



PATIENT

Teado Shahab

PRESENTING CLINICAL SIGNS

Patient presenting for chronic syncopal episodes. Per owner p has episodes about once a month, they last a few hours, lethargic and then returns to normal. Per owner episodes started about 6-8 months ago where he would vomit and then have a syncopal episode where he "passes out," little to no response. P is otherwise eating and drinking well, vomits occasionally, but not consistent. Owner mentioned that he recently developed coprophagia. Teado was seen by pDVM, BW, radiographs and an ECG where performed in December. Last reported syncopal episode was about 1 week ago, prior to that about 1 month ago. Teado is not currently on any medications.

SPECIES

Canine

BREED

Chihuahua

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

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COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

AGE

15 Months

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

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.

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

The left cranial lung lobe and the right cranial & middle lung lobe and accessory are consolidated and present a markedly decreased volume with air-bronchograms. The caudal lung lobes are hyperinflated and extending far cranially – presenting a normal architecture.

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

REFERRING VET

Dr. Young

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

DATE

1-26-22

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



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The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

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Chihuahua

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Consolidated right cranial & middle lung lobe, accessory and left cranial lung lobe
- Compensatory hyperinflation of the caudal lung lobes
- Structural normal abdomen, no evidence of portosystemic shunting - neither intra- nor extrahepatic

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 Months

The current CT study presents no abnormality, explaining the syncopal episodes. There is no evidence vascular malformation. Rule out arrhythmia or pathology originating from the CNS.

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The pulmonary changes are considered as an incidental finding at this point and are consistent with congenital pulmonary airway malformation. These can be clinically silent but may predispose for lower airway infection, blood oxygenation disturbance, pneumothorax formation. A clinical relation with the presenting clinical signs is considered unlikely.

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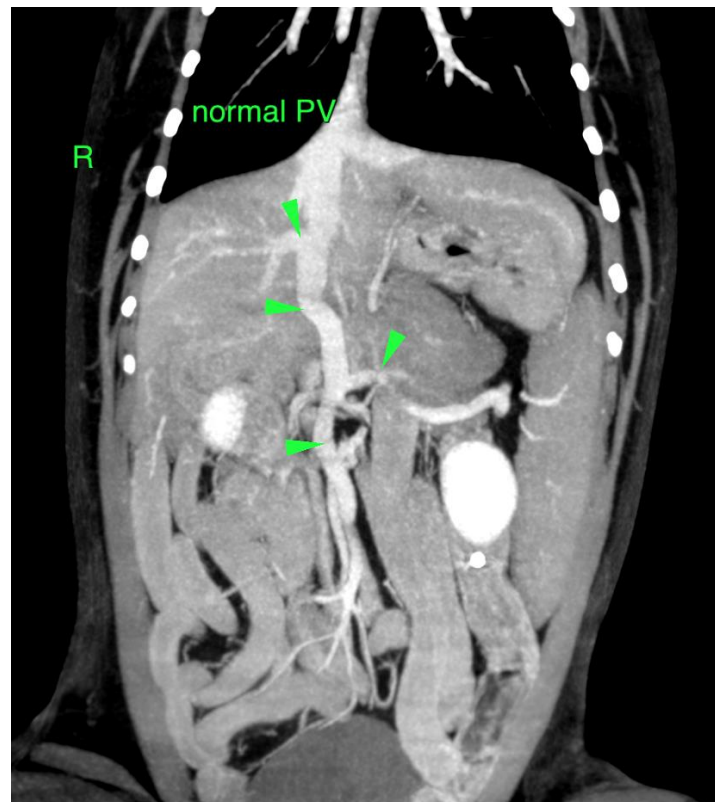
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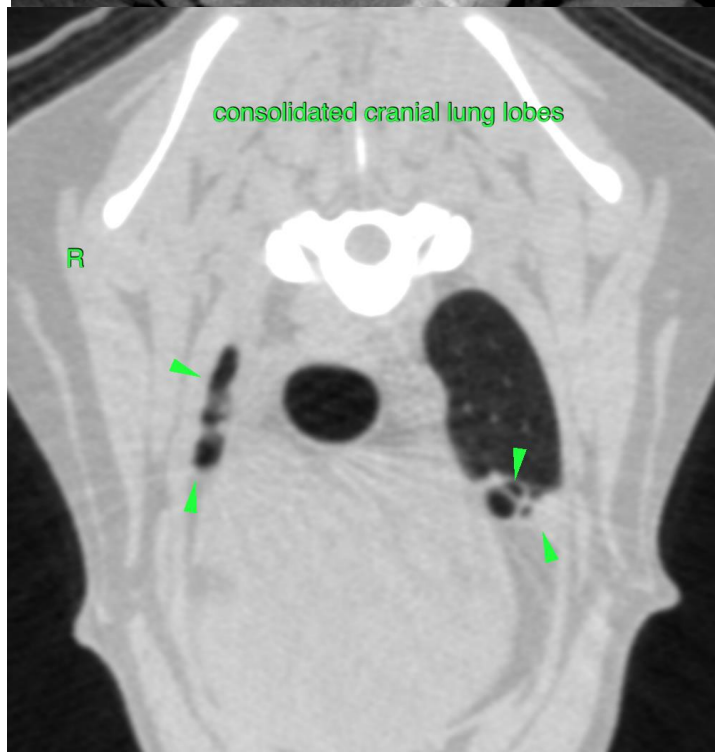
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Chihuahua

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.

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