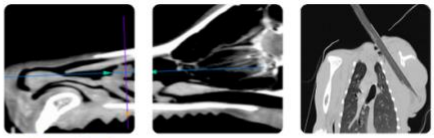

PATIENT

Rezz Cunningham

SPECIES

Canine

BREED

Boston Terrier

SEX

Female

AGE

5 Months

WEIGHT

3.6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Kassidy Rubes &
Stephany Romero

HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

Dr. Alyson Fryer

INVOICE

16298

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Presenting Complaint: Trouble Breathing/ Wheezing. History: O mopped floors and let dogs outside. Upon calling them back inside, noticed abnormal breathing pattern w/ Rezz. O examined mouth and found piece of grass in throat. Breathing progressively worsened over 40 minutes. No previous breathing problems or snoring. Purchased from breeding facility with partial vaccination series completed (first one or two rounds). Planning to complete vaccination series this month. No previous medical history reported.

Problem List: Wheezing Rhonchi Increased RE Wet hacking noise Dyspnea DDx/Diagnosis: pulmonary dz. vs. upper airway obstruction Diagnostics: Radiographs (neck/chest): Single round, approx. 1 vertebral body in diameter, ST opacity structure just caudal to larynx Small quantity of gas in esophagus Moderate/marked gas distension of gastric silhouette Caudodorsal bronchointerstitial pattern

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The dentition is in transition.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

The larynx presents an ill-defined, significant intramural swelling (L>R) with a mild irregular contrast uptake.

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 prominent.

Thorax

T6 presents as hemivertebra.

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 ventral dependent aspects of the lung parenchyma present a patchy ground glass attenuation pattern.

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The esophagus is generalized moderately distended by gas.

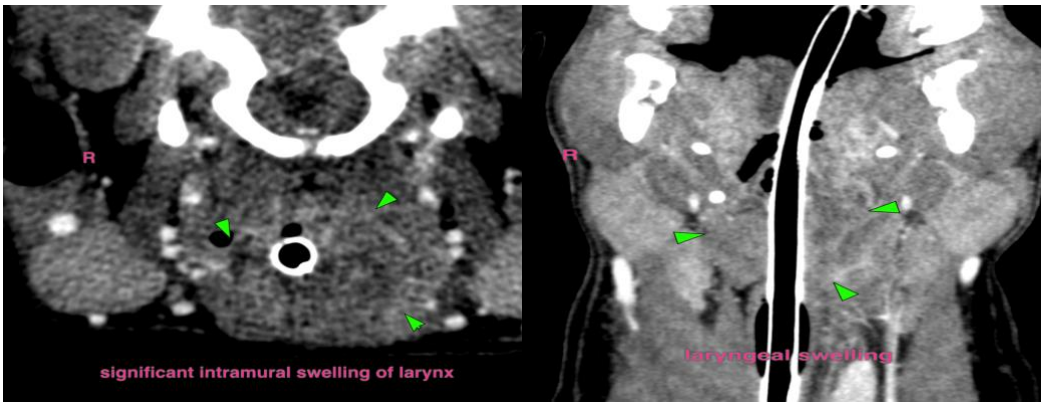
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Significant mural laryngeal swelling with upper airway obstruction
- Patchy ventrally accentuated unstructured interstitial to alveolar lung pattern
- Gas distended esophagus – likely secondary to upper airway obstruction
- Reactive lymphoid hyperplasia mandibular and medial retropharyngeal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The laryngeal swelling in combination with the acute onset of clinical signs is suggestive for allergic/toxic edema (e.g. insect sting, snake bite). Differentials would include laryngeal granuloma or neoplastic disease – but the patient is immature, and I would expect chronic clinical signs.

The patchy unstructured interstitial to alveolar pattern can present non-cardiogenic pulmonary edema (e.g. negative pressure pulmonary edema due to upper airway obstruction), pneumonia or pulmonary hemorrhage in transition (e.g. coagulopathy, Leptospirosis).



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com