



## PATIENT

Pesto Conigliaro

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Neutered Male

## AGE

2 Years

## WEIGHT

7.8 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

dg

## HOSPITAL NAME

ASC Oceanside

## REFERRING VET

Dr. Infernuso

## INVOICE

35887

## DATE

12/12/25

## PRESENTING CLINICAL SIGNS

History: regurgitation, suspect hiatal hernia/GI disease, hx seizures, MVD

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth.

Multiple teeth are absent. A supernumerary triadan 202 is present.

The nasal openings are narrowed. The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Mild caudal aberrant caudal conchal growth is appreciated.

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

The right tympanic bulla is obliterated by soft tissue material. 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 prominent.

### Thorax

Congenital malformation of multiple thoracic vertebrae is appreciated.

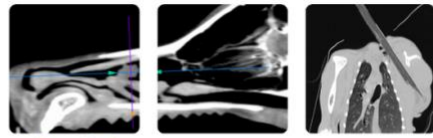
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The caudal lung lobes present mild dilation of peripheral pulmonary arteries along with mild central mineralization.

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.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation. The esophageal wall is generalized prominent, measuring up to 4.5 mm in width. The cardiac of the stomach is located caudal to the level of the diaphragm.



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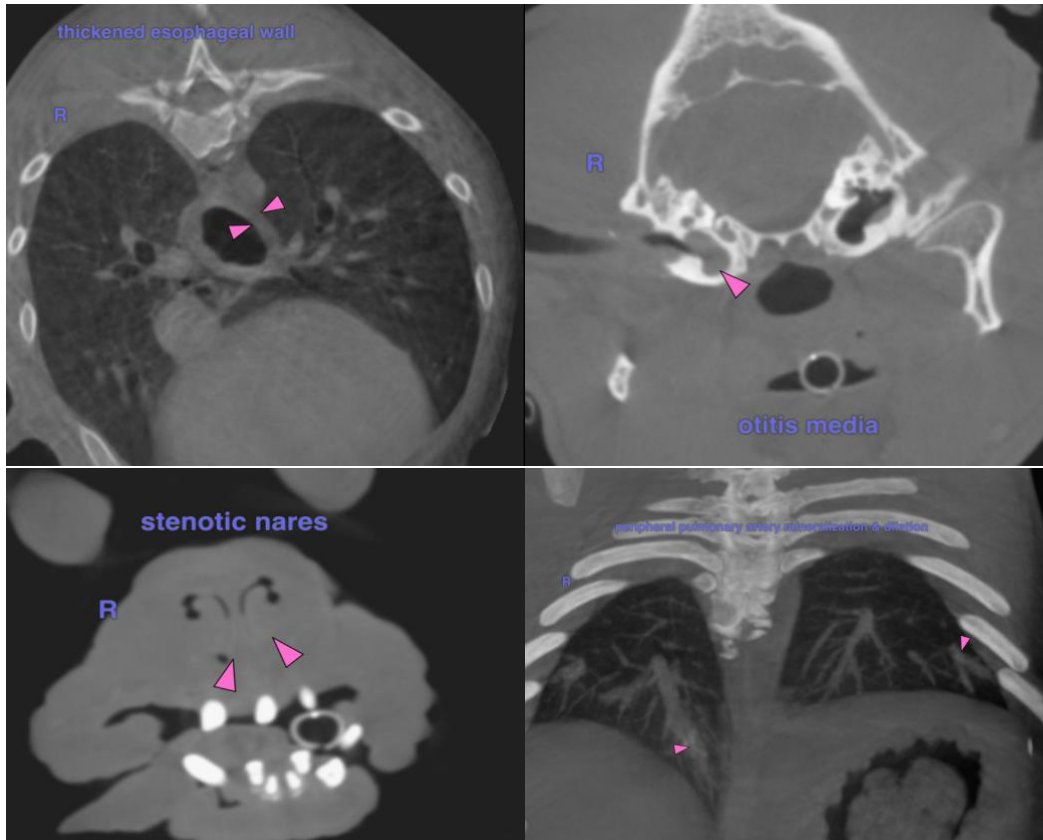
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Stenotic nares and mild aberrant caudal conchal growth
- Generalized thickened esophageal wall
- Segmental peripheral pulmonary artery dilation along with central dystrophic mineralization
- Right sided otitis media – likely primary secretory
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes
- Supernumerary triadan 202
- Multiple absent teeth
- Congenital malformation multiple thoracic vertebra
- No evidence of hiatal hernia – but may be dynamic and can be missed by CT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The thickened esophageal wall is highly suggestive for esophagitis – a known predisposing entity for esophageal dysmotility as cause for the supposed regurgitation. The esophagitis can be a sequela to brachycephalic obstructive upper airway syndrome.

The segmental dilation of the pulmonary artery can be caused by preceding or ongoing parasitic infection, such as Dirofilariosis. Testing for potential infection following the guidelines of the “American Heartworm Society” <https://www.heartwormsociety.org> may be beneficial.



The information and recommendations provided are based on the images presented by the



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**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](mailto:info@sonopath.com)