



PATIENT

Bandon Belanger

SPECIES

Canine

BREED

Australian Shepherd

SEX

MI

AGE

9 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Ashley Gold

INVOICE

57808

DATE

4-14-23

PRESENTING CLINICAL SIGNS

Several month history of abnormal noises and abnormal breathing while eating. Abnormal noises while eating (wheezing / groaning sounds). No overt dysphagia. No coughing. Mild stridor. Hyporexia periodically. Diarrhea as well. CT performed of head and thorax, with subsequent plan for upper GI endoscopy.

Abnormal PE/Chem/CBC/UA Results: Mild stridor at rest. Normal CBC and Chem.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Plain and post contrast studies in soft tissue, bone, and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

Neck & Thorax

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

The cervical lymph nodes present within normal limits.

Mild redundancy of the dorsal tracheal ligament of the cervical trachea is seen. There is mild upper cervical fluid accumulation. No fluid accumulates caudal to the endotracheal tube's cuff. The redundancy of the dorsal tracheal ligament is limited to the upper cervical trachea.

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.



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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.

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Mild atelectatic changes are seen accentuating the left lung. 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

SEX

- Normal anatomic relationships of the nasal cavities, larynx, and bronchopulmonary structures.
- Mild redundancy of the upper cervical tracheal ligament.

MI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Redundancy of the dorsal tracheal ligament commonly is an incidental finding. It can be associated with bronchomalacia and dynamic tracheal disease which, however, is rare in Australian shepherds and considered to have a low probability in this case.

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There was no evidence of structural pathology within the nasal cavities, larynx, bronchial tree, and/or pulmonary interstitium.

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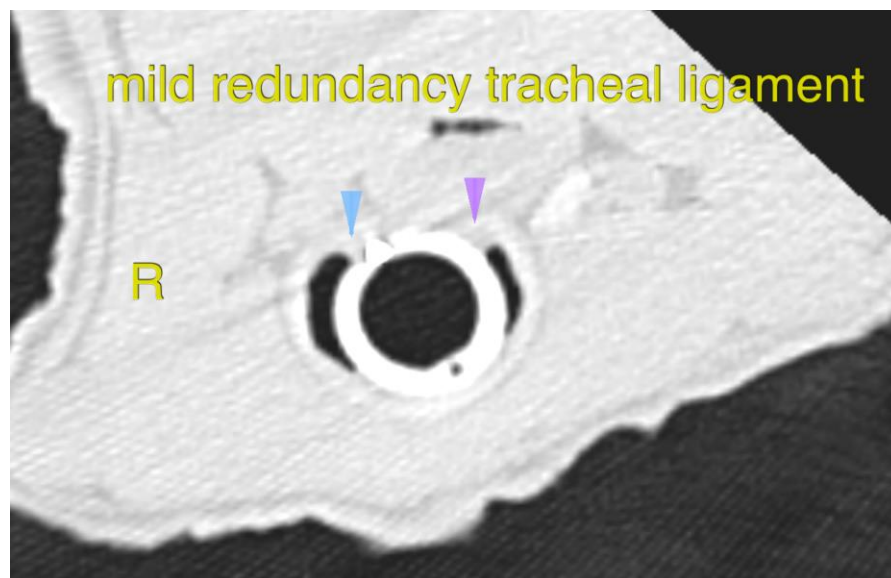
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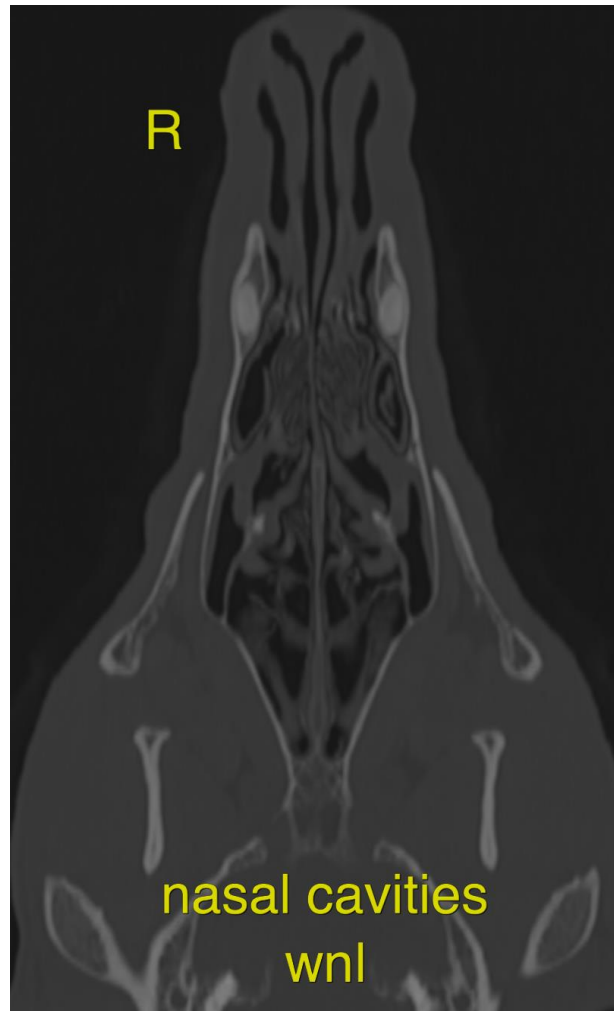
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com