



PATIENT

Truckee Gunter

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

2 Years

WEIGHT

28.6 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Kelsey McClosky, LVT

HOSPITAL NAME

Advanced Animal
Imaging

REFERRING VET

Blair Hollowell, DVM

INVOICE

35581

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- Patient came in for soft palate resection and nares surgery today
- When laid on side for chest radiograph, he struggled to breath and appeared to faint or have a syncope episode.
- Surgeon requested CT to determine extend of airway issues.
- If possible, would like measurements of soft pallet, and tongue
- Would also like to look for extra nasal pharynx turbinate's

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

A high resolution pre- and post-contrast CT study of the skull and a post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth.

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The soft palate is thickened (17 mm in height) and elongated (5.4 cm in length) – moderately overlapping the epiglottis. T

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are filled with fluid attenuating material, R>L. The osseous wall of both tyampnic bullae is moderately thickened and smooth. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

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 ventral arch of C1 is incompletely fused in the midline.

Thorax

T5, T7 and L1 present as hemivertebra.

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 is uniform and considered within normal limits.

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



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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.

The lung parenchyma presents a diffuse ground glass attenuation pattern.

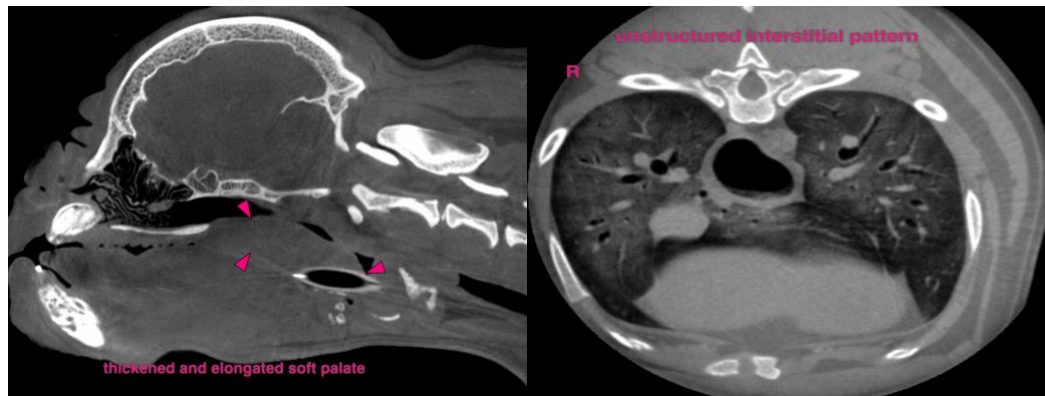
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized moderate unstructured interstitial pattern of the lung
- Elongated and thickened soft palate
- Bilateral otitis media – likely primary secretory
- Hemivertebra T5, T7 and L1
- Incomplete ossification ventral arch C1
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unstructured interstitial lung pattern in combination with the history is highly suggestive for non-cardiogenic pulmonary edema due to increased negative pressure and upper airway obstruction. Differentials for the unstructured interstitial pattern include fibrosis, interstitial pneumonia (e.g. distemper), immune mediated disease, pancreatitis/renal disease, neoplasia (e.g. carcinoma, round cell tumor).



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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 Schaub, DVM, Dr. med. vet. DipECVDI

info@sonopath.com