



PATIENT

Kobe Thompson

PRESENTING CLINICAL SIGNS

Concern for grass awn inhalation, Hx of aspiration pneumonia Current meds: Doxy 200mg BID
Abnormal PE/Chem/CBC/UA Results: BUN 35, Sodium 141, Albumin 2.6,

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Plain and post contrast studies available for review.

BREED

Labrador Retriever

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.

SEX

M

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

AGE

3.5 Years

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

HOSPITAL NAME

Poconoc Peak VC

The salivary glands present within normal limits.

The visible dentition is within normal limits.

REFERRING VET

Dr. Thompson

The cervical trachea presents within normal limits. No evidence of foreign material is seen.

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

The cervical lymph nodes present within normal limits.

INVOICE

59704

Thorax

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

DATE

8-15-23

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.

The cardiovascular structures including the pulmonary vasculature are within normal limits.



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Luminal obstruction of the 4th ventral 2nd and 3rd order bronchi of the right caudal lung lobe is seen with a regional interstitial peribronchial infiltrate. The luminal material is soft tissue attenuating and contrast negative. The remainder of the lung presents within normal limits. At this time, there is no evidence of aspiration pneumonia.

SPECIES

Canine

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

BREED

Labrador Retriever

- Suspect obstruction of the 4th ventral 2nd and 3rd order bronchus of the right caudal lung lobe with luminal foreign material.
- Concomitant regional pneumonia.
- Normal head and neck.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

M

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

3.5 Years

The CT findings are highly suggestive for inhalation of foreign material into the right caudal lung lobe. The material appears to be situated within the 4th ventral 2nd and 3rd order bronchi of the right caudal lung lobe. Regional pneumonia is seen peripheral to the affected bronchi. Organic plant based material is considered likely based on the CT attenuation. Smaller pieces of fragmented organic material in other bronchi cannot be ruled out entirely; however, no other structural changes are seen at this point. The material may be too small, too deep, and too macerated to remove endoscopically; however, an attempt of endoscopic removal can be made. Lung lobectomy should be considered should endoscopic removal prove unsuccessful.

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HOSPITAL NAME

Poconoc Peak VC

REFERRING VET

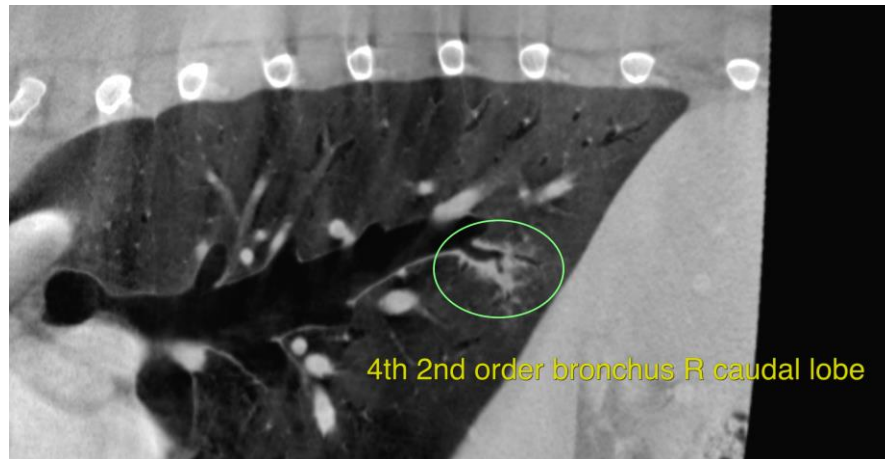
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SPECIES

Canine

BREED

Labrador Retriever

SEX

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AGE

3.5 Years

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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
info@sonopath.com