



PATIENT

Bailey Hammang

SPECIES

Canine

BREED

Maremma

SEX

Male

AGE

8

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Colyton Veterinary
Hospital

REFERRING VET

Chris Papantonio

INVOICE

54047

DATE

9-10-22

PRESENTING CLINICAL SIGNS

Presented to the hospital due to inappetence and hyper salivation. On physical examination the oral cavity is clear, jaw resting slightly open, no gag reflex present, no pain when opening mouth, no Foreign Bodies in the mouth and no issue with opening and closing of the mouth, temporomandibular joints seem normal. Remaining cranial nerve exam appeared to be normal. Remaining physical examination was also normal. No retching or regurgitation. Doesn't appear to be able to swallow. Before arrival owner found a number of ticks on his clothes after helping to carry dog from car. Dog is currently on Tick prevention. Clipped dog completely and no other ticks found. Thoracic radiographs showed no obvious megaesophagus. Despite not showing typical complete signs of tick paralysis was treated with Tick Antitoxin Serum in case of minor tick paralysis causing problems swallowing but no response after a few days. CT scan performed today to rule out other causes of inability to swallow. Pre and Post IV Contrast.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Head

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.

The masticatory muscle volume appears to be within normal limits. No structural changes of the masticatory muscles are seen and there is no evidence of asymmetry. The temporomandibular joints present within normal limits.

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

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.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

Neck

The larynx, trachea, and esophagus present within normal limits throughout the neck.

Both lobes of the thyroid gland are included and present within normal limits. There is no evidence of a mass effect.



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Thorax

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

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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. There is no evidence of a mass effect within the cranial or mid-mediastinum.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT findings of the head, neck, and thorax.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study does not reveal evidence of structural pathology level with the trigeminal nerves. The masticatory muscles present the expected volume, symmetry, and structure.

No evidence of mass effects or other structural abnormality is seen throughout the pathway of the cervical and thoracic esophagus.

The negative CT findings do support the tentative diagnosis of trigeminal neuritis. Differential diagnosis includes idiopathic, immune mediated, tick-borne, and paraneoplastic trigeminal neuritis. Correlation with the available laboratory results is required.

At this time, no evidence of esophageal dilation is noted and there is no evidence of aspiration pneumonia.

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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.

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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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