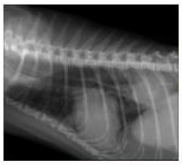
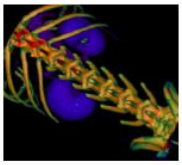
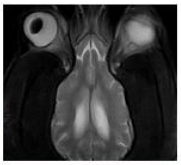




PATIENT

Rex Inneo

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

8 Years, 8 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

57733

DATE

4-11-23

PRESENTING CLINICAL SIGNS

Chronic coughing progressively getting worse over several months. Cough is more prevalent when drinking water and with excitement but does occur at night when sleeping as well. Dog is BAR. TPR and Vitals were WNL. BP 153/11(excited). No obvious Cardiac Murmur. Dry gagging Non-Productive cough. No Pattern. Increased BV Sounds. Moderate periodontal Dz. but dog did have a Dental Cleaning with extractions 7/21/22. R/O Bronchitis secondary to Periodontal Dz., Chronic Bronchitis, Tracheitis, Tracheal Collapse. No improvement with coughing even with Antibiotics, Steroids or Antihistamines
Abnormal PE/Chem/CBC/UA Results: Radiology report attached for reference.

COMPUTED TOMOGRAPHY AND FLUOROSCOPY OF THE SKULL, NECK, AND THORAX

A high resolution pre- and post-contrast CT study of the skull, a post-contrast CT study of the thorax and fluoroscopic study of the neck and thorax during tidal respiration are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 101, 102, 105-110, 201, 205-207, 308-311, 408, 410 and 411 are absent and atrophy of the respective segments in all jaw quadrants is seen. The periodontal space of the mesial root of triadan 409 is moderately widened. The mesial palatine root of triadan 208 presents

In the left nasal cavity, focal atrophy of the nasal conchal structures is seen, level with absent triadan 206 – the alveolar bone presents a small defect, covered by gingiva. The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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 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.

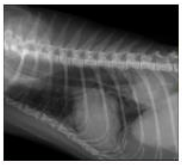
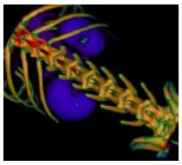
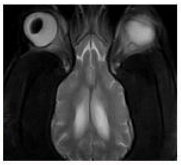
The left thyroid gland is enlarged, measuring 14 x 12 x 37 mm and presents a heterogeneous contrast enhancement pattern with interspersed granular mineralization. Multiple tortuous vessels are seen at the cranial and caudal aspect of the enlarged left thyroid gland and present intraluminal filling defects.

The trachea is moderately dorsoventrally flattened, presenting an ovoid cross-sectional shape.

Thorax

The intervertebral disc space C6/C7 is collapsed and the respective vertebral endplates present moderate spondylosis formation. The intervertebral disc C6/C7 is protruding into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level. Mild spondylosis formation is seen at the vertebral endplates T5/T6.

A prominent thymic remnant is appreciated in the cranioventral mediastinum.

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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, but zones of dystelectasis of the ventral dependent aspects of the lung.

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

FLUOROSCOPY FINDINGS

The caudal tracheal segment of the trachea is moderately dorsoventrally flattened and dynamic. During tidal respiration mild to moderate dynamic flattening and widening of the tracheal diameter of the intra- and extrathoracic segment is seen.

During induced cough, complete collapse of the intrathoracic tracheal segment is appreciated accompanied by significant dorsoventral flattening of the main-stem bronchi. During normal tidal respiration, the main-stem bronchi present without signs of collapse.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left thyroid mass with signs of vascular invasion
- Dynamic tracheal collapse
- Prominent thymic remnant
- Periodontal disease 309
- History of oronasal fistula – defect is covered by gingiva – level with absent triadan 206 and focal atrophy of the nasal conchal structures
- Chronic discopathy C6/C7 with mild intervertebral disc protrusion and possible dynamic myelocompression
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left thyroid mass is highly suggestive for primary left thyroid neoplasia, thyroid carcinoma is most common. Complete surgical excision of the mass is considered feasible.

The dynamic airway collapse is a potential trigger for cough and can be accentuated by accompanying inflammatory lower airway disease – although no overt changes of the bronchial tree are appreciated in the current CT study. Bronchoscopy including BAL can be used as an advanced diagnostic tool.

The prominent thymic remnant might present a anatomical variant, however recommend ultrasound guided FNA sampling to check for underlying neoplastic transformation – such as thymoma, thymic sarcoma/carcinoma/lymphosarcoma.

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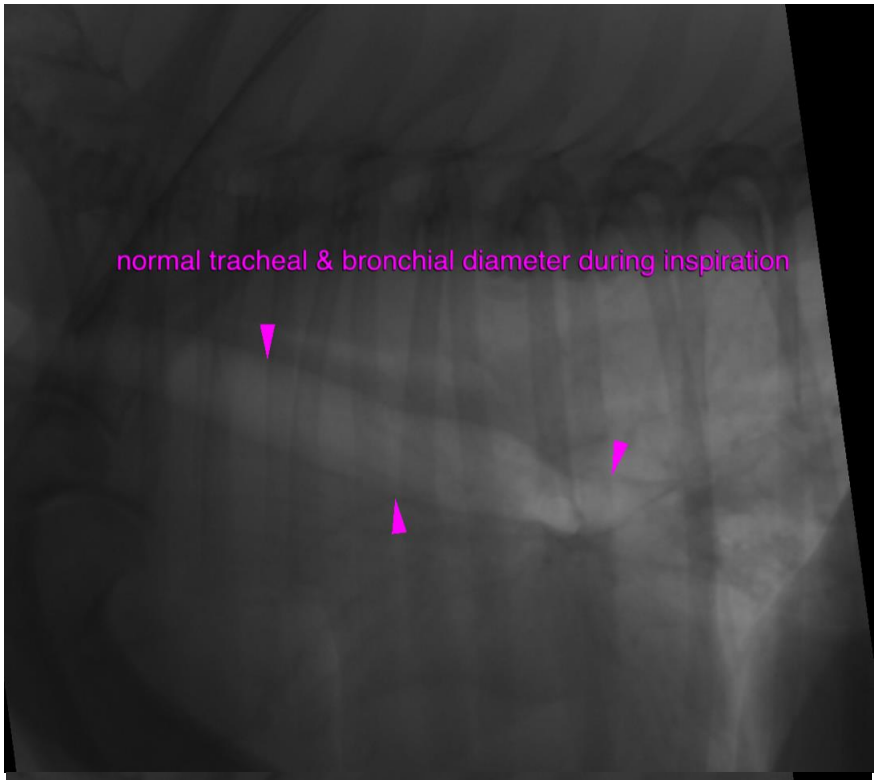

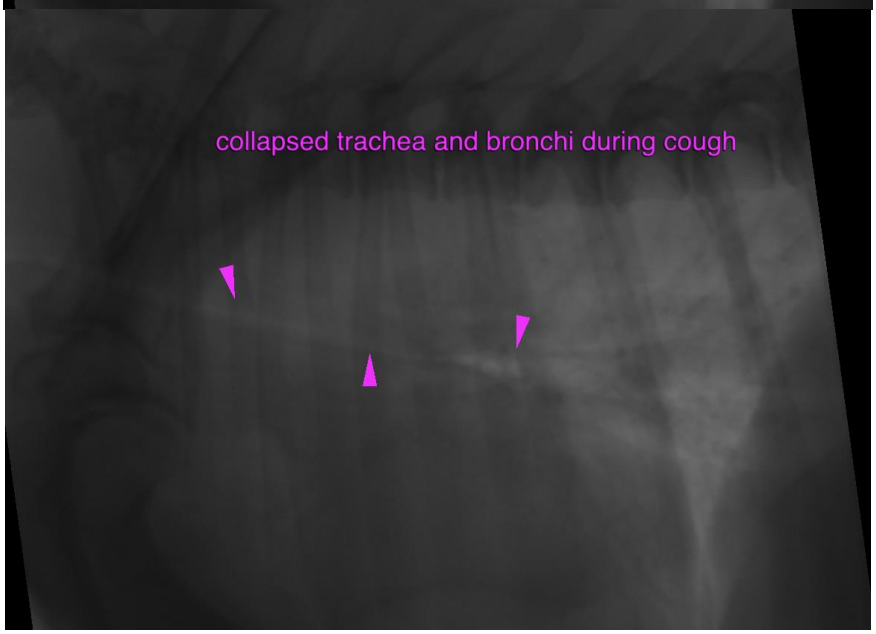

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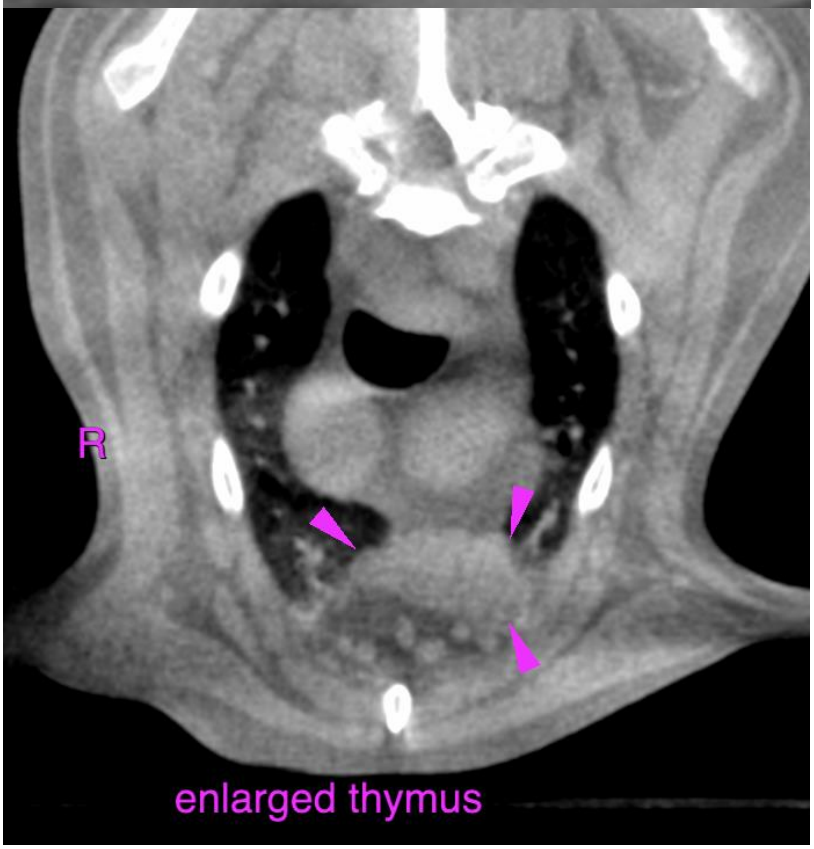

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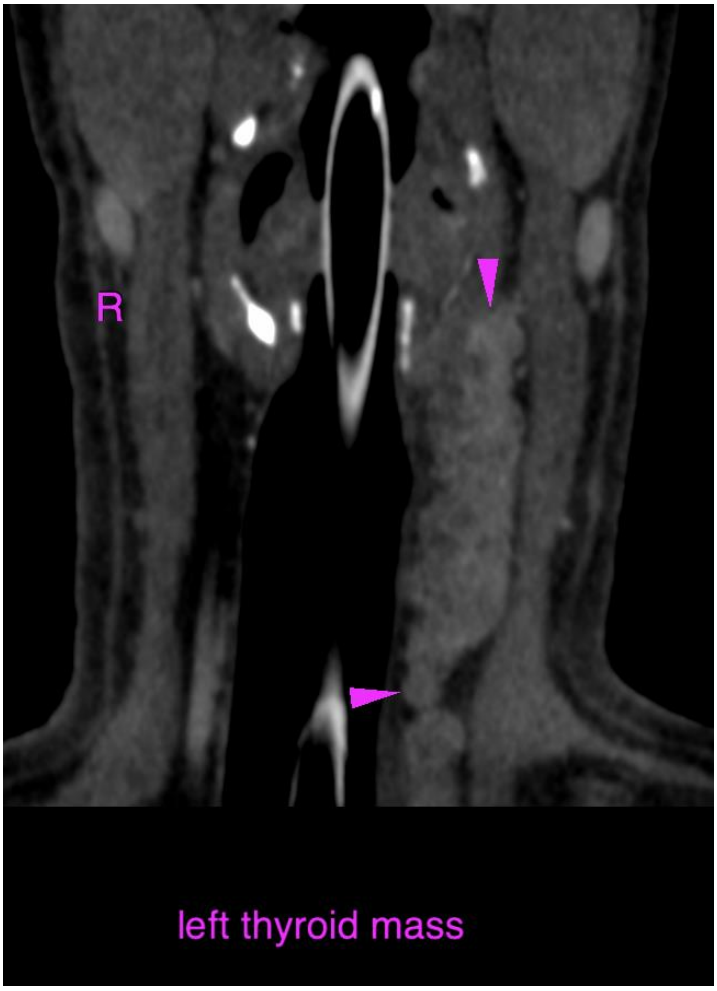

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com