



## PATIENT

Dixie Beresford

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Female

## AGE

9 Years

## WEIGHT

5.7 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dayna Evans

## HOSPITAL NAME

Animal Trust Ellesmere  
Port

## REFERRING VET

Dr. Amber Mahon

## INVOICE

35219

## DATE

1/4/26

## PRESENTING CLINICAL SIGNS

History: or this morning around 11am, p ate some chicken breast and rice and then started gagging and has been gagging all day and getting increasingly more stressed no underlying health conditions that os were aware of was playing well yesterday but not wanting to today cyanotic mm no heart mrmr detected referred urt noise Tried to collect bloods this evening but panting+++ and tongue appears cyanotic. Rang the owner and given an update. Advise GA high Risk at this stage. Owner understands and happy to proceed. Induction with propofol and Torb i.v Good effect, ET tube placed and maintained on Iso/O2.Lateral and Dv X-rays taken. Hair line fracture on the Left mandible noticed (has bad teeth), osteolysis? trachea looks irregular, cranial R lung with solid appearance/consolidation. On the AFAST no FAF noticed, liver enlarged but homogenous (Cushings as ALP elevated and pot belly present?),GB wnl, Kidneys with mild loss of architecture, bladder small, On the TFAST no pericardial or pleural effusion, heart with mild thickening, some shred present. Pneumonia? Neoplasia? Rang the owner and advised further investigation with a CT scan. Owner happy to proceed in the morning.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, NECK AND THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

The body condition score is 7-8/9.

### Skull & Neck

Multiple teeth are absent.

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

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

Both tympanic bullae contain a small volume of gravity dependent, fluid attenuating material. The osseous lining of the tympanic bullae is smooth and thin. The external ear canals are within normal limits.

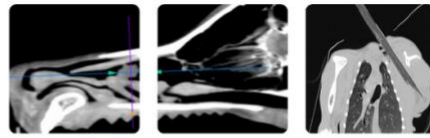
The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

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 cervical and intrathoracic segment of the trachea are significantly dorsoventrally flattened; mild dorsoventral flattening of the left principal bronchus is seen.

### Thorax

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



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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.

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 the expected architecture and attenuation behavior, but small zones with ground glass attenuation pattern of the ventral dependent aspects of the lung.

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

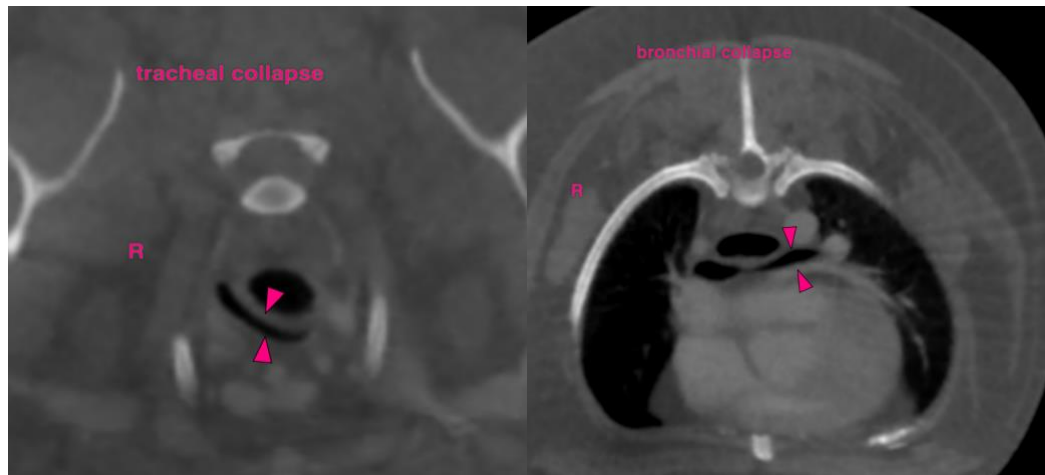
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Obesity
- Tracheal collapse
- Mild bronchial collapse left principal bronchus
- Small zones with alveolar pattern ventral dependent aspects of the lung
- Bilateral otitis media
- Multiple absent teeth

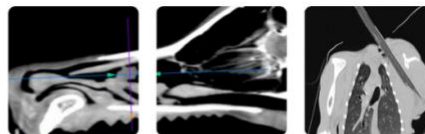
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tracheal collapse is a likely explanation for the presenting clinical signs and may be exacerbated by tracheitis/pneumonia.

Weight management appears beneficial as well.



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.



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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](mailto:info@sonopath.com)