

**PATIENT**

Maya Singer

PRESENTING CLINICAL SIGNS

History of coughing at the beginning of July. This improved somewhat with doxycycline but did not entirely resolve. Diffuse bronchointerstitial pattern and questionable nodule in the left cranial lung field. BAL shows normal wash. Airway examination suspicious for laryngeal paralysis. Otherwise bronchoscopy was normal.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review in soft tissue and lung windows.

BREED

Weimaraner

COMPUTED TOMOGRAPHIC FINDINGS

Moderate intervertebral disc space narrowing and mild spondylosis deformans is seen at C7/T1 with mild non-compressive intervertebral disc protrusion. There is early spondylosis deformans at C2/3 as well.

SEX

Female

The remainder of the thoracic boundaries present within normal limits.

AGE

10 Years

The lung presents a mild generalized increase in bronchial and interstitial attenuation which is considered within age related normal limits. Occasional focal peribronchial ground glass opacities are seen accentuating the cranial and ventral lung. There are multiple age related and incidental pulmonary osteomas. No evidence of interstitial nodules or masses is noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Course and width of the trachea present within normal limits.

There is mild generalized dilation of the esophagus with gas which is presumed to be related to the general anesthesia.

The mediastinal lymph nodes present within normal limits.

HOSPITAL NAME

Animal Health
Partners

No structural evidence of cardiovascular pathology is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal age related lung and bronchial tree.
- No structural evidence of pulmonary pathology.

REFERRING VET

Dr. Shannon
Westgarth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no structural evidence of pulmonary pathology. There is no evidence of interstitial pulmonary nodules or masses. No evidence of aspiration pneumonia is noted. The esophageal dilation is presumed to be secondary to the general anesthesia. No evidence of gastroesophageal reflux is noted.

INVOICE

47085

DATE

8-23-21



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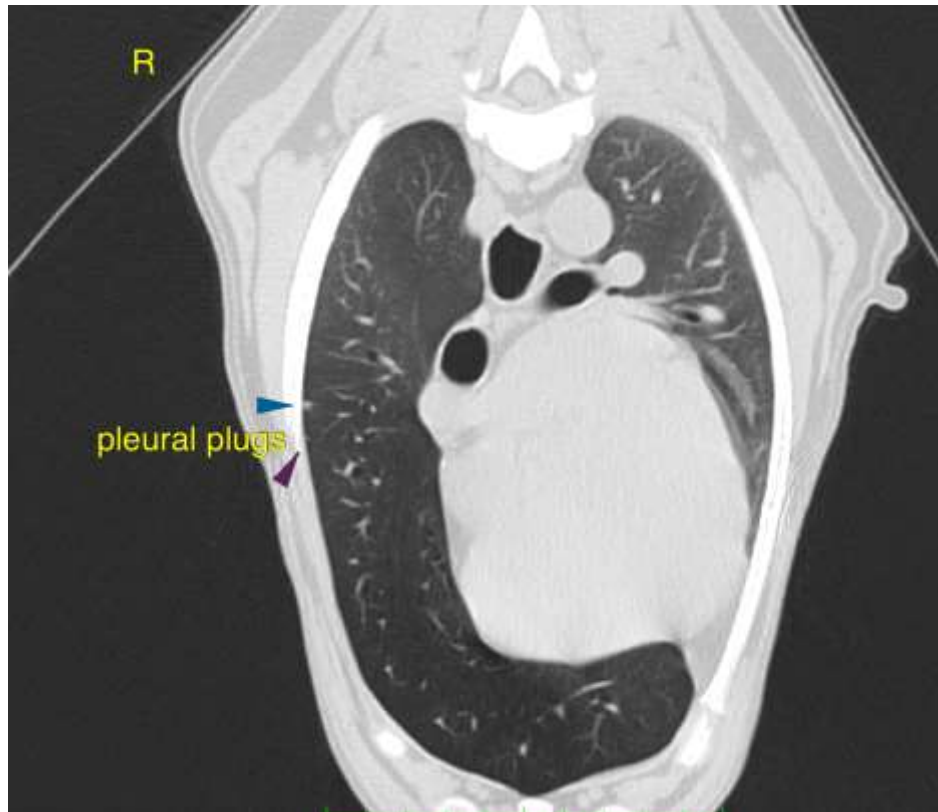
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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