



**PATIENT**

Scruffy Nesbit

**PRESENTING CLINICAL SIGNS**

history of hacking and chronic respiratory issues.

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

**SPECIES**

Canine

Plain and post contrast studies available for review.

**BREED**

Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

Mild symmetric enlargement of one cranial mediastinal lymph node is noted. The short-to-long-axis-ratio and contrast enhancement of the lymph node are within normal limits. The sternal 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.

**SEX**

Male Neutered

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

Moderate collapse of the cervical trachea appears to be present. There is mild collapse of the intrathoracic trachea. No bronchial collapse is seen.

**AGE**

11 Years

There is multifocal peripheral cylindrical bronchiectasis with peribronchial interstitial ground glass opacities accentuating the cranial and ventral lung. Multiple subpleural and peribronchial interstitial bands are seen. Mild generalized bronchial wall enhancement is present. There are occasional pulmonary osteomas.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

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

Hyperenhancing splenic nodules are seen.

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A small 5mm sized cyst is seen in the left division of the liver.

There is a 13mm sized cube shaped soft tissue attenuating structure in the pyloric antrum.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Tracheal collapse
- Chronic lower airway disease with interstitial scarring and bronchiectasis.
- Small uncomplicated liver cyst.
- Hyperenhancing splenic nodules.
- Presumed gastric foreign material without evidence of ileus.

**REFERRING VET**

Dr. Bill Langhofer

**INVOICE**

46981

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals tracheal collapse which may explain part of the clinical signs. There also is evidence of chronic lower airway disease with multifocal cylindrical bronchiectasis and interstitial scarring. The underlying cause may be chronic irritant/allergic bronchitis versus infectious bronchitis such as viral, bacterial, parasitic, or protozoal. Final diagnosis would require airway endoscopy with airway sampling. The presence of cylindrical bronchiectasis may be associated with decreased mucociliary clearance rates and predispose to recurrent inflammation and/or super infection.

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8-16-21



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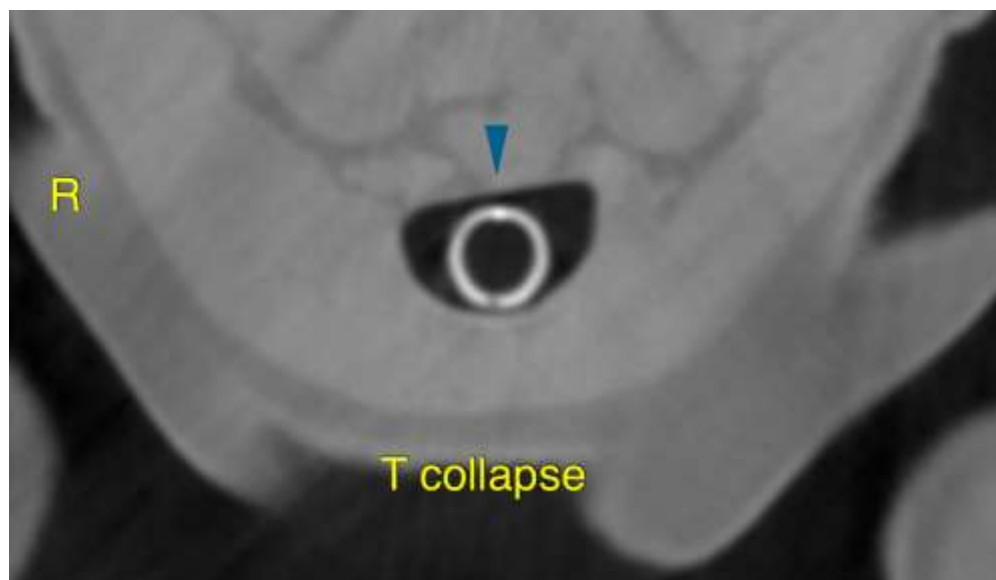
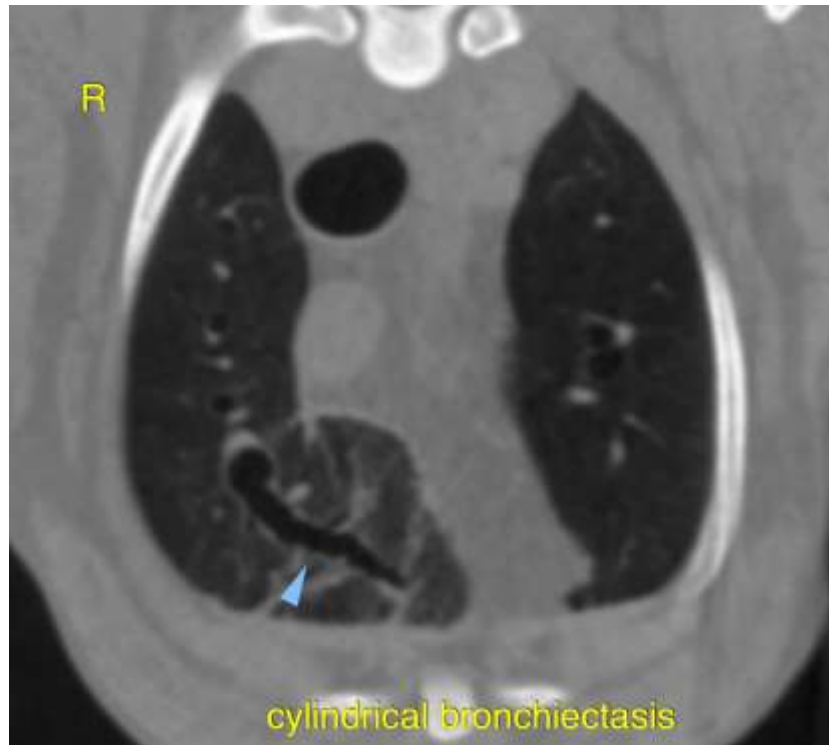
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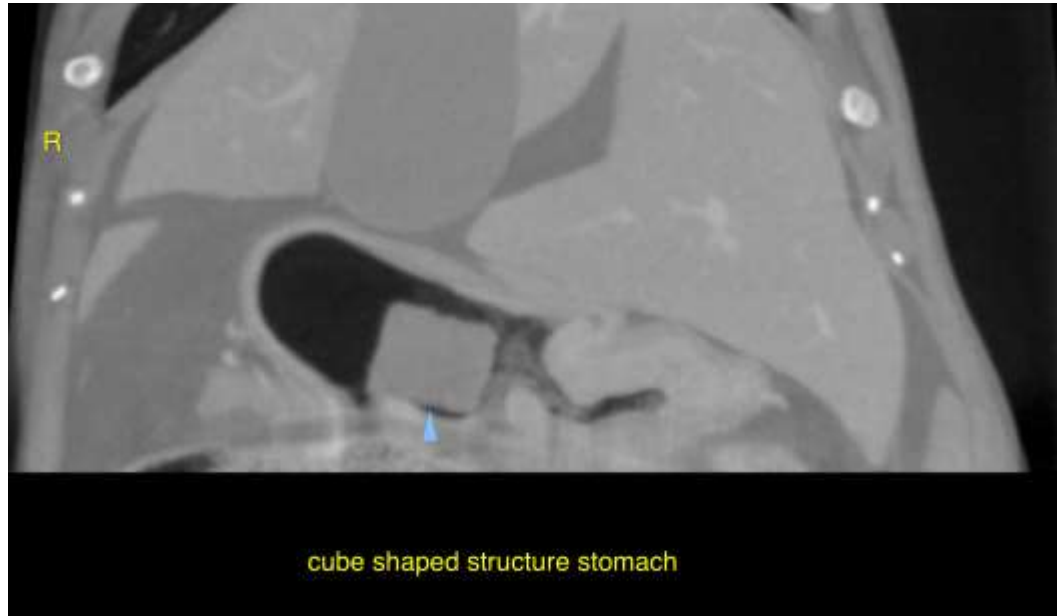
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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