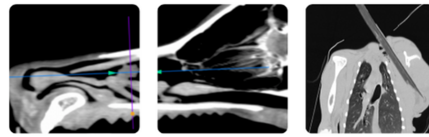
SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Teleradiology

Educational Teleconsultation Services™

PATIENT

Casey Hall

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Male

AGE

8 Months

WEIGHT

22 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

LM

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Animal Trust

INVOICE

35600

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: acute retching/coughing for 6 days, regurgitation.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Neck

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

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 are aerated, the mucosal lining is not seen, the bony wall 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.

Thorax

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

The thymus age related visible in the cranial mediastinum.

The tracheobronchial lymph nodes are prominne.t

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

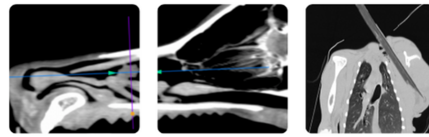
Throughout all lung lobes, multiple peripheral bronchial segments present a circumferentially thickened wall – partially with a cloudy peribronchial ground glass attenuation pattern.

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

Abdomen

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

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.



PATIENT

Casey Hall

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Male

AGE

8 Months

WEIGHT

22 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

LM

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Animal Trust

INVOICE

35600

DATE

11/21/25

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

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

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.

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

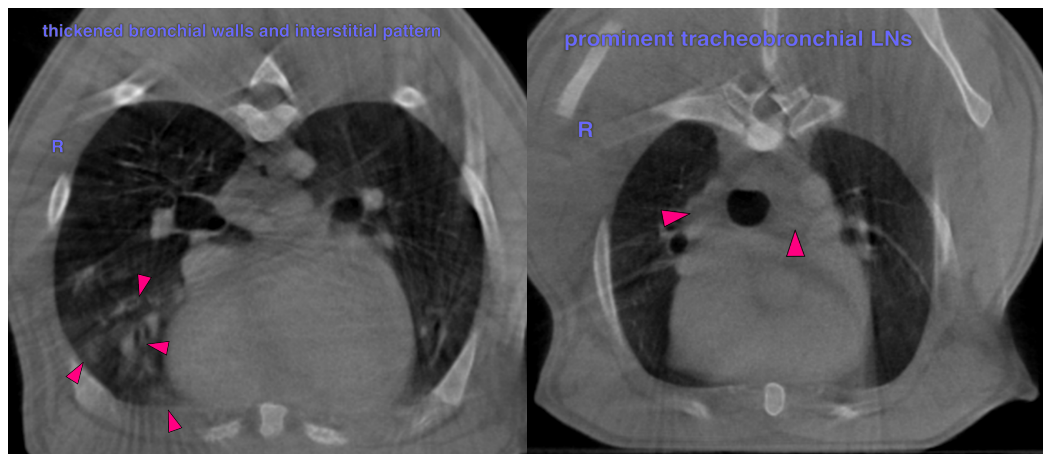
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

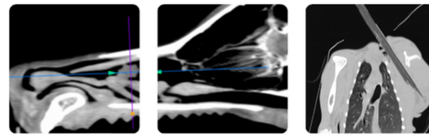
- Bronchial lung pattern with a mild patchy peribronchial – peripherally accentuated – unstructured interstitial pattern
- Lymphadenopathy tracheobronchial lymph nodes – reactive lymphoid hyperplasia
- No evidence of megaesophagus
- Normal neck
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern along with the unstructured interstitial pattern is compatible with bronchopneumonia – infectious causes, such as viral, bacterial or parasitic (e.g. Angiostrongylus), is considered most likely. The odds for non-infectious causes (e.g. eosinophilic bronchopneumopathy) is low as the acute onset of clinical signs is unusual. Bronchoscopy including a broncho-alveolar lavage can be used for further evaluation as well as a fecal exam to rule out lung worm infection. Empirical management for supposed bronchopneumonia including prophylactic deworming can be performed alternatively.



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.

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

PATIENT

Casey Hall

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Male

AGE

8 Months

WEIGHT

22 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

LM

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Animal Trust

INVOICE

35600

DATE

11/21/25