



PATIENT PRESENTING CLINICAL SIGNS

Cole Castner Presented for acute onset of panting/respiratory distress. Normal chest radiographs. Normal bronchocopy. Tru-cut Hepatic biopsies are pending. Normal ecg. Abnormal PE/Chem/CBC/UA Results: Pcv 26% T bili 4.4 Elevated alt/alp

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

Canine A high resolution pre- and post-contrast CT study of the thorax and a post-contrast CT study of the skull are provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Australian Shephard The body condition score is 9/9.

Skull

SEX Triadan 311 is absent.

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

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

9 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.

INTERPRETED BY

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

HOSPITAL NAME

Northeast Veterinary Referral Hospital 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

REFERRING VET

Dr. Runde The intervertebral disc space C6/C7 is collapsed, and the respective vertebral endplates present moderate sclerosis of the subchondral bone and mild spondylosis formation. The intervertebral disc C6/C7 is mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level. Deformity of multiple ribs is seen; the ribs have a s-shaped conformation and are moderately bending into the thorax.

INVOICE

57006 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.

DATE

3-1-23 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 peripheral zones of consolidation of the dorsal aspects of the lung parenchyma.



PATIENT

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

Cole Castner

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Obesity
- Peripheral zones with pulmonary consolidation
- Thickened soft palate
- Absent triadan 311
- Deformity of the rib cage - incidental
- Normal upper airways

BREED

Australian Shephard

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents no specific abnormality, explaining the respiratory distress. The small peripheral zones of pulmonary consolidation are most consistent with dystelectasis secondary to general anesthesia. Given the clinical signs of respiratory distress zones of pulmonary infarction are a possibility - no thrombi are seen in the large pulmonary arteries. Recommend complementing workup by a cardiac echo to screen for signs of pulmonary hypertension supporting possible thromboembolic events.

SEX

MN

AGE

9

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Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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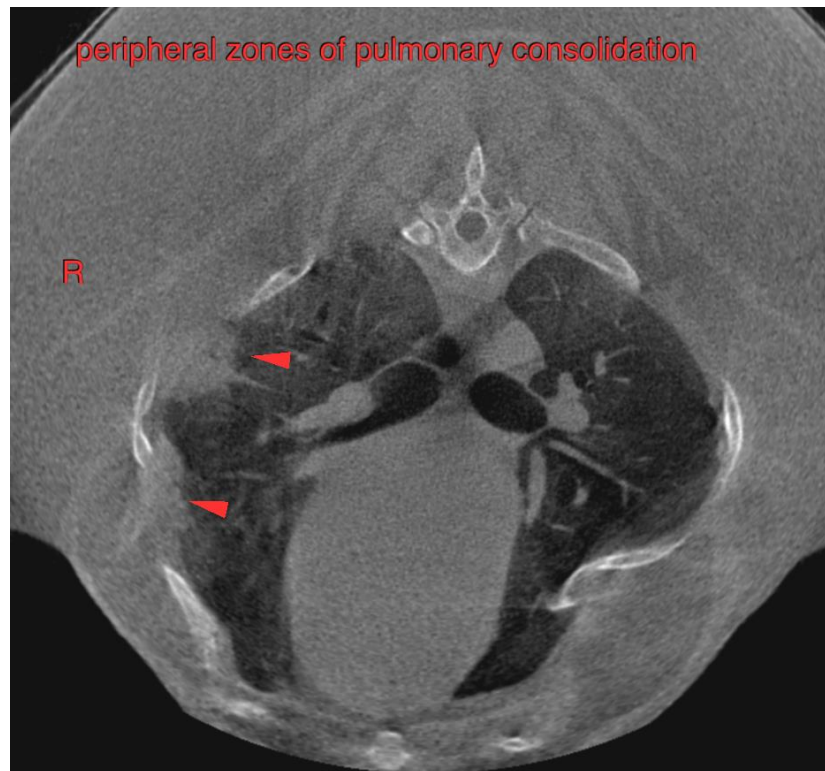
Dr. Runde

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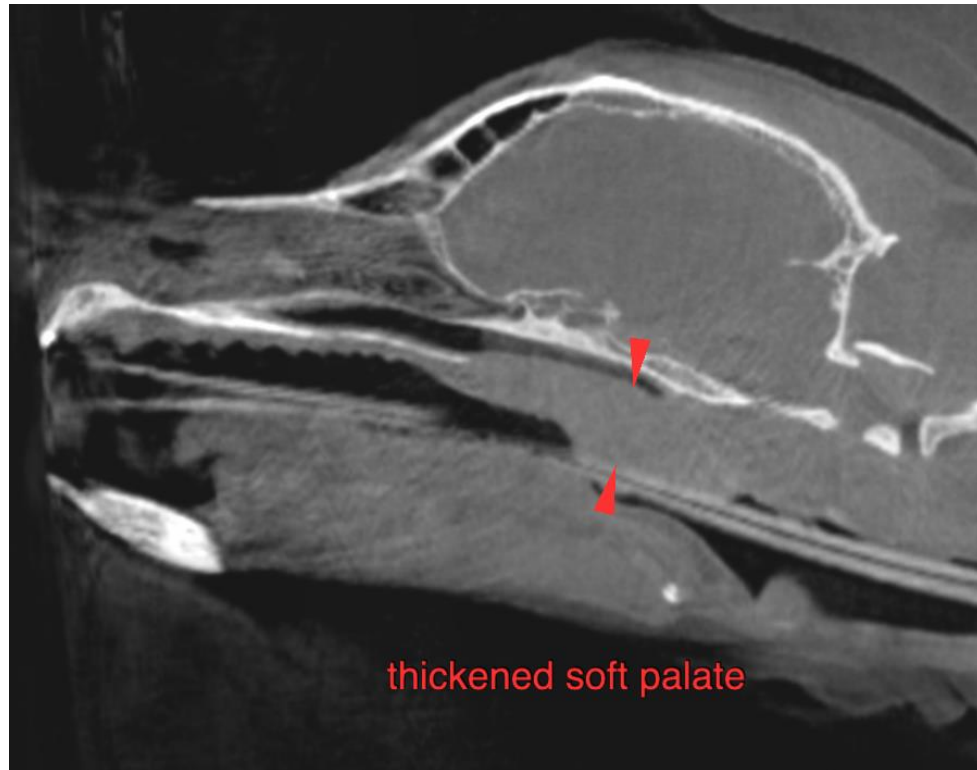
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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