Both kidneys present multiple cortical renal cysts and infarcts which renders their nephrogram slightly heterogeneous.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The spleen, adrenal glands, pancreas, and gastrointestinal tract present within normal limits.

**Thorax**

Mild generalized increase in interstitial attenuation is seen. The right middle lobe presents atelectasis. Mild ventral peripheral atelectatic changes are seen in the remainder of the lung. No evidence of interstitial pulmonary nodules or masses is noted.

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

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

The mediastinal lymph nodes are within normal limits.

**REFERRING VET**

Dr. Runde

**Head & Neck**

The left tympanic bulla is filled with fluid attenuating material. Mild generalized thickening of the osseous lining of the left tympanic bulla is seen.

**INVOICE**

57380

The nasal cavities and frontal sinuses present within normal limits.

The right and left mandibular salivary glands present small intraglandular cysts.

The retropharyngeal and submandibular lymph nodes present within normal limits.

**DATE**

3-22-23

Both tonsils appear to be enlarged and everted.

There appears to be moderate and slightly irregular swelling of the laryngeal soft tissues



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including arytenoid cartilages and part of the epiglottis. Air is deviated from the right laryngeal ventricle completely. The left laryngeal ventricle contains a mild amount of gas.

The cervical trachea and thyroid gland present within normal limits.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Extensive laryngeal soft tissue swelling and deviation of air from the laryngeal ventricles.
- Suspect tonsillitis.
- Mild chronic left hand sided otitis media.
- Cystic hyperplasia of the bilateral mandibular salivary glands versus sialadenitis.
- Pulmonary atelectasis likely related to general anesthesia.
- Interstitial lung pattern.
- Parenchymal liver cyst.
- Degenerative changes of both kidneys.
- Single mild splenic lymphadenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study confirms laryngeal abnormality with extensive soft tissue swelling and deviation of air from the laryngeal ventricles. Laryngitis and laryngeal malfunction are considered likely. A discrete soft tissue mass is not seen and neoplastic disease is considered a low potential even though this can never be ruled out entirely. Correlation with the visual inspection and sampling recommended as possible. Consider further otoscopic workup.

The mild interstitial pattern may well be related to general anesthesia. Early interstitial fibrosis cannot be ruled out entirely.

The liver cyst is likely to represent an uncomplicated parenchymal cyst. Cystic neoplasia, polycystic disease, and diffuse hepatopathy with cysts cannot be ruled out entirely but is thought less likely.

The splenic lymphadenomegaly is mild and likely to represent reactive hyperplasia. Infiltrative disease such as lymphomatous or metastatic cannot be ruled out entirely but is thought unlikely at this point.



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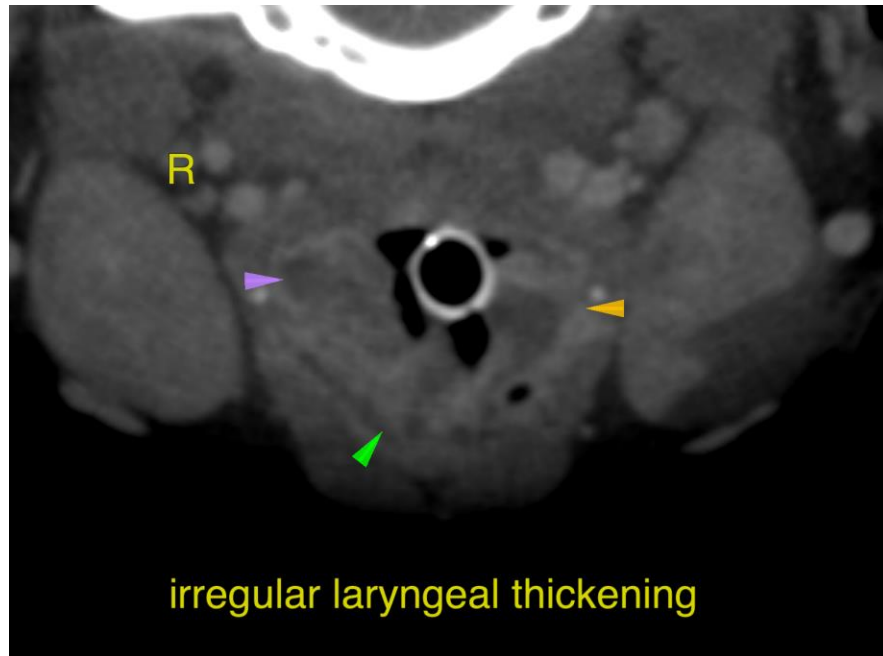
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

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