



PATIENT

Moonie Dellisola

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

1

WEIGHT

3.0

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infermuso

INVOICE

74636

DATE

4-16-26

PRESENTING CLINICAL SIGNS

chronic regurgitation issues since birth
R/o megaesophagus pr/aa chronic regurgitation

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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.

Thorax

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

The thymus is age related visible in the cranioventral aspect of the mediastinum.

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.

The esophagus is generalized moderately distended by fluid and gas.

Abdomen

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. Level with L5/L6 the left ureter is crossing dorsally over the caudal vena cava

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



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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

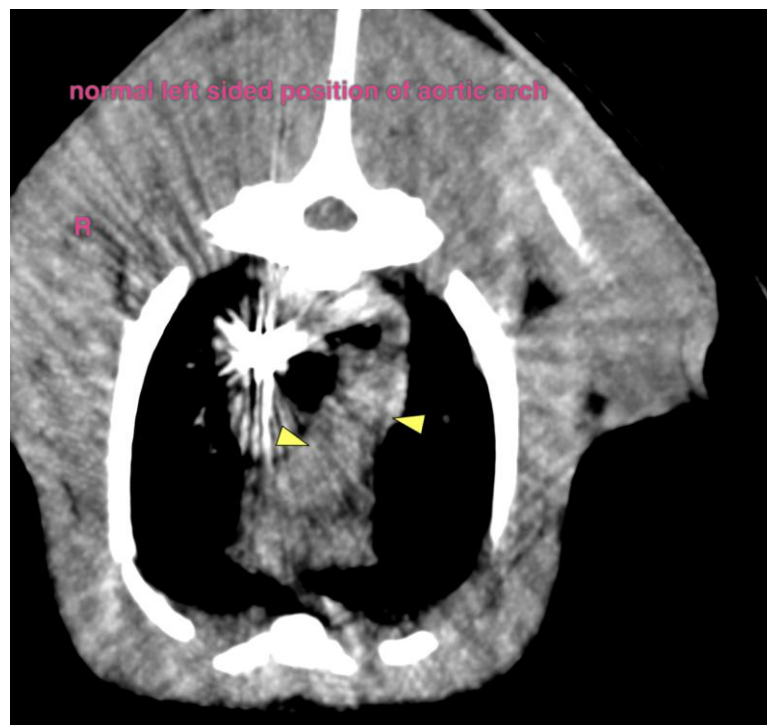
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Megaesophagus
- No evidence of vascular ring anomaly
- Left sided retrocaval ureter without mechanical obstruction
- Normal skull

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings supporting the diagnosis of megaesophagus, however, fail to present a specific underlying cause and the presumptive diagnosis is idiopathic megaesophagus. Other differentials include hypothyroidism, myasthenia gravis, (hypoadrenocorticism or paraneoplastic (no evidence of intrathoracic neoplasia)). Workup may be complemented by a fluoroscopic swallowing study for confirmation.





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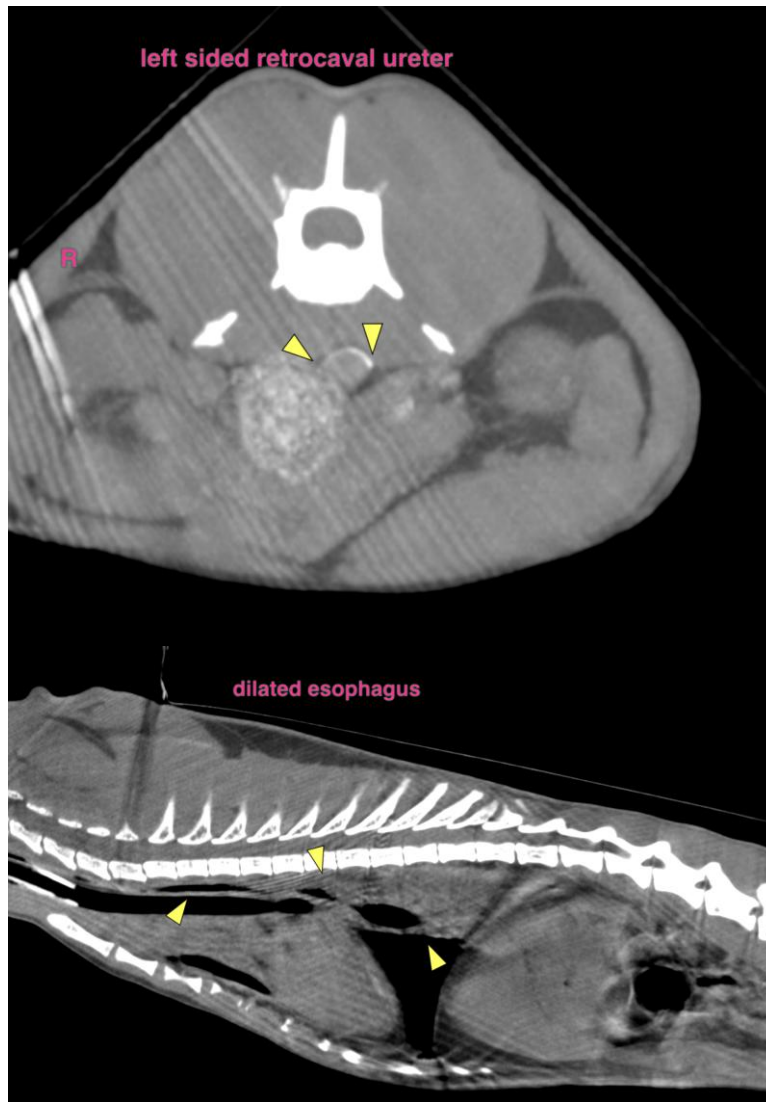
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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