

**PATIENT**

Sam Willis

**PRESENTING CLINICAL SIGNS**

Hypersalivating, history of hypertension, ventricular arrhythmias (see results from echocardiogram and holter monitor) due for recheck BP recently switched from enalapril to benazepril

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**BREED**

Bulldog

**COMPUTED TOMOGRAPHIC FINDINGS**

Multiple teeth are absent.

**SEX**

MN

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The soft palate is elongated, and the caudal tip is extending up to the level of the larynx.

**AGE**

8

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Advanced Animal  
Imaging

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 pictured cervical segment of the esophagus is moderately distended and contains a mild amount of fluid and gas.

**REFERRING VET**

Blair Hollowell, DVM

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Multiple absent teeth
- Dilated esophagus
- Elongated soft palate

**INVOICE**

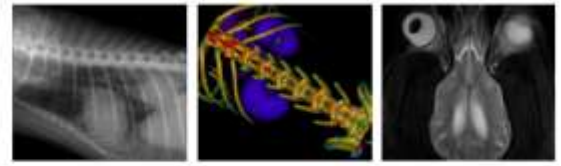
49355

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

1-3-22

The current CT study of the skull & neck presents no specific abnormality, explaining the history of hypersalivation. The dilated esophagus can be a sequela to general anesthesia, anyway check for history of potential regurgitation that can indicate megaesophagus. Check the oral cavity clinically for any lesion (e.g. inflammation, neoplasia) that might be effaced in the current CT study as source for the ptyalism. Other causes like nausea, systemic disease, limbic epilepsy, other should be ruled out as well.



**PATIENT**

Sam Willis

**SPECIES**

Canine

**BREED**

Bulldog

**SEX**

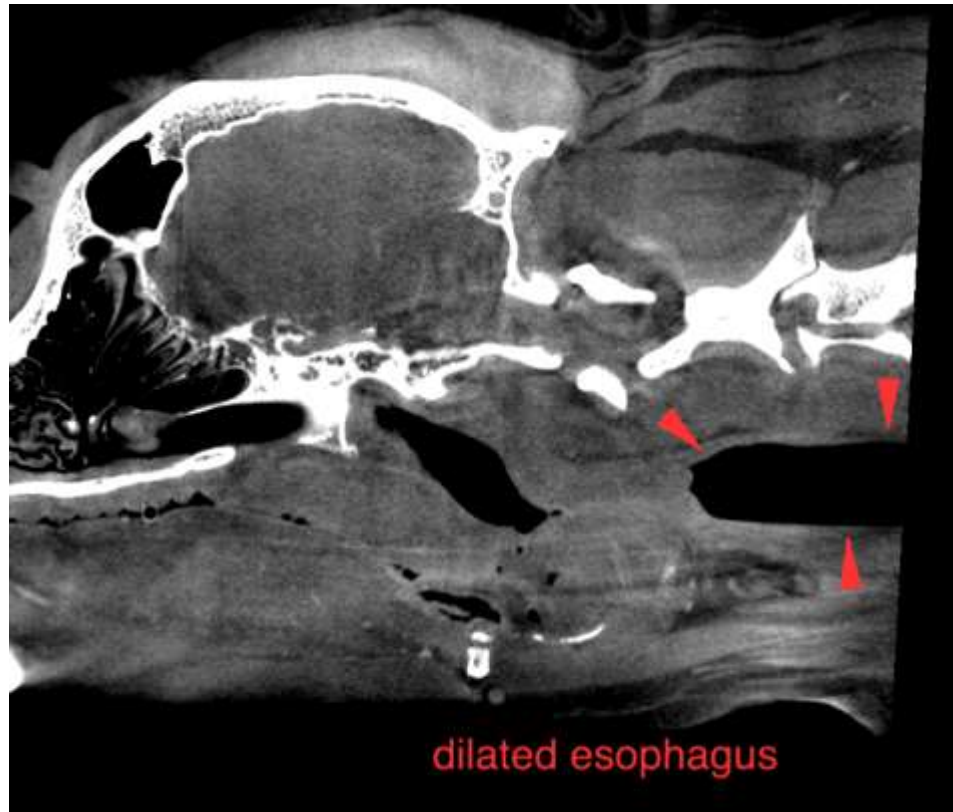
MN

**AGE**

8

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI



**HOSPITAL NAME**

Advanced Animal  
Imaging

**REFERRING VET**

Blair Hollowell, DVM

**INVOICE**

49355

**DATE**

1-3-22

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 Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com