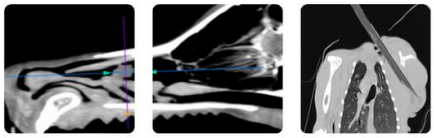

PATIENT

Moki Cannisi

SPECIES

Canine

BREED

Pitbull

SEX

Female

AGE

6

WEIGHT

26.6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Christina/Laura

HOSPITAL NAME

Pet Emergency & Referral Center - NVA

REFERRING VET

Elizabeth Lechner Hines

INVOICE

74471

DATE

4-6-26

PRESENTING CLINICAL SIGNS

- The owner reports normal eating and drinking prior to a traumatic oropharyngeal event 6–9 months ago. Initial improvement was noted post-injury, but signs have progressively worsened since December. Current symptoms include repetitive swallowing at rest, foaming, reluctance to drink, choking with water, a honking cough, retching when excited, and intermittent breath odor resembling vomitus.
- Physical exam is largely unremarkable, though a honking cough is elicited with excitement and tracheal palpation. No exercise intolerance or stridor is noted. Prior treatment with PPI and metoclopramide yielded no improvement. Radiographs suggest a redundant dorsal tracheal membrane with possible dynamic tracheal collapse. Sedated laryngeal exam was normal.
- Endoscopy shows a normal esophagus and LES with no reflux or esophagitis. Gastric mucosa is mostly normal, though the pylorus is slightly pale and irregular, and the antrum is mildly erythematous. Biopsies were obtained. A hiatal hernia is suspected based on cardia positioning. Nasopharyngoscopy revealed mild mucus, erythematous tonsils, and corniculate erythema. Tracheoscopy showed mild diffuse erythema and mucus with mild dorsal tracheal flattening, without overt collapse.

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Neck

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 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.

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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.

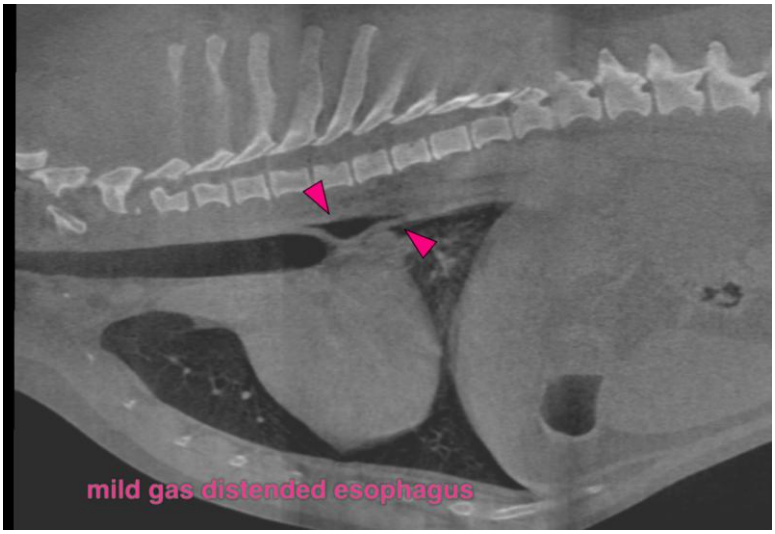
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal neck
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities. If clinical findings are suggestive for dysphagia, recommend complementing workup by a fluoroscopic swallowing study.



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