



**PATIENT PRESENTING CLINICAL SIGNS**

Claude Ryan Difficulty defecating. Chronic constipation. Vomiting one to two times a month per owner.

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

Feline **COMPUTED TOMOGRAPHIC FINDINGS**

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

**BREED** The cervical and cranial intrathoracic segment of the esophagus are significantly dilated and contain foamy soft tissue material. The trachea is deviated to the right by the mass effect. The esophagus tapers in diameter level with the aortic arch and presents a significant thickened wall of the entire caudal intrathoracic segment of the esophagus, measuring up to 6.3 mm in width; the wall layering is maintained.

**SEX** The cardiovascular structures including the pulmonary vasculature are within normal limits. The aortic arch is located in the expected left sided position.

Male Neutered

**AGE** 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.

1 Year The lung parenchyma presents the expected architecture and attenuation behavior.

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

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Megaesophagus
- Thickened esophageal wall caudal esophageal segment
- No evidence of vascular ring anomaly
- No evidence of aspiration pneumonia

**HOSPITAL NAME**

Scottsdale Veterinary  
Clinic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET** An underlying cause for the megaesophagus cannot be specified, there is no evidence of vascular ring anomaly. Potentials for the megaesophagus include idiopathic, congenital, dysautonomia, lead toxicosis, focal myasthenia gravis, esophageal stricture, esophagitis. The history of constipation is significantly increasing the odds for underlying dysautonomia. The generalized thickening of the caudal intrathoracic esophageal segment is most suggestive for esophagitis, secondary to chronic gastroesophageal reflux. Recommend complementing workup by esophagoscopy to rule out esophageal stricture. Complementing workup by testing for underlying dysautonomia is recommended – such as pilocarpine and atropine response test.

Dr. Gans

**INVOICE**

58870

**DATE**

6-17-23



**PATIENT**

Claude Ryan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

1 Year

**INTERPRETED BY**

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**REFERRING VET**

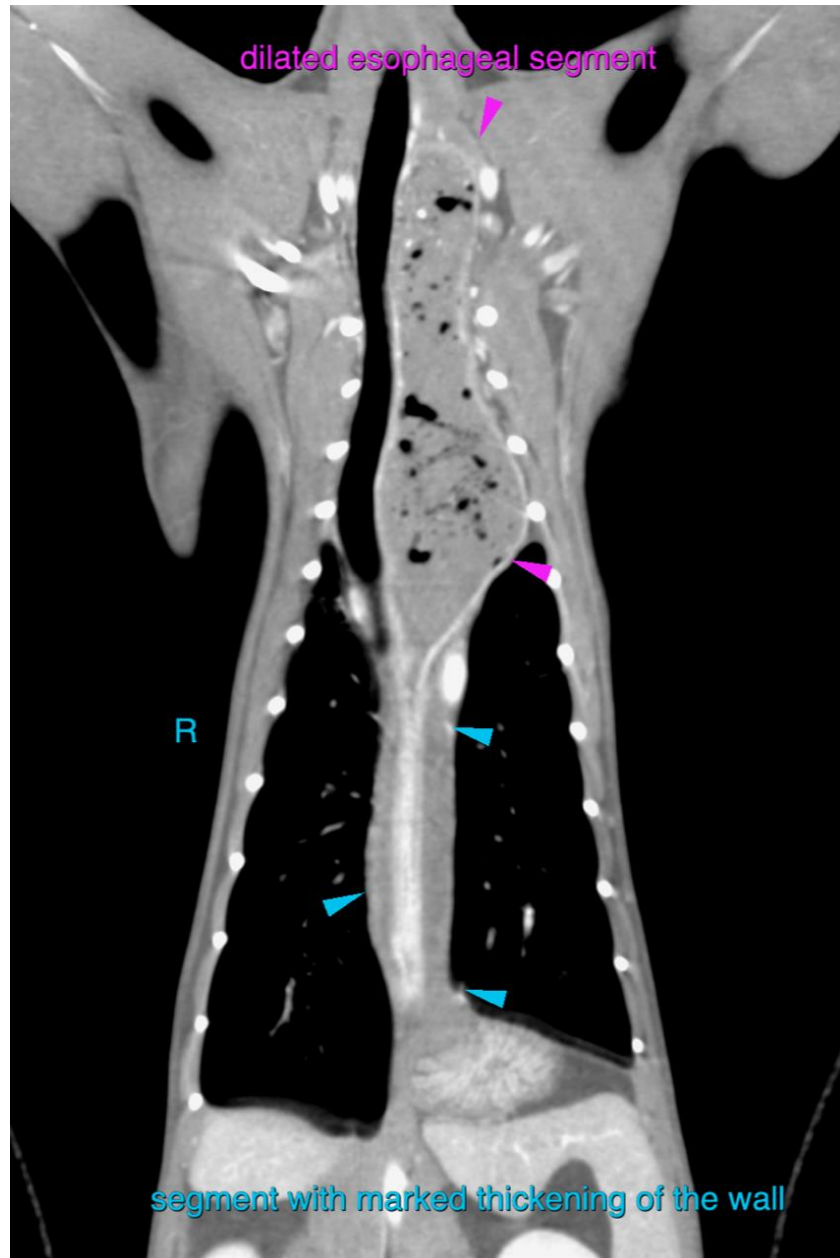
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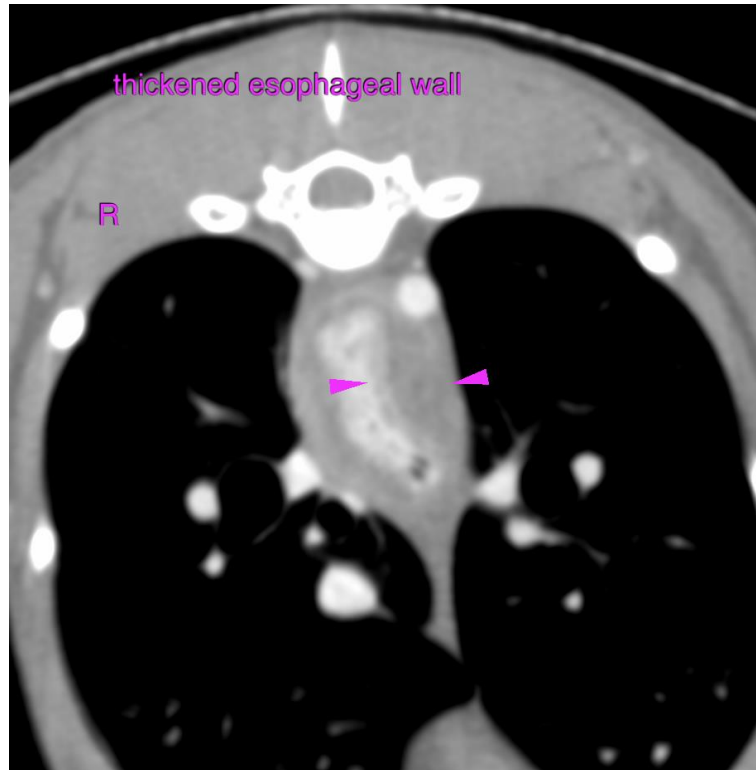
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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