

**PATIENT**

Willow Nordstrand

PRESENTING CLINICAL SIGNS

Vomiting after eating/hacking Current meds: Cerenia, Traz
Abnormal PE/Chem/CBC/UA Results: MCH 21.1, Lymphocytes 5.35, Plateletcrit 0.49

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

Plain and post contrast studies are available for review.

BREED

Papillon

COMPUTED TOMOGRAPHIC FINDINGS

Hypodontia is noted. Triadan 103 is absent. Triadan 104 is hypoplastic. The remainder of the dentition presents within normal limits.

SEX

F

The naso-, oro-, and laryngo-pharynx present within normal limits. The larynx presents within normal limits (patient is intubated).

AGE

11 Months

Mild flattening of the dorsal tracheal ligament of the cervical trachea is seen. The intrathoracic trachea presents within normal limits.

The lumen of the cervical and thoracic esophagus is mostly collapsed. There is no evidence of abnormal dilation, abnormal content, or wall changes. No evidence of aspiration pneumonia is noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT presentation of the cervical and thoracic esophagus with no evidence of esophageal dilation or aspiration pneumonia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

Rockaway Animal
Hospital

The CT study does not reveal structural abnormality of the esophageal wall. No evidence of esophageal dilation or abnormal content within the esophagus is seen.

The mild flattening of the dorsal tracheal ligament may be a sign of early dynamic tracheal disease; however, this can also still be within the limits of normal anatomic variation. Clinical correlation required.

REFERRING VET

Dr. Maniar

Dynamic fluoroscopy with barium swallow study (fluid and solid) can be considered to rule out esophageal or upper or lower esophageal sphincter dysmotility/asynchrony, oropharyngeal dysphagia, and other.

INVOICE

59073

DATE

6-28-23



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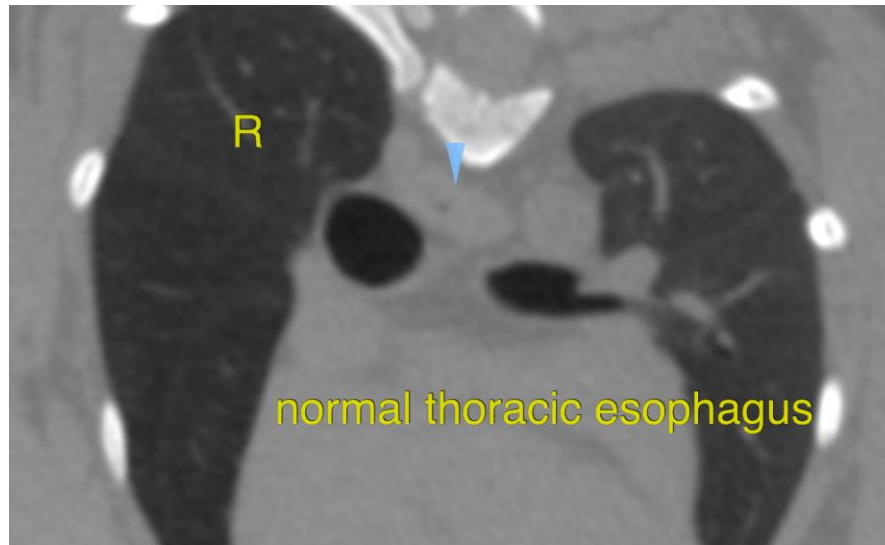
Dr. Maniar

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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.

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