



PATIENT PRESENTING CLINICAL SIGNS

Hutch Weiss
SPECIES Canine
BREED Mix

History: 3/17/22 - Presented in severe respiratory distress/wheezing- had developed a cough two weeks prior which initially resolved with doxycycline - 1 week into treatment the respiratory distress started to develop- patient was immediately anesthetized and a single mid tracheal stricture (90% occlusion) was noted. I was unable to pass the bronchoscope through but was able to balloon dilate the stricture. CT was unavailable at that time. Patient did well post dilation. Patient presented today for wheezing over the weekend. Bronchoscopy reveals a stricture (approximately 20% occlusion). The stricture was ballooned again. CT obtained post ballooning to rule out foreign bodies, masses etc.
 Abnormal PE/Chem/CBC/UA Results: Normal

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

SEX COMPUTED TOMOGRAPHIC FINDINGS

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

AGE 4 Years
 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.

INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI
 Segmental ring-like moderate irregular narrowing the tracheal lumen, level with C7 is noted - decreasing the tracheal diameter by approximately 50%.

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 very small regions of dystelectasis of the right cranial and right middle lung lobe.

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

REFERRING VET COMPUTED TOMOGRAPHIC DIAGNOSIS

- Dr. Runde**
- Tracheal stricture level with C7 - post balloon dilation
 - Otherwise, normal thorax

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 The tracheal stricture is fitting the history and is commonly a sequela to tracheal trauma. No underlying cause is appreciated in the current CT study, there is no evidence of foreign body nor intra- or extramural tracheal mass.

DATE 4/20/22
 The remainder of the thorax present without abnormalities.



PATIENT

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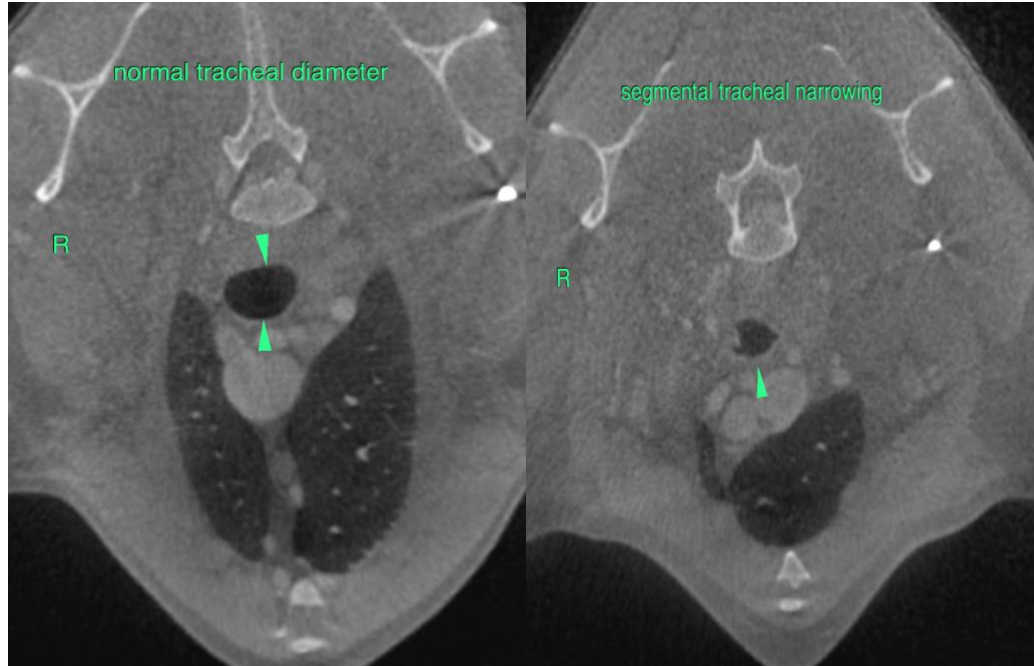
Mix

SEX

Neutered Male

AGE

4 Years



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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

Northeast VRH

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

REFERRING VET

Dr. Runde

INVOICE

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DATE

4/20/22