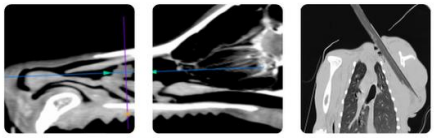



**PATIENT**

Rumble Mullen

**SPECIES**

Canine

**BREED**

Doberman Pincher

**SEX**

Female Spayed

**AGE**

5Y

**WEIGHT**

68.0

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

**IMAGING PERFORMED BY**

Aly / Ashley

**HOSPITAL NAME**

Animal Clinic
Northview

**REFERRING VET**

Derek Howell, DVM

**INVOICE**

73802

**DATE**

2-17-26

## PRESENTING CLINICAL SIGNS

Severe stertor when breathing since pyometra spay surgery in December. Also frequent regurgitation/vomiting since that time and difficulty swallowing. Nasopharyngoscopy showed severe stricture in the nasopharynx (~3 mm opening). Esophagoscopy showed significant esophagitis without any stricture.

## COMPUTED TOMOGRAPHY OF THE NECK AND THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

Skull

The caudal segment of the nasopharynx presents is completely obliterated by a prominent soft tissue membrane.

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 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 osseous and soft tissue structures of the neck are within normal limits.

Thorax

The bony and surrounding soft tissue structures are within normal limits. Breed specific dorsal kinking of the cranial segment of the sternum is present.

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.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Caudal nasopharyngeal stenosis
- Normal neck
- Normal thorax

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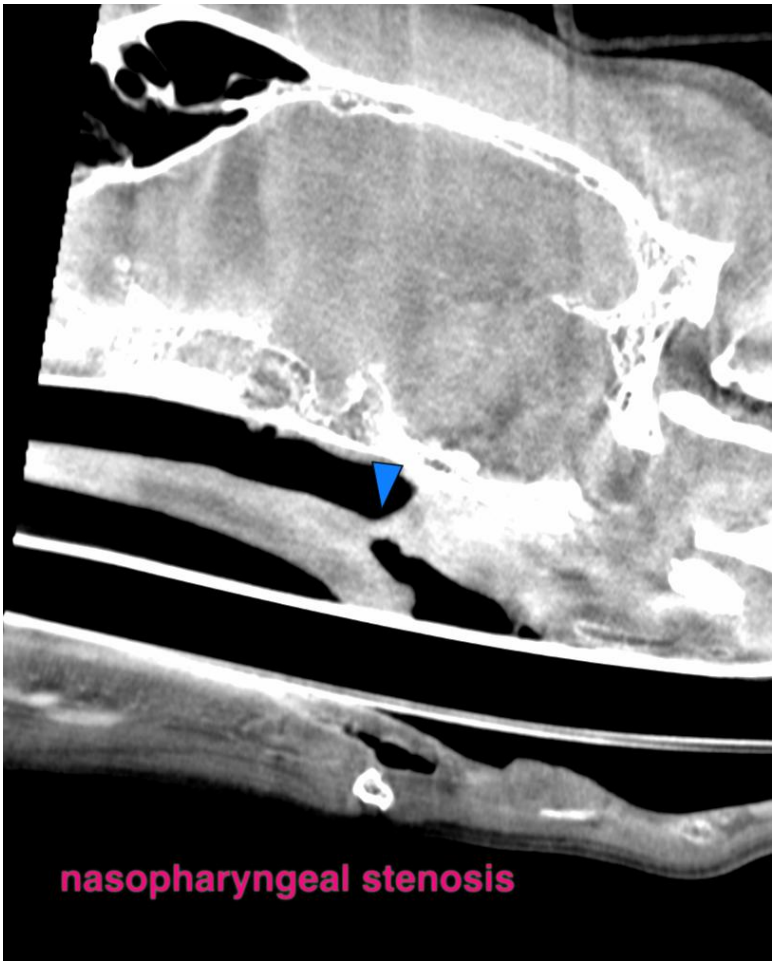
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of nasopharyngeal stenosis. An acquired inflammatory origin is considered likely here. Potential treatment options such as balloon dilation ± anti-inflammatory management might be discussed with internal medicine.

The described esophagitis can be a sequela to the upper airway obstruction.




**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**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com