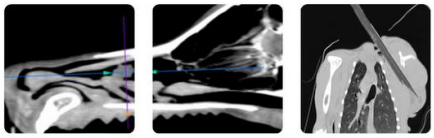


PATIENT
Bear Reid

SPECIES
Canine

BREED
Cockapoo

SEX
MN

AGE
11

WEIGHT
8.2kg

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

IMAGING PERFORMED BY
Dr. Runde

HOSPITAL NAME
Northeast Veterinary Referral Hospital

REFERRING VET
Dr. Runde

INVOICE
74634

DATE
4-16-26

PRESENTING CLINICAL SIGNS

presented for hard swallowing, vomiting after drinking - U/S showed diffused gastric thickening.
Owner also reports that he is gaving difficulty chewing hard food
Abnormal PE/Chem/CBC/UA Results: alp 653, otherwise normal

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent and multiple remaining teeth present variable degree of resorptive lesions of the roots.

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 medial retropharyngeal lymph nodes are prominent and have a heterogeneous contrast enhancement pattern.

Thorax

Multiple intervertebral discs along the thoracic spine present mild central mineralization.

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.

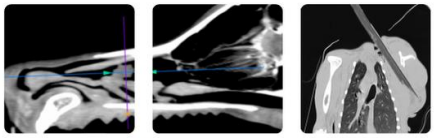
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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 ventral dependent aspects of the right middle lung lobe are consolidated with air-bronchograms. Small patchy areas with ground glass attenuation pattern are appreciated in the ventral aspect of the left caudal lung lobe. The aerated parts of the lung parenchyma present the expected architecture and are unremarkable.

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

Abdomen



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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The stomach is mildly distended by gas and gravity dependent fluid attenuating material. The gastric wall is generalized mildly thickened. A small amount of sedimented mineral attenuating material is appreciated in the pyloric antrum – Gravel sign. The small intestinal loops present a generalized mild fluid pattern. The colon is empty – but a small amount of gas – and collapsed.

The vertebral endplates L7/S1 present mild ventral spondylosis formation. S1 is incompletely fused with S1 and symmetric.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Evidence of gastric emptying disorder
- Mild generalized mural thickening of the gastric wall
- Generalized mild fluid pattern of the gastrointestinal tract
- Ventrally distributed alveolar pattern right middle lung lobe and mild patchy unstructured interstitial pattern left caudal lung lobe
- Lymphadenopathy medial retropharyngeal lymph nodes
- Resorptive lesions multiple teeth
- Multiple absent teeth
- Multifocal chondroid disc degeneration
- Symmetric lumbosacral transitional vertebra
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the gastrointestinal tract are suggestive for function gastric emptying disorder and paralytic ileus. An underlying cause cannot be specified, rule out gastroenteritis, dysbacteriosis, parasitic infection, dietary indiscretion, pancreatitis, other.

The alveolar lung pattern in combination with the history of vomiting is most consistent with secondary aspiration pneumonia.

The odds for reactive lymphoid hyperplasia of the medial retropharyngeal lymph nodes are high – likely secondary to periodontal disease.

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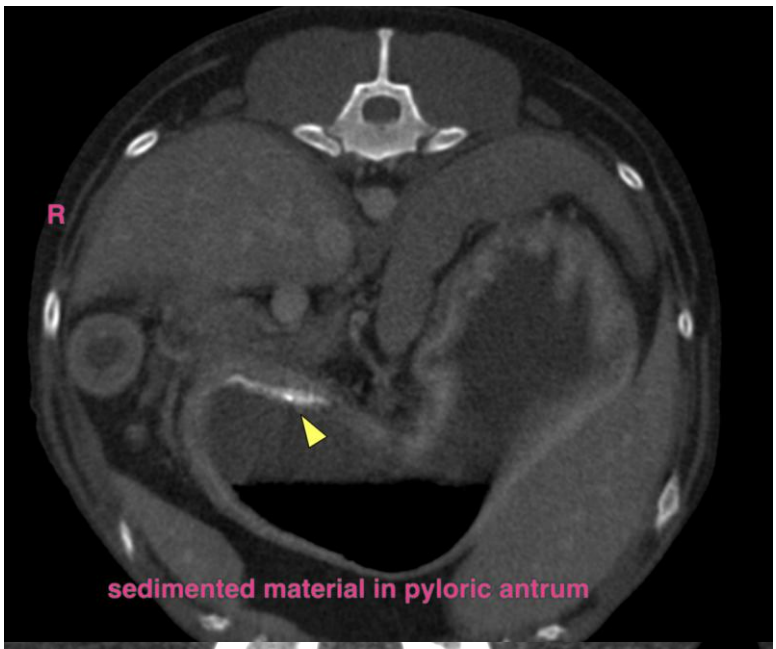

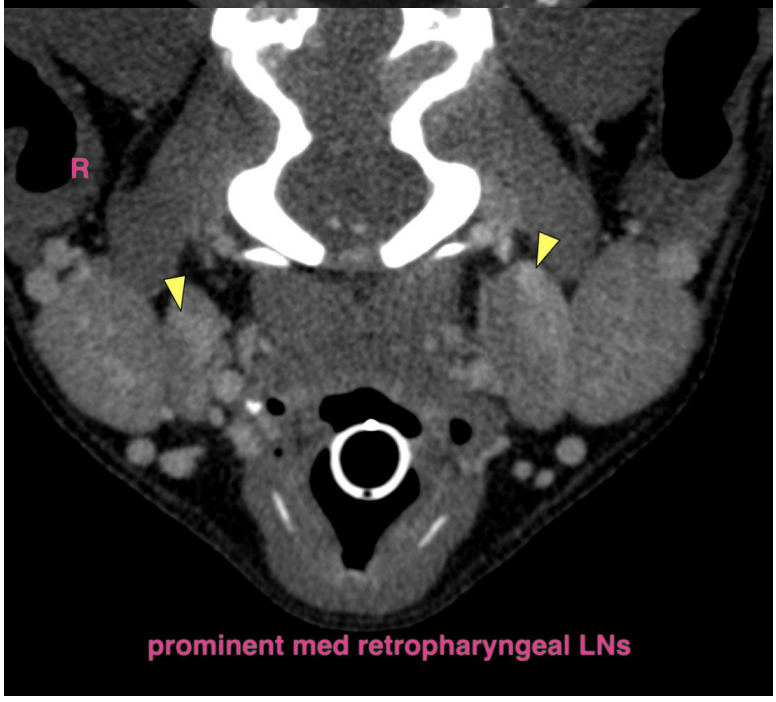

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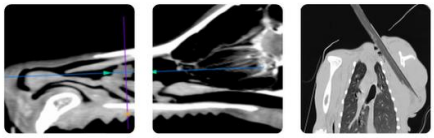

Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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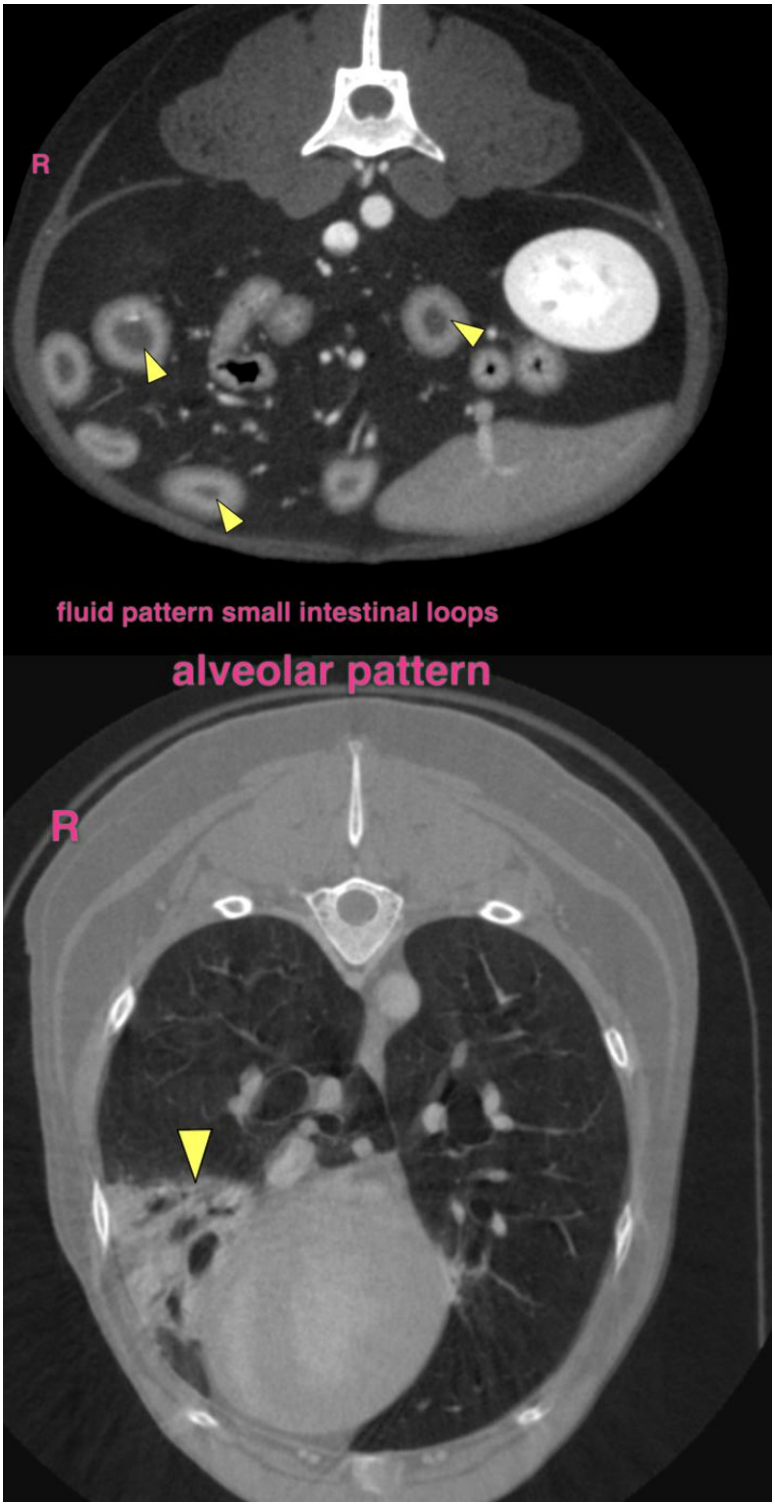

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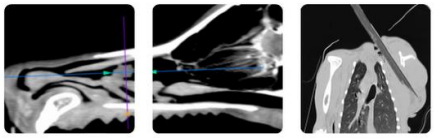

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com