



PATIENT

Callie Moir

SPECIES

Canine

BREED

Labrador Ret

SEX

FS

AGE

2.5Y

WEIGHT

86

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Nicholas Vitale, DVM

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Nicholas Vitale, DVM

INVOICE

74546

DATE

4-9-26

PRESENTING CLINICAL SIGNS

Acutely taken home from boarding, ptyalism and difficulty swallowing. Severe left sided pharyngeal edema and inflammation obstructing rima glottis. Trach tube placed day prior to study.
Abnormal PE/Chem/CBC/UA Results: Minimal changes.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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.

Generalized significant soft tissue swelling with interspersed gas including of the laryngeal mucosal lining is appreciated, R>>>L. The mucosal lining of the larynx has a heterogeneous contrast enhancement pattern. At the right lateral aspect of the larynx, a fluid attenuating swelling with interspersed gas bubbles is seen - blending with the laryngeal wall. In the ventral aspect of the fluid attenuating lesion, a punctuate hyperattenuating body is seen. A polypoid irregular contrast enhancing lesion is protruding from the right lateral margin of the epiglottis. The rima glottidis is significantly narrowed by the laryngeal mucosal swelling and mass effect of the fluid attenuating lesion.

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 retropharyngeal fat and subcutaneous fat along the cranioventral aspect of the neck is swollen and presents significant soft tissue striation.

The submandibular and medial retropharyngeal lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Server laryngeal mucosal swelling and thick walled cavitory lesion at the right aspect of the larynx with multiple central gas bubbles and possible small foreign body
- (Septic) cellulitis retropharyngeal region and submandibular region
- Lymphadenopathy medial retropharyngeal lymph nodes and mandibular lymph nodes - consistent with reactive lymphoid hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with laryngeal abscess formation and secondary severe inflammatory edematous swelling of the laryngeal mucosal lining. A preceding perforating trauma (e.g. stick injury) is possible. The appreciated hyperattenuating body in the ventral aspect of the cavitory lesion can present retained foreign material.



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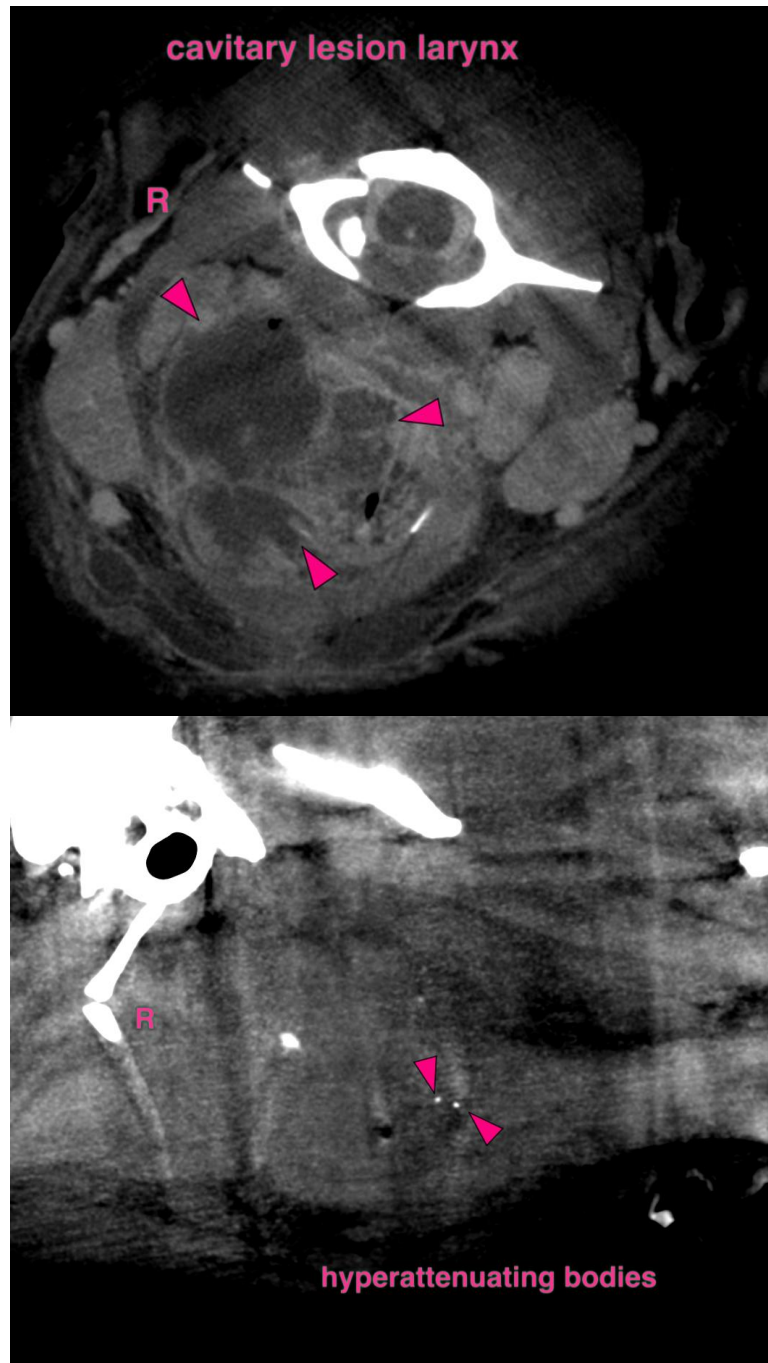
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com