



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Gio Solimano

**SPECIES**  
Canine

**BREED**  
Terrier Mix

**SEX**  
MN

**AGE**  
6

**INTERPRETED BY**  
Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Reason for today's visit: O gave P a bully stick around 5:30-6 pm last night (3/29/23). Around 8:30-9pm, O noticed that P started making head motions like he was trying to throw up. O took P to Blue Pearl from 10-11:30 pm but they were unable to see P due to long wait times, and then O took P to Blue Pearl again around 3:00 am after P did not seem to be any better. O also requested DVM to look at eye due to some issues that P has with it; P is blind - OD, as well as having a cherry eye. P has had this eye issue since O adopted him as a puppy, and sometimes still scratches eye.

Approved rads.  
Abnormal PE/Chem/CBC/UA Results: ALP elevated 377

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

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head & Neck**

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 left and right medial retropharyngeal lymph nodes present mild symmetric enlargement.

The salivary glands present within normal limits.

Severe multifocal periodontal disease is seen accentuating the triadans 102, 202, 208, 209, 309, 310, & 408.

No evidence of foreign material is seen within the oral or nasal cavities.

The larynx, trachea, and cervical esophagus present within normal limits.

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

**Thorax**

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

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a

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**REFERRING VET**

Dr. Widle

**HOSPITAL NAME**

Neel Veterinary Hospital



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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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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.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Severe multifocal periodontal disease.
- No evidence of foreign material or soft tissue injury in the airways, oral cavity, and esophagus.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The CT study does not reveal a direct underlying cause of the described clinical signs. No evidence of foreign material or soft tissue injury is seen in the oral cavity, esophagus, and upper airways.

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There is evidence of severe periodontal disease within all quadrants and mild bilateral retropharyngeal lymphadenomegaly compatible with lymphadenitis. The significance of these changes with regards to the current clinical presentation is uncertain. Further endoscopic workup could be considered in order to rule out inflammatory and/or functional changes within the upper airways and esophagus and/or stomach.

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**BREED**

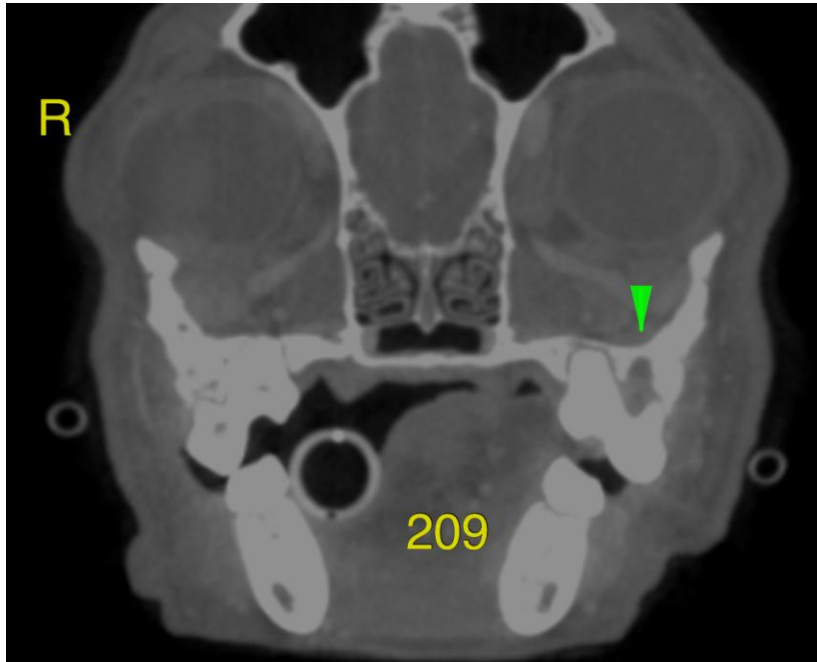
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

Neel Veterinary  
Hospital

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