



PATIENT

Lily Nicolosi

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

AGE

10

WEIGHT

4.84kgs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown Veterinary
Specialists and
Associates

REFERRING VET

Carly Bloom

INVOICE

74242

DATE

3-17-26

PRESENTING CLINICAL SIGNS

- inspiratory, expiratory stridor without cough
- stage 2 laryngeal collapse, laryngeal paralysis on sedated oral exam as the cause of the stridor

Abnormal PE/Chem/CBC/UA Results: Lily is a 10 year old, SF Lhasa with moderate inspiratory and expiratory stridor, most audible in the rostral most airway (larynx/proximal trachea). CXR and echo are normal. Work up (sedated laryngeal exam, bronchoscopy) shows stage 2 laryngeal collapse and laryngeal paralysis as the cause of the stridor. There is also a mild static tracheal collapse and variable principal and lobar bronchus collapse but, as Lily is not coughing, this appears to be an incidental finding. We performed CT just to make sure there were no extraluminal masses that could be compressing the airway causing stridor. I also ultrasounded the soft tissues around the larynx, and did not find a mass or cellulitis.

COMPUTED TOMOGRAPHY OF THE NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

The larynx reveals without overt abnormalities. The trachea has the anticipated course and smooth luminal lining.

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 intervertebral disc spaces C5/C6 and C6/C7 are moderately narrowed. Level with the intervertebral disc spaces C3/C4, C5/C6 and C6/C7 disc material is protruding into the vertebral canal, occupying approximately $\leq 10\%$ of the cross-sectional area of the vertebral canal at the same level.

The remainder of the osseous and soft tissue structures of the neck reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Discopathy C5/C6 and C6/C7 with disc protrusion without compressive myelopathy
- Intervertebral disc protrusion C3/C4 without compressive myelopathy
- Normal appearing larynx and trachea

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the neck reveals no clinically relevant abnormalities and an underlying cause for the presenting clinical signs cannot be specified – regarding the history laryngeal paralysis has already been specified.



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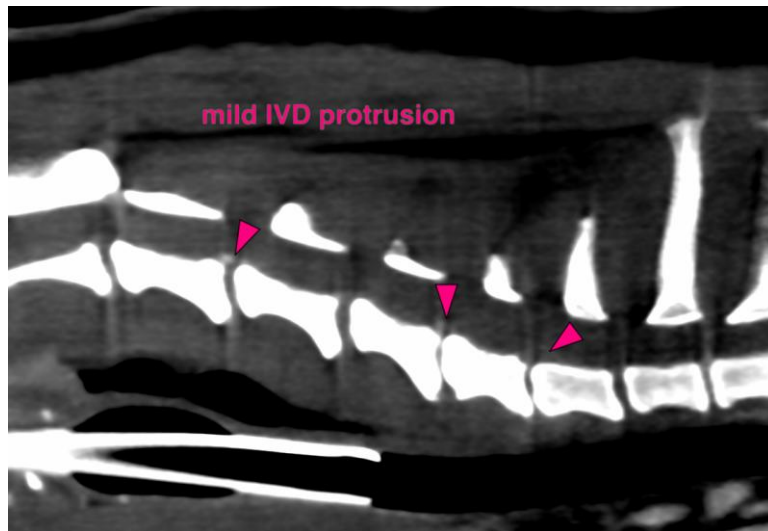
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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