



PATIENT PRESENTING CLINICAL SIGNS

Lucky Shirk
SPECIES Canine
BREED FBD
SEX F
AGE 18 Weeks

Patient was referred in march at 6 weeks old for evaluation of a megaesophagus and suspected PRAA. Pet was not thriving, was regurgitation often, and was emaciated. After stabilization and supportive care, surgery was done to place a PEG tube and a thoracic exploratory was performed, but no PRAA was definitively identified. Over the next 2 months, the pet has been feed exclusively via the PEG tube, and has gained weight, but is still underweight and quite small for her age. Intermittent regurgitation persists. The pet has also had a consistently decreased BUN, and an intermittently elevated ALT. The surgeon is concerned about a PSS in addition to a PRAA (or other cause for the megaesophagus) so a CT of both the chest and abdomen was recommended.

Abnormal PE/Chem/CBC/UA Results: At the time of the CT, the ALT and BUN were normal, but there was a mild neutrophilia. Pet was sent home on Clavamox post scan.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDING

Thorax

T13 presents a hemivertebra.

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 aortic arch is located on the right lateral aspect of the trachea. The left subclavian artery is crossing the esophagus dorsally, along its course to the left axillary region.

A left cranial vena cava is appreciated, the left cranial vena cava is located lateral to the dilated esophagus.

The cranial intrathoracic segment of the esophagus is significantly dilated and contains a moderate amount of gravity dependent fluid attenuating material. The esophageal segment caudal to the aortic arch has a physiological diameter and contains a small amount of fluid.

The ventral aspects of the right middle lung lobe and the left cranial lung lobe are consolidated and air-bronchograms are appreciated. The caudal lung lobes present a mild patchy ground-glass opacification.

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

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.

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary
 Hospital

REFERRING VET

Dr. Nicholas Vitale

INVOICE

52459

DATE

6-14-22



PATIENT

Lucky Shirk

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

SPECIES

Canine

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

A PEG tube is appreciated in the stomach. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

BREED

FBD

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

F

- Vascular ring anomaly due to persistent fourth right aortic arch (Type I) – no contrast enhancement of the ligamentum arteriosum is appreciated
- Secondary pulsation diverticulum cranial segment of the esophagus
- Ventrally distributed alveolar pattern right middle lung lobe and left cranial lung lobe
- Persistent left cranial vena cava
- History of placement of a PEG tube
- Hemivertebra T13

AGE

18 Weeks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with vascular ring anomaly, due to persistent right aortic arch and secondary pulsation diverticulum of the cranial esophageal segment. The pulmonary changes indicate secondary aspiration pneumonia. During surgical intervention to dissect the ligamentum arteriosum, be aware of the persistent left cranial vena cava.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary
Hospital

The dorsal position of the left subclavian artery is commonly not associated with clinical signs, as the esophagus can slide laterally to the trachea.

REFERRING VET

Dr. Nicholas Vitale

INVOICE

52459

DATE

6-14-22



PATIENT

Lucky Shirk

SPECIES

Canine

BREED

FBD

SEX

F

AGE

18 Weeks

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

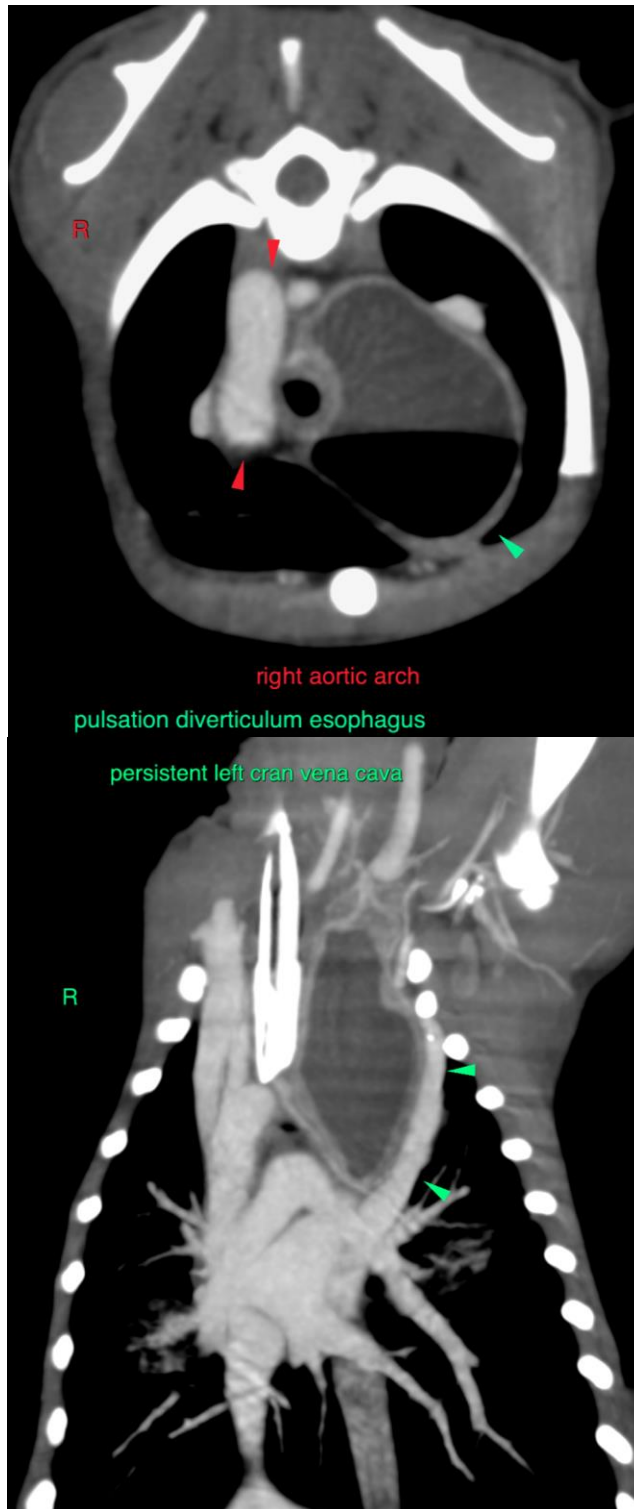
Dr. Nicholas Vitale

INVOICE

52459

DATE

6-14-22





PATIENT

Lucky Shirk

SPECIES

Canine

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.

BREED

FBD

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
sebast.schaub@gmail.com

SEX

F

AGE

18 Weeks

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Nicholas Vitale

INVOICE

52459

DATE

6-14-22