



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Molly Swanson

**SPECIES**  
Canine

**BREED**  
Chihuahua Mix

Noisy breathing x 3 months-makes snoring noises. Does seem to make a difference when holding head a certain way, so not always noisy. Was started on prednisone with no improvement so added in benedryl-continue to have no improvement. Added apoquel couple weeks later. Has also been on doxyxycycline and Simplicef with no improvement. Primary vet found a small piece of grass in the sinus upon an endoscopic exam. O reports she does a fair amount of reverse sneezing and coughing. Enlarged heart on radiographs (Vertebral Score=11) & is currently taking enalapril. Abnormal PE/Chem/CBC/UA Results: ALKPHOS elevated (576)-is down from previous bloodwork. PE: no abnormal lung or upper respiratory sounds were noted during exam, once sedated the patient did have some loud open mouth breathing. When intubating the patient, there appeared to be an elongated soft palate with the epiglottis flipped over and blocked. Easily intubated and no respiratory problems during the procedure. After CT scans were obtained, Fluoroscopy was taken of the patient breathing without an ET tube in place and submitted for review.

**SEX CT STUDY OF THE HEAD & FLUOROSCOPIC STUDY OF THE UPPER AIRWAYS**

**SEX**  
FS

Plain and post contrast studies available for review.

**AGE COMPUTED TOMOGRAPHIC FINDINGS**

**AGE**  
8 Years, 5 Months

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.

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

A focal area of turbinate paucity is noted within the left nasal cavity.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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A moderate amount of hypoattenuating material is seen in the left and a mild amount of hypoattenuating material is seen in the right medial external auditory meatus. Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin.

**REFERRING VET**  
Dr. Laurie Huckle

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.

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The soft palate is not thick but appears to be relatively long with an interpolated (because of the intubation) overlap of 10mm which suggests mild elongation.

**FLUOROSCOPIC FINDINGS**

**DATE**  
7-27-22

The soft palate is ventral to the epiglottis instead of dorsal and presents mildly increased overlap with the tip of the epiglottis. The epiglottis is mostly in an upright position during the respiratory cycle with mild retroversion and dorsal position to the soft palate.



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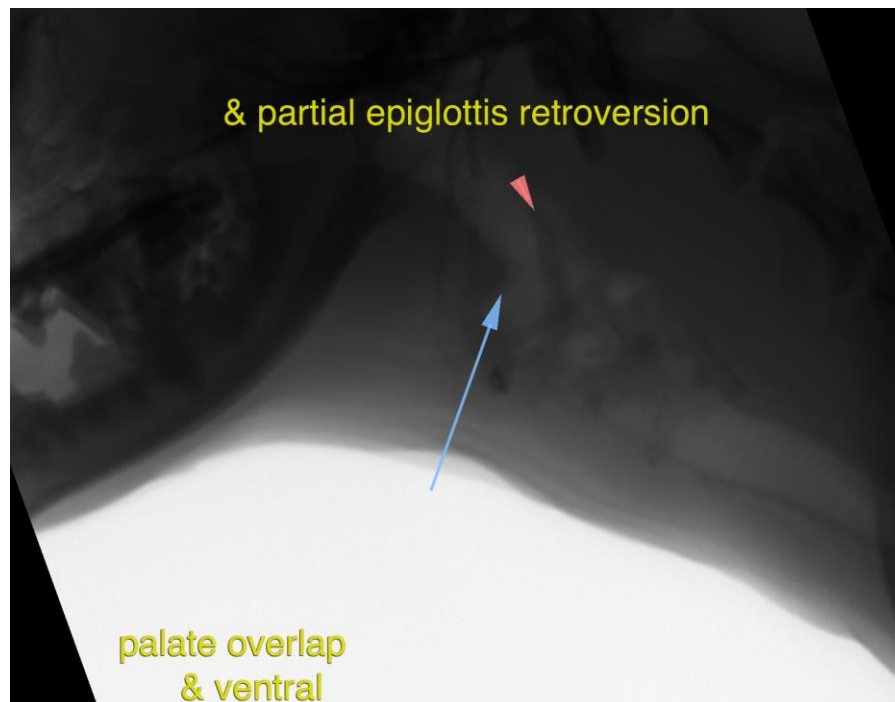
**IMAGING DIAGNOSIS**

- Mildly elongated soft palate.
- Mild dynamic retroversion of the epiglottis.
- Bilateral otitis externa – left more than right.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT and fluoroscopic findings suggest dynamic abnormality of the upper airways during the respiratory cycle with retroversion of the epiglottis and ventrally positioned and mildly elongated soft palate. No other laryngeal abnormality is seen.

Note the presence of bilateral otitis externa. No concurrent otitis media is noted.





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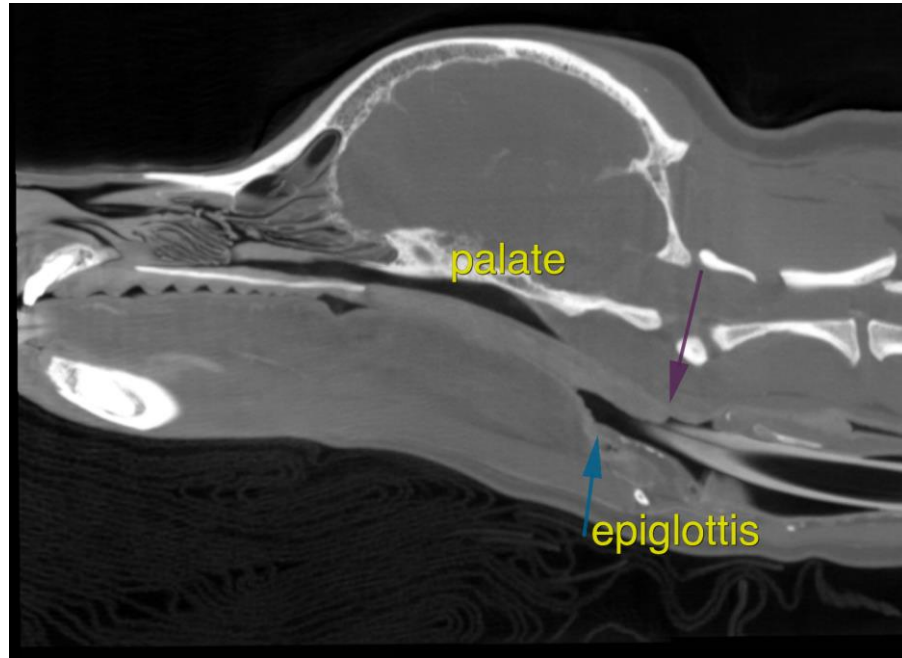
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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