



PATIENT

Beegie Houston

PRESENTING CLINICAL SIGNS

CHRONIC VOMITING

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

BREED

DSH

Contrast is pooling in the left subclavian vein and cranial vena cava. A persistent left cranial vena cava appears to be present.

SEX

FS

The cervical and cranial thoracic esophagus are severely dilated and filled with granulated soft tissue and mineral attenuating material. The dilation of the esophagus ends abruptly level with the heart base and aortic arch. The caudal thoracic esophagus is nondilated.

AGE

1 Year

The lungs are deeply inflated. No evidence of aspiration pneumonia is seen. A focal area of peribronchial consolidation is present in the dorsal aspect of the left caudal lung lobe and likely secondary to atelectasis.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Persistent right aortic arch with leftward displacement of the trachea and compression of the esophagus.
- Esophageal diverticulum with compression level with the heart base.

HOSPITAL NAME

Aloha Pet & Bird
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with persistent right aortic arch. The trachea is pushed towards the left side. A non-enhancing ligamentum arteriosum is likely to be present between the pulmonic trunk and a dextropositioned aorta which causes extraluminal stenosis of the esophagus level with the heart base and oral esophageal diverticulum formation. At this time, no evidence of aspiration pneumonia is found.

REFERRING VET

Dr. Manuel Pepen

Note that the ligamentum arteriosum may be patent and perfused even though not seen in the CT images and also note the presence of persistent left cranial vena cava which is an incidental finding but may interfere with surgical windows potentially.

INVOICE

52232

DATE

6-1-22



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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.

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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.

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