



**PATIENT**

Molly Divietro

**PRESENTING CLINICAL SIGNS**

For about 2 weeks, has been coughing/choking, these signs have worsened since initial onset. Owner reports decreased appetite and water intake as well. Seen by her pDVM - bloodwork was unremarkable with the exception of hemoconcentration (67.7%) and mild creatinine elevation (1.9). Radiographs (chest/neck) suspicious for chronic lower airway disease with a possible laryngeal thickening and possible scant pleural effusion. Owners report that Molly is able to settle down and sleep well, but breathes heavier while sleeping. Hx of an acanthomatous ameloblastoma removed from her right lower mandible in 2018. She is overdue for monthly prevention. Molly recently moved to Florida from Illinois in December of 2020. She is on no current medications. Owner reports she killed a wild armadillo about a month ago

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Female Spayed

Pre/post contrast studies provided for review.

**AGE**

8 Years

**COMPUTED TOMOGRAPHIC FINDINGS**

Head/neck:  
The neurocranium shows normal findings.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

The right rostral mandible presents a missing 104 with a bony defect. The latter is smoothly marginated without signs of a lytic, sclerotic or periosteal lesion. The surrounding soft tissue is inconspicuous.

Bony structures of skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

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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 and the adjacent temporomandibular joints have no particular findings.

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Hares

The soft palate appears elongated and hyperplastic with an estimated transverse diameter of 1.8 cm. The mucous membrane of the adjacent nasopharyngeal meatus is mildly thickened. Laryngeal soft tissues are mildly swollen.

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Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated but present marked and bilateral swelling of the mucous membranes.

**DATE**

9-21-21

The maxillary molars show mild periapical lysis without signs of an oro-nasal fistula .

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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.

Thorax:

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The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There are small areas of atelectasis present, and some prominent pleural lines recognized but without overt evidence of pleural thickening, fluid accumulation or free pleural gas.

**BREED**

Pit Bull

Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions. Tiny mineral-dense spots are noted consistent with pulmonary osteomas/subtle bronchial calcification.

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Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.

Diaphragm is normal.

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The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum show mild degenerative changes but are inconspicuous. There is no evidence of bony lysis or abnormal sclerosis.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Status after resection of 104 and adjacent alveolar bone of the right rostral mandible
- Hyperplasia and elongation of the soft palate with suspected narrowing/dynamic stenosis of the nasopharyngeal meatus and laryngitis
- Signs of a bilateral, moderate and unspecific rhinitis with swelling of nasal mucous membranes
- Mild periapical lysis of the maxillary molar roots

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings show no signs of a neoplastic process. The area of the former 104 is inconspicuous as well as the lymph nodes of the neck. The changes of the soft palate, the larynx and the bilateral rhinitis likely reflect the reported patient's history. Signs of a dental rhinitis and/or radiopaque foreign material are not recognized. Differentials include but are limited to bacterial infection may be secondary to the suspected (dynamic) stenosis of the pharynx/larynx, and lymphoplasmocytic rhinitis.

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The suspected scant pleural effusion is not recognized with CT. The prominent pleural lines indicate fat density and are not suspicious for effusion. Pulmonary findings overall are inconspicuous. A relevant inflammatory or even neoplastic process is not noted.

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Evaluation of the larynx/pharynx/trachea could be complemented with endoscopy/BAL and microbiological testing.



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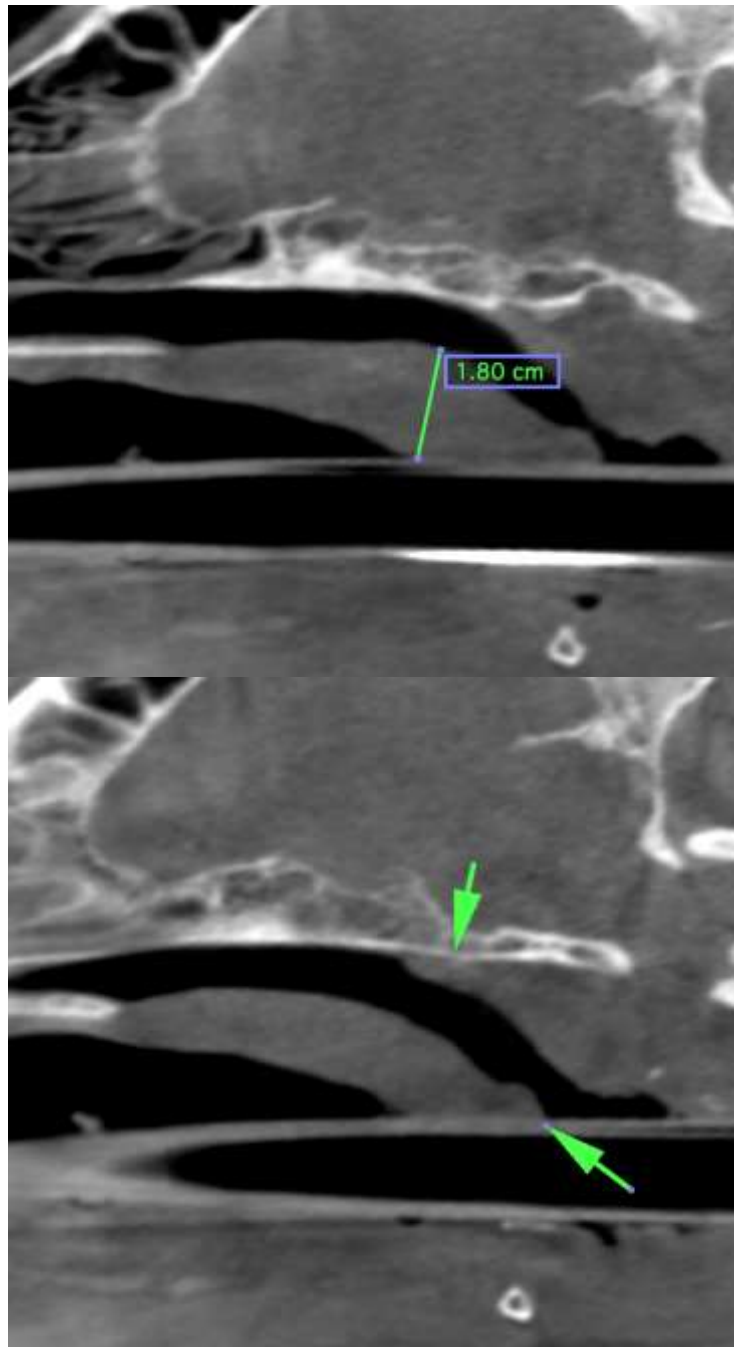
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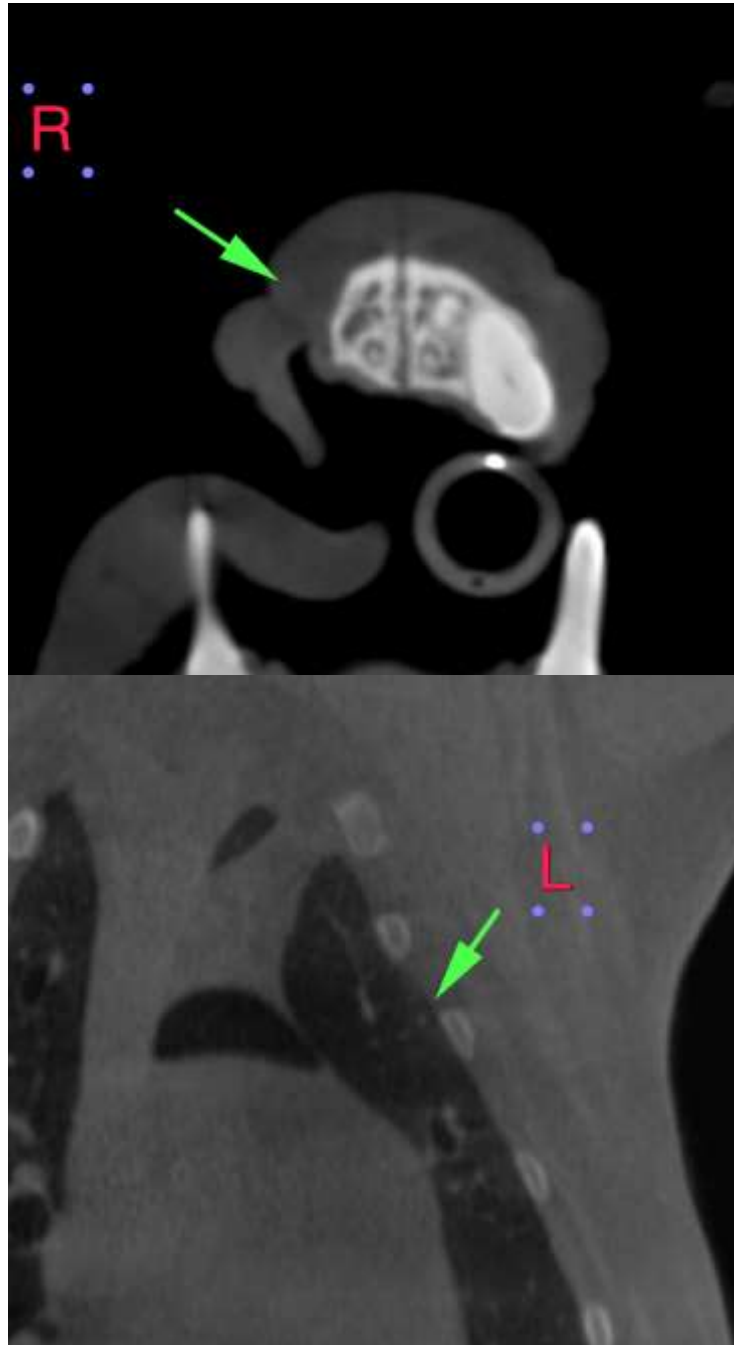
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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