



**PATIENT**

Elle Meyers

**PRESENTING CLINICAL SIGNS**

1 month history of coughing and respiratory disease. Presented again on the 23rd after having a single seizure. We started on Keppra and she's had no additional seizures. Cough has reportedly improved some, but is still present despite medical treatment (baytril and prednisone).

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Neutrophilic leukocytosis

**BREED**

Labradoodle

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

Pre/post contrast studies of the head and neck and post contrast study of the thorax provided for review.

**SEX**

Female Spay

Head/neck:

The neurocranium shows normal findings. Bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous. Both tympanic bullae are completely ventilated with a regular tympanic bulla wall. External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

**AGE**

4 Years

Both nasal cavities and the caudal pharynx show marked swelling of the mucous membranes especially at the level of the ventral sections and the nasal exits. Bony borders are respected without signs of erosion/lysis. Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. The maxillary/mandibular teeth are inconspicuous.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

Post contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

**HOSPITAL NAME**

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Specialists

Thorax:

The lungs present mild atelectasis of the left cranial section but are regularly ventilated with close contact to the inner thoracic wall apart from that. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

**REFERRING VET**

Gover

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea presents as expected. The esophagus is mildly distended with accumulations of ingesta and gas. The left main stem bronchi are markedly narrowed in the transition between the left atrium and the aorta. The heart appears rounded. The diaphragm is normal.

**INVOICE**

49295

**DATE**

12-29-21

The extra-thoracic soft tissues, thoracic spine as well as ribs, sternum and cranial abdomen are unremarkable. There is no evidence of bony lysis or abnormal sclerosis. The left insertion of the supraspinatus tendon presents marked metaplastic calcifications as an incidental finding.



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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Marked, bilateral and unspecific signs of a rhinitis/pharyngitis with significant swelling of the mucous membranes
- Compression of the left main stem bronchus between left atrium and aorta

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Findings of the nasal cavities and the caudal pharynx are unspecific and represent a reactive-inflammatory process. These could be due to chronic infection, regular regurgitation and chronic inflammation (lympho-plasmocytic/-histiocytic inflammation with secondary infection). CT findings show no signs of a neoplastic process.

**BREED**

Labradoodle

Final assessment of the heart should be performed with echocardiography. Left atrial enlargement could lead to left bronchial compression and would match with the reported cough. Dynamic tracheal and/or bronchial collapse are potential differentials. Endoscopy with BAL/culture could be performed next. The mild atelectasis of the left cranial lobe is likely due to positioning and anesthesia. There are no obvious signs of (broncho-) pneumonia.

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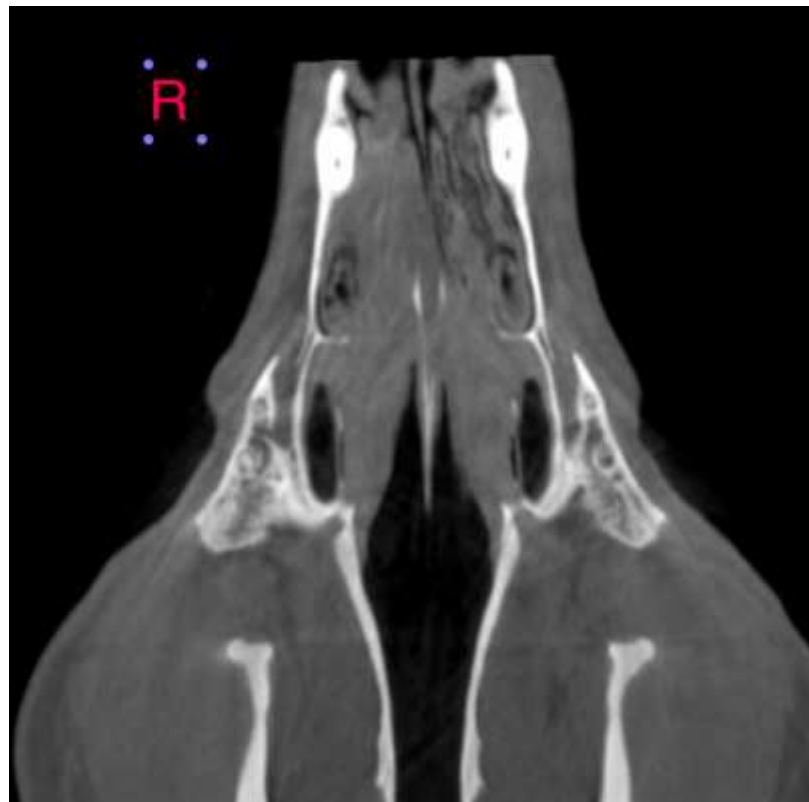
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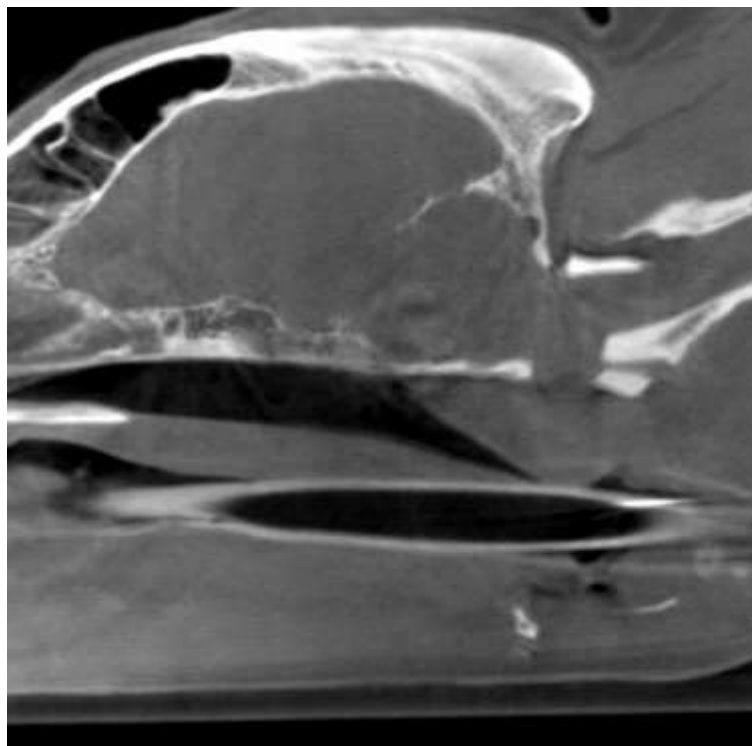
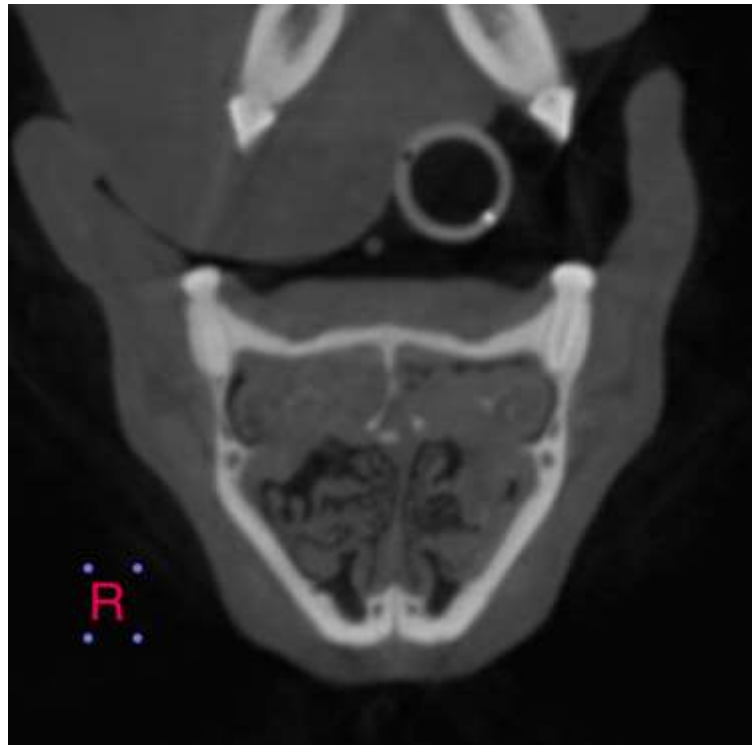
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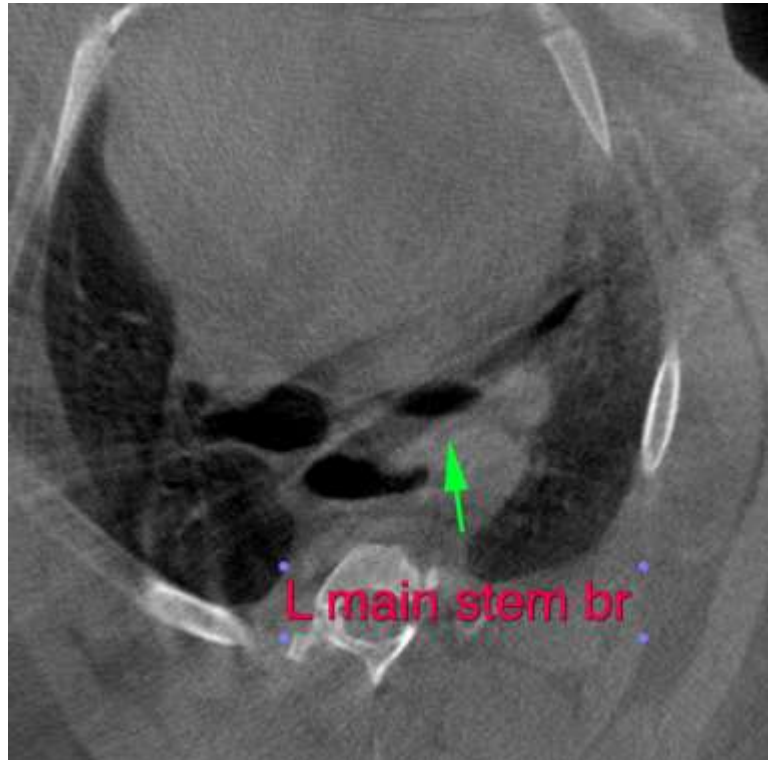
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
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