



**PATIENT PRESENTING CLINICAL SIGNS**

Sorren Antico  
 Hx of recurring aspiration pneumonia. Since April 2021 the pet has had aspiration pneumonia 5 times- each time we have done imaging to confirm resolution of pneumonia- pneumonia completely resolves (radiographically and clinically). Then the pneumonia will recur. Some concern on prior radiology reports for thoracic foreign body? \* Bronchoscopy also performed in the past (waiting on records).

**SPECIES**

Canine  
 Abnormal PE/Chem/CBC/UA Results: Sedated by rDVM prior to arrival due to aggressive behavior. WBC 23.4 (Neu 89, Lym 6)

**BREED**

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

Shiloh Shepherd  
 A high resolution pre- and post-contrast CT study of the skull and thorax are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Skull

Male Neutered  
 The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

**AGE**

7 Years, 8 Months  
 The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI  
 Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

**HOSPITAL NAME**

Mobile Pet Imaging  
 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.

**REFERRING VET**

Meaux  
 Mild dystrophic mineralization of lymphatic vessels along the right aspect of the neck is seen - incidental.

**INVOICE**

Thorax

49812  
 The bony and surrounding soft tissue structures are within normal limits.

**DATE**

1-25-22  
 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.

**PATIENT**

Sorren Antico

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.

**SPECIES**

Canine

The right lung lobes present a mild to moderately decreased volume and regions of ground-glass attenuating parenchyma. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with interspersed punctuate mineralization.

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

**BREED**

Shiloh Shepherd

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Normal skull
- Normal thorax, but compression atelectasis right lung lobes

**SEX**

Male Neutered

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The current CT study of the skull and thorax is negative for pathology. There is no evidence of active pneumonia or signs for an aspirated foreign body. If there is suspicion for underlying dysphagia, a fluoroscopic swallowing study might be used as advanced diagnostic test.

**AGE**

7 Years, 8 Months

**INTERPRETED BY**Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Meaux

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**DATE**

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**PATIENT**

Sorren Antico

**SPECIES**

Canine

**BREED**

Shiloh Shepherd

**SEX**

Male Neutered

**AGE**

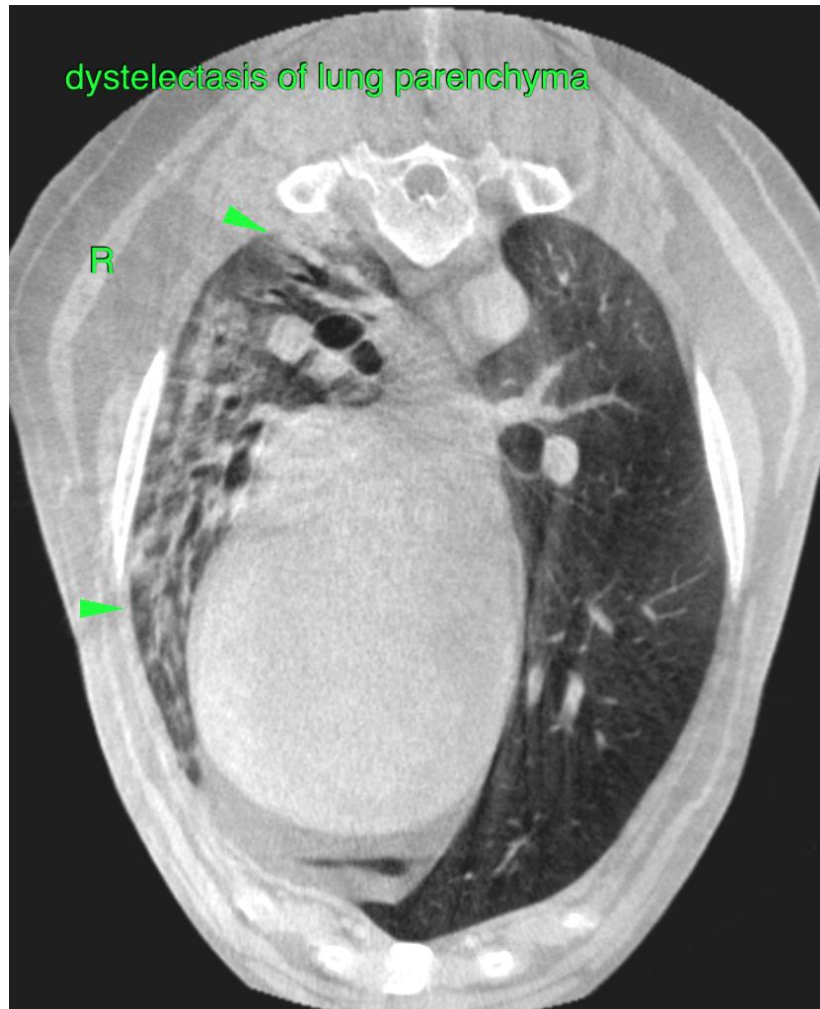
7 Years, 8 Months

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**HOSPITAL NAME**

Mobile Pet Imaging



**REFERRING VET**

Meaux

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.

**INVOICE**

49812

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.

**DATE**

1-25-22

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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