



## PATIENT

Chica Workman

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Spayed Female

## AGE

11Y, 2M

## WEIGHT

2.36kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Kirsten Bodie

## HOSPITAL NAME

Bluegrass Veterinary  
Specialists

## REFERRING VET

Dr. Kelly Gavin

## INVOICE

74312

## DATE

3-23-26

## PRESENTING CLINICAL SIGNS

- Grade 2-3 laryngeal paralysis
- Severe upper respiratory inspiratory stridor

## COMPUTED TOMOGRAPHY OF THE NECK AND THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Neck

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 intervertebral disc spaces C6/C7 and C7/T1 are collapsed and the respective vertebral endplates present moderate spondylosis formation.

### Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

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 generalized mildly thickened and smooth. The bronchus-to-artery ratio is within normal limits.

The ventral aspects of the lung parenchyma present a mild to moderate hazy ground glass attenuation pattern.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bronchial lung pattern
- Ventrally distributed unstructured interstitial pattern
- Chronic discopathy C6/C7 and C7/T1 with chronic osseous remodeling of the respective vertebral endplates
- Spondylosis deformans

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is suggestive for bronchitis that may be triggered by the history of laryngeal dysfunction - potentially increasing the risk for aspiration. The ventrally distributed unstructured



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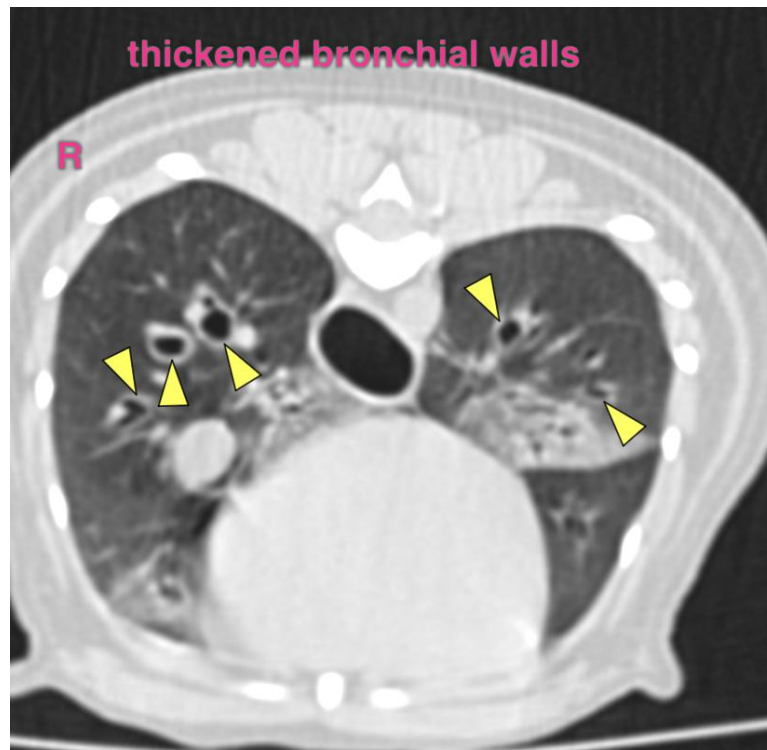
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interstitial pattern can be accentuated by dystelectasis of the lung, but pneumonia is a likely potential – increasing the odds for possible infectious bronchitis.

An underlying cause for the laryngeal paralysis cannot be specified.



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  
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