



PATIENT

Cali Chapman

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

7

WEIGHT

14

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Short

INVOICE

72827

DATE

12-2-25

PRESENTING CLINICAL SIGNS

respiratory issues, Mass noted during intubation

COMPUTED TOMOGRAPHY 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.

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

The pharynx is collapsed. The region of the right vocal fold appears prominent.

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

The left tympanic bulla is obliterated by soft tissue attenuating material. The osseous wall of the tympanic bulla bilaterally is thickened and smooth. 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

T5 has a wedge shaped conformation, and the vertebral endplates present mild spondylosis formation.

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.

Generalized mild to moderate thickening of the bronchial walls is appreciated.

The lung parenchyma presents the expected architecture and attenuation behavior, but zones of dystelectasis of the ventral aspects of the lung.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Possible mural soft tissue swelling right aspect of larynx
- Elongated soft palate
- Left sided otitis media – likely primary secretory



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- Bronchial lung pattern
- Congenital malformation T5

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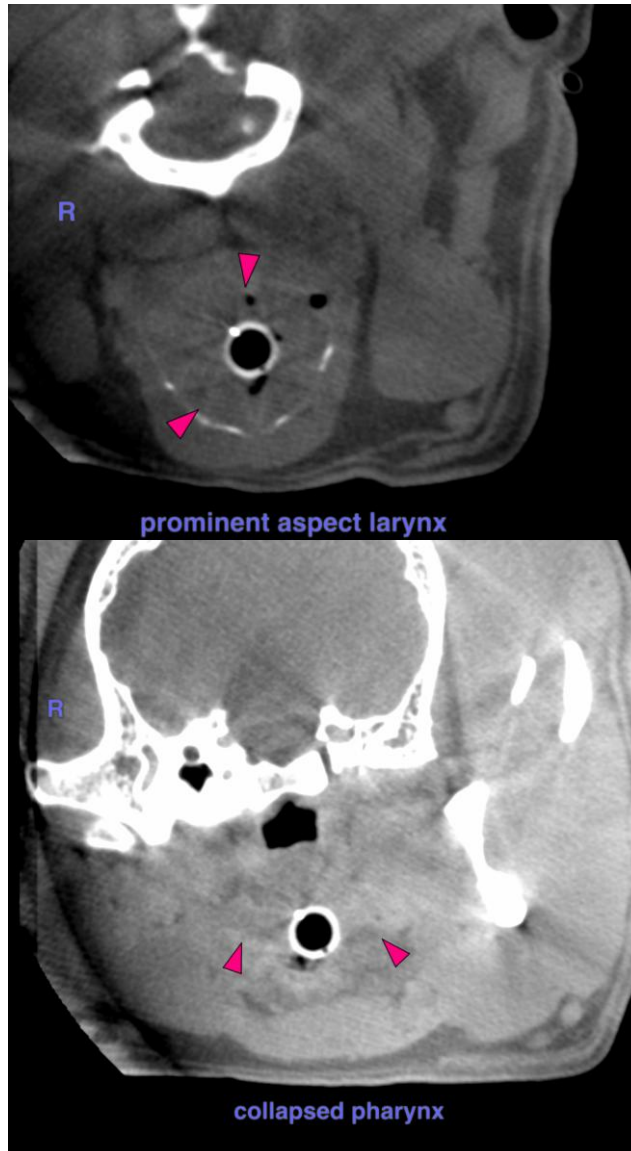
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically described mass cannot be clearly delineated as the pharynx and larynx are collapsed and mucosal lesions will be effaced – however, the larynx appears mildly asymmetric with swelling of the region of the region of the larynx. Differentials can include neoplasia or inflammatory changes, such as granuloma (e.g. secondary to BOAS).

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) are likely.





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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.

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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.

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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI

info@sonopath.com

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