



PATIENT PRESENTING CLINICAL SIGNS

Teton Mckim History: x-ray - large full esophagus, filled with food from the larynx to just proximal of the heart no food can pass, has likely stricture , possible PRAA anesthesia ,IV catheter , flushed copious amount of food out of the esophagus; Endoscopy - has likely PRAA stricture , past that part is normal and stomach is normal will need surgery to correct PRAA

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

BREED

Siberian Husky

COMPUTED TOMOGRAPHIC FINDINGS

The bony and surrounding soft tissue structures are within normal limits.

SEX

Intact Male

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.

AGE

9 Months

The aortic arch is located on the right side of the trachea. The carotid arteries and the right subclavian artery are leaving the aorta separately (bicarotic trunk). The left subclavian artery is coursing dorsally over the esophagus, just cranial to the aortic arch.

The esophageal segment cranial to the aortic arch is moderately distended by gas.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

Mountain West VH

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Andrew Burton

- Vascular ring anomaly due to persistent fourth right aortic arch
- Secondary pulsation diverticulum of the cranial segment of the esophagus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

14724

The CT study is consistent with persistent right aortic arch and secondary vascular ring anomaly (Type 3, persistent right aortic arch with left ligamentum arteriosum and left subclavian artery). Surgical correction by dissection of the ligamentum arteriosum is the therapy of choice.

DATE

4/13/22



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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.

INTERPRETED BY

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

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