



**PATIENT**

Nix Marquetti

**PRESENTING CLINICAL SIGNS**

Vomiting undigested food since April. At that time the pet had possibly ingested foreign material and radiographs showed localized esophageal dilation. Rule out PRAA vs other.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Pre/post contrast studies provided for review.

**BREED**

Bull Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed.

**SEX**

Male Intact

Pulmonary density is within normal limits. There is a small ill-defined increased opacity noted in the dorsal aspect of the left cranial lung lobe; no evidence of focal or nodular pulmonary lesions apart from that.

**AGE**

11 Months

Thoracic trachea is inconspicuous. The esophagus is highly distended cranial to the carina/heart base containing large amounts of food. A stricture is recognized cranial to the carina between the left aorta and an aberrant right subclavian artery. The esophagus caudal to the heart is regular. Course and diameter of the thoracic aorta and the azygos vein are regular. Inconspicuous representation of the main pulmonary artery, of the pulmonary artery branching and the hepatic vessels shown.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

Heart is inconspicuous as far as can be assessed with CT.

Diaphragm is normal.

**HOSPITAL NAME**

Mobile Pet Imaging

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Vascular ring anomaly with compression/stricture of the esophagus cranial to the carina
- Small focal increased opacity left cranial lung lobe

**REFERRING VET**

Meaux

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings are suspicious for an aberrant right subclavian artery which leads to esophageal stricture between the latter and the aorta. Severe distension of the esophagus is recognized. Currently overt signs of an aspiration pneumonia are missing.

**INVOICE**

47826

**DATE**

10-18-21



**PATIENT**

Nix Marquetti

**SPECIES**

Canine

**BREED**

Bull Terrier

**SEX**

Male Intact

**AGE**

11 Months

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

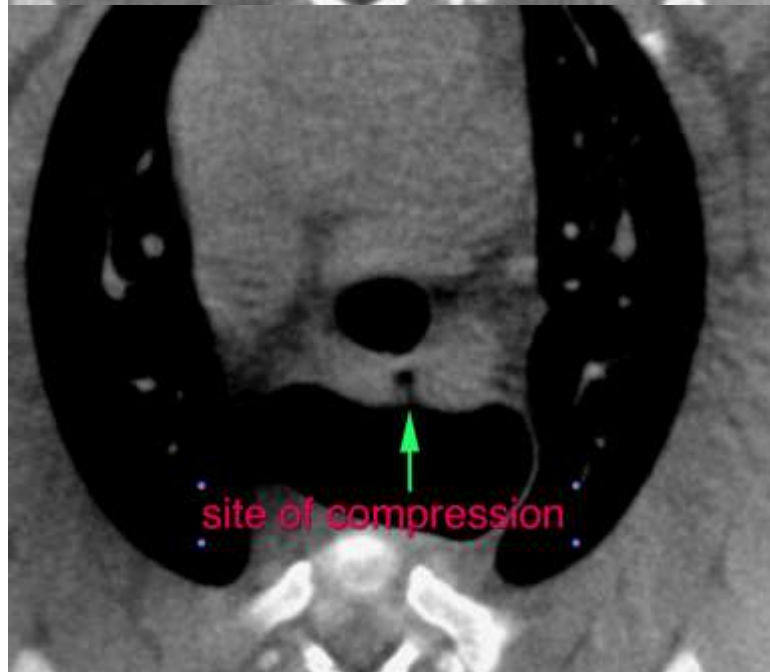
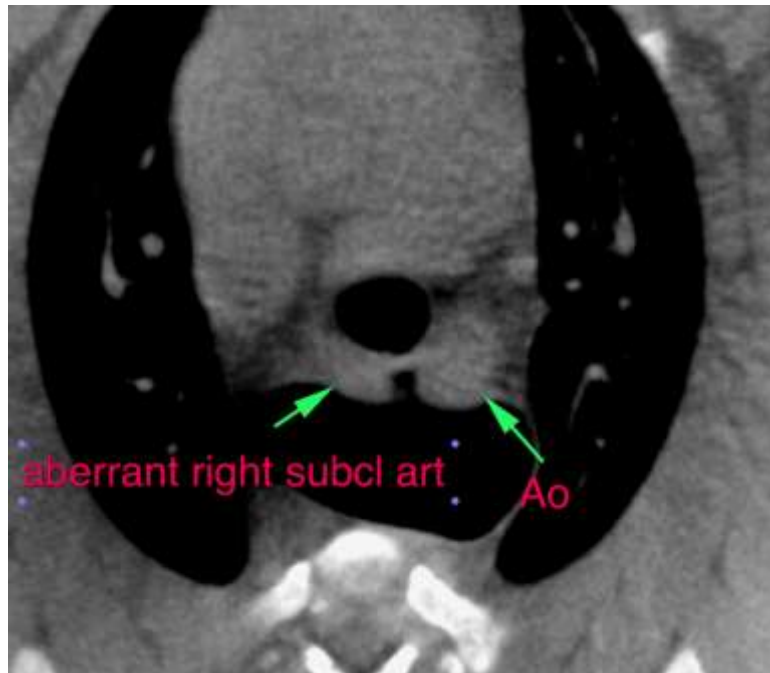
Meaux

**INVOICE**

47826

**DATE**

10-18-21





**PATIENT**

Nix Marquetti

**SPECIES**

Canine

**BREED**

Bull Terrier

**SEX**

Male Intact

**AGE**

11 Months

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

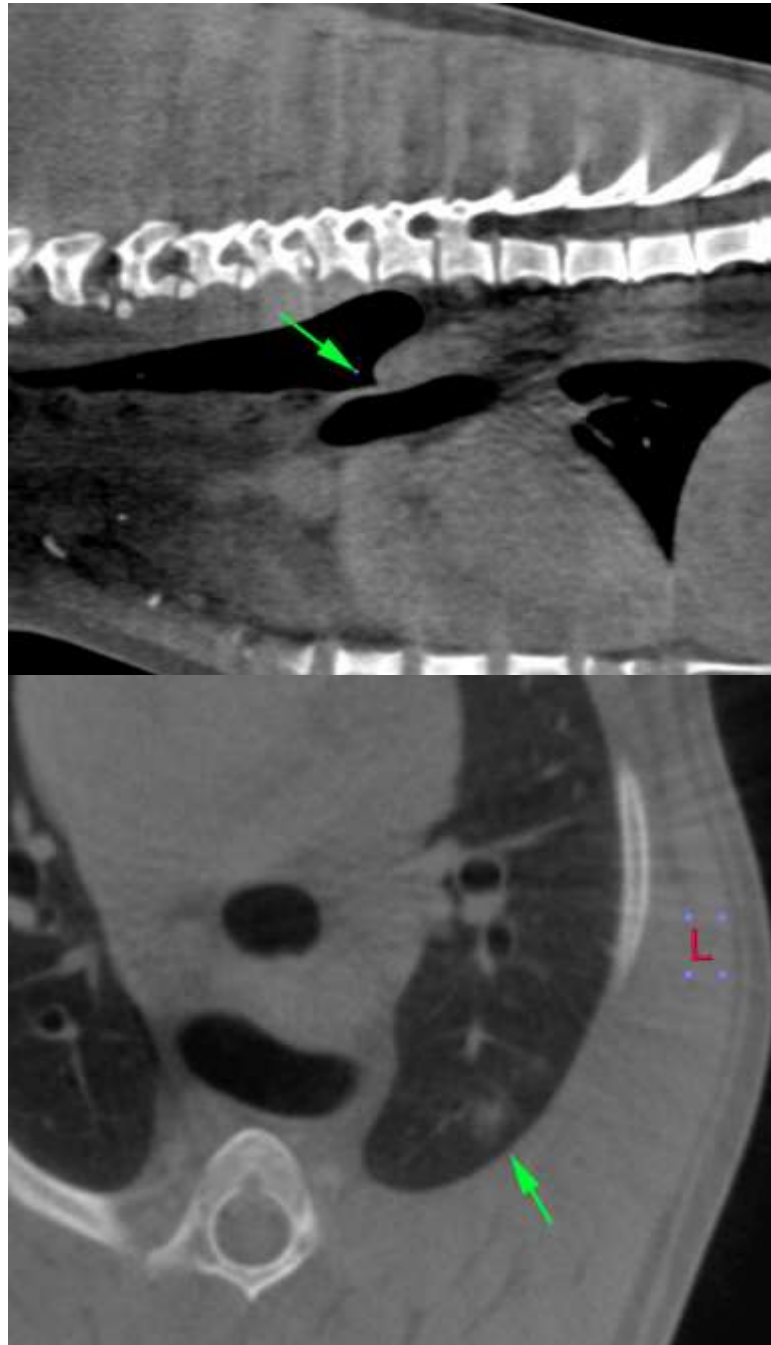
Meaux

**INVOICE**

47826

**DATE**

10-18-21





**PATIENT**

Nix Marquetti

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.

**SPECIES**

Canine

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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com

**BREED**

Bull Terrier

**SEX**

Male Intact

**AGE**

11 Months

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Meaux

**INVOICE**

47826

**DATE**

10-18-21