



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Toby Carranza

SPECIES
Canine

BREED
Yorkie

SEX
Male Neutered

AGE
12 Years

On exam, Toby still is very congested in the nasal or nasopharyngeal region. He cannot breathe through his nose. The last 2 years he has had intermittent bouts of not breathing well. His rDVM notes indicate that he sneezes a lot and has gotten worse over time. She has been told in the past that he has issues with chronic reverse sneezing. Overall, the episodes have gotten worse over time. They had started the steroid and hydroxyzine about a week ago and did not see significant improvement. Hydrocodone was sent home for sedation when he gets into respiratory distress. He does not seem to cough. He also has itchy feet for flare ups of allergies. 2 nights ago, his stomach was very distended, gave simethicone, so that was why she brought him in. Likely swallowing air.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Plain and post contrast studies available for review.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

The dentition is incomplete. Severe multifocal periodontal disease is noted with emerging oral-nasal fistula at the mesial root of the triadan 107.

The nasal cavities present within normal limits. No evidence of turbinate destruction, mucosal swelling, foreign material, or a mass lesion seen. The frontal sinuses are small but present within normal limits.

Nasopharyngeal collapse is noted.

The cervical trachea presents moderate collapse. The thoracic trachea presents moderate to severe collapse.

Thorax

A cranioventral alveolar infiltrate is seen accentuated in the right and left cranial lung lobes.

Moderate multifocal bronchial collapse is seen.

A small bulla is seen in the left caudal lung lobe.

The mediastinal lymph nodes present within normal limits.

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DATE

8-15-23

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Kim Winters



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No evidence of cardiovascular pathology is seen.

Generalized dilation of the esophagus is seen.

SPECIES

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Moderate generalized enlargement of the liver with multiple faintly hyperenhancing nodules is noted.

There is mild generalized dilation of the common bile duct.

BREED

Yorkie

Moderate generalized dilation of the pancreas with heterogeneous contrast enhancement and peripheral fat stranding is noted.

Mild multiple epigastric lymphadenomegaly is noted.

SEX

Male Neutered

Note the presence of mild generalized wall thickening of the descending duodenum.

Occasional hyperenhancing splenic nodules are seen.

The adrenal glands present within normal limits.

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The right kidney is reduced in size with heterogeneous nephrogram and cortical cysts as well as mineral attenuating foci. Mild pyelectasia is noted. The left kidney presents compensatory hyperplasia with a heterogeneous nephrogram, cortical cysts, and mineral attenuating material within the renal diverticuli.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- No evidence of a nasal soft tissue mass or rhinitis.
- Nasopharyngeal collapse.
- Dynamic tracheal and bronchial disease.
- Mild cranioventral alveolar infiltrate of the lung.
- Small pulmonary bulla.
- Esophageal dilation likely related to general anesthesia.
- Suspect pancreatitis with reactive regional lymphadenitis, duodenitis, gastritis, and common bile duct dilation.
- Suspect bilateral chronic hypercalcemic nephropathy with end stage renal disease of the right kidney and compensatory hyperplasia of the left kidney.
- Splenic nodules.
- Hepatomegaly with multiple nodules.
- Severe multifocal periodontal disease with emerging oral-nasal fistula triadan 107.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural nasal or sinonasal pathology is seen. There is severe periodontal disease with emerging oral-nasal fistula of the triadan 107 as well as nasopharyngeal collapse which may contribute to the clinical signs.

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Dynamic tracheal and bronchial disease likely secondary to chronic degenerative bronchomalacia is noted.



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The cranioventral alveolar infiltrate may represent atelectasis or pneumonia such as infectious pneumonia and less likely aspiration pneumonia.

The esophageal dilation is likely secondary to the general anesthesia. Megaesophagus cannot be ruled out entirely.

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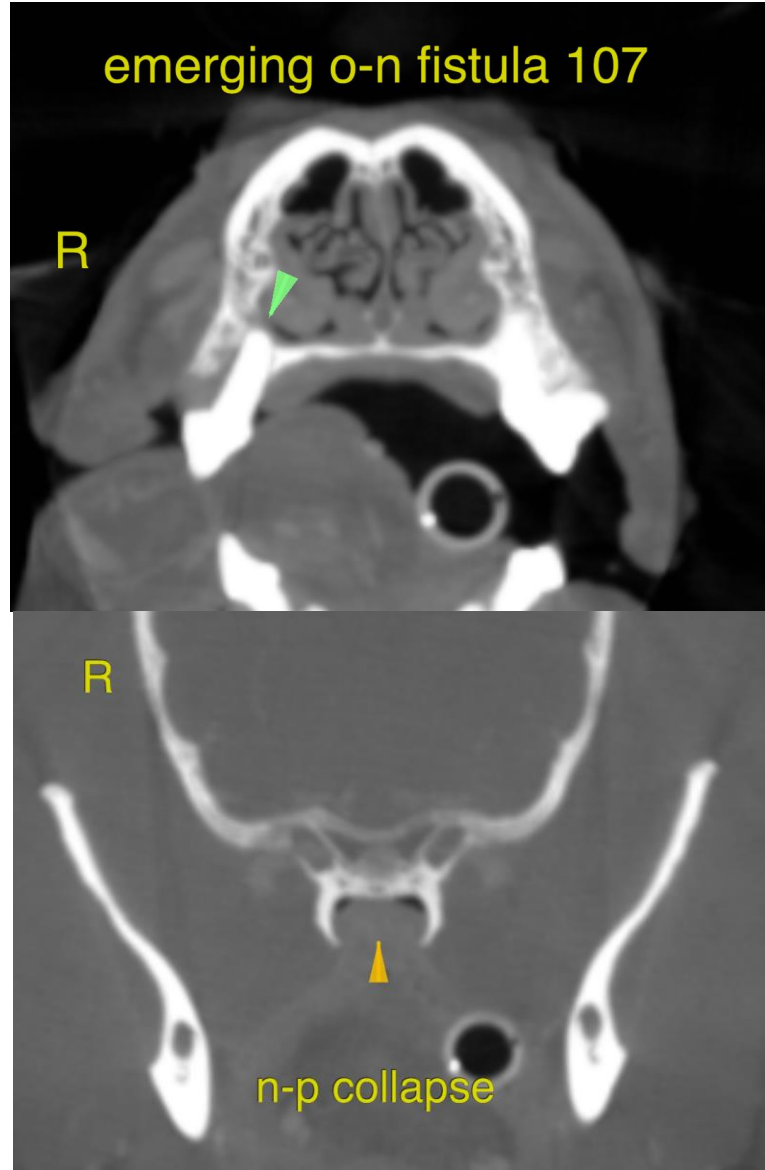
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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